A Prosocial Behavior/Bystander Intervention Program For Students

Facilitator Guide
4th Edition

Presented by:
The University of Arizona
C.A.T.S. Life Skills Program
in Partnership with the NCAA
Step UP!
Be a Leader, Make a Difference

Overview

♦ Introduction

♦ The 5 Decision Making Steps
  1. Notice the Event
  2. Interpret the Event as a Problem/Emergency
  3. Assume Personal Responsibility
  4. Know How To Help
  5. Implement the Help - Step Up!

♦ Other Factors that Affect Helping
  1. Perspective Taking
  2. Obedience to Authority/Perceived Authority

♦ Strategies for Effective Helping

♦ Scenarios/Practical Applications
  1. Academics
  2. Alcohol
  3. Alcohol Poisoning
  4. Anger Issues
  5. Depression/Suicide Ideation
  6. Discrimination
  7. Disordered Eating
  8. Gambling
  9. Hazing
  10. Relationship Abuse/Violence
  11. Sexual Assault

Note: For other topics please see the Step UP! website at www.stepupprogram.org
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Created by:
Becky Bell
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“Courage is the first of human qualities because it is the quality which guarantees all others.”

—Winston Churchill
Section A

INTRODUCTION

The University of Arizona C.A.T.S. Life Skills Program, along with national leading experts, has developed a new initiative for students called Step UP! Be a Leader, Make a Difference. Step UP! is a prosocial behavior and bystander intervention program that educates students to be proactive in helping others. Teaching people about the determinants of prosocial behavior makes them more aware of why they sometimes don’t help. As a result they are more likely to help in the future.

The goals of Step UP! are to:

- Raise awareness of helping behaviors.
- Increase motivation to help.
- Develop skills and confidence when responding to problems or concerns.
- Ensure the safety and well-being of yourself and others.

Most problematic behaviors on college campuses involve bystanders. Step UP! training provides a framework explaining the bystander effect, reviews relevant research and teaches skills for intervening successfully using the 5 Decision Making Steps, and the S.E.E. Model (Safe; Early; Effective). A survey at three Universities (University of Arizona, University of California, Riverside and University of Virginia), revealed that student-athletes are encountering multiple situations where bystander intervention would be appropriate including, among other things, alcohol abuse, hazing, sexual assault/relationship abuse and discrimination. Almost 90% stated a problem could have been avoided with intervention and up to 85% indicated they would like to learn skills to intervene! Although there are some references to student athletes (and the pilot study) periodically in this guide we have tried to make it as general as possible.

Although research exists with regard to bystander behavior in general, there had not been an interdisciplinary, comprehensive bystander intervention program for NCAA member institutions. We considered the implications for creating such a program and were excited by the possibilities. It is our sincere hope that this training will help students learn strategies and techniques to intervene both directly and indirectly in both emergency and non-emergency situations. Doing so can lead to fewer problems as well as improve campus climate and student life. This guide is not meant to cover all possible scenarios or variables, nor is it meant to train you as a counselor.

It is imperative that the students feel free to have an open, honest, and non-judgmental discussion about the material presented and to consider their ability to make a significant difference. It is also vital for students AND facilitators to set aside any biases, history, or preconceived notions before beginning the training and to continue identifying any that may arise during the training.
GENERAL SUGGESTIONS

1. It is important that you be acquainted with the material and the videos before you begin. If you are interested, the pilot study, pre/posts tests, program evaluation along with other resources are on the Step UP! website: www.stepupprogram.org under Facilitators/Resource Library.

2. The group should feel comfortable and safe with one another. Consider doing an icebreaker before you begin the training (See Appendix A, Activities).

3. Challenge your students to think critically and openly about the material presented. Allow each Step UP! member to be a critical evaluator and to express thoughts and feelings. For those of you presenting to specific demographics (Athletes, Greeks, RA’s etc.) feel free to insert slides, graphics, data, etc. that is specific to that group.

4. Although bystander intervention can occur in everyday, public situations, please note to the group that the focus of this training is primarily for students to intervene with other students. Also consider reviewing basic counseling techniques with students.

5. Be flexible enough to take discussion in different directions – see where students lead you.

6. Be prepared for emotional responses and reactions. Refer to the Resources at the end of each topic if referral to a professional is necessary. Include other resources or information as appropriate.

7. If you choose to do active role-plays, give thought to the set up and possible props. Try to get as many students as possible involved.

8. Feel free to discuss any current events that may apply or to interject your own stories and experiences to emphasize a point. Stories make the material come to life and make it easier for the students to remember. **CAUTION: While we encourage you to share stories and experiences that may stimulate and add to the discussion, be careful not to allow your role or input as a facilitator to overpower or detract from student discussion and/or comfort levels.**

9. When you create scenarios, make them intentionally ambiguous to be as realistic as possible and open for interpretation.

10. You will notice “clicker” questions in the PowerPoint’s. If you have an Audience Response System you can add more “clicker” questions. If not you can do “snowball” questions or ask for a “show of hands.”

**NOTE: This facilitator guide has been modified to reflect general students as much as possible, although there are still some references to student-athletes.**
FACILITATION HINTS
SPECIFIC TO Step UP!

1. Facilitator behavior is critical to success. Be engaging and non-threatening/non-“expert” so students don’t feel threatened or faced with resisting authority.
   
   A. Essential Task: avoid arousing defensiveness and blocking change. The presentation format is based on the work of:
   
   • Latane and Darley – Bystander Intervention Theory
   • Dovidio et. al – Pro-Social Behavior Theory
   • Festinger – Cognitive dissonance and how people react to disconfirming information
   • Miller and Rollnick – Use of Motivational Interviewing techniques to explore and resolve ambivalence
   • Prochaska & DiClemente – Transtheoretical Model of behavior change suggests using a variety of stage-appropriate techniques to motivate students to adopt more active bystander attitudes and behaviors
   • Rokeach – Values, stability and change – how to construct private confrontations
   • Perkins & Berkowitz - Social Norms Theory – When we correct misperceptions healthy behaviors increase
   
   B. Other Recommended Skills:
   
   • Be a facilitator not a presenter
   • Let the information speak for itself
   • Minimize defensiveness
   • Know how to deal with challenging audience members

2. Advance organizer – give students a framework to start thinking about the content of the presentation

3. Clicker questions/Snowball activity – collects information anonymously to allow for open discussion. Trains students to actively participate and represents all perspectives.

4. Use a cuing statement – (like “Remember how you filled out the survey?”) to create confrontation between students' beliefs/behaviors and the data/theory we are presenting in such a way that the confrontation takes place in the privacy of their own minds.

5. Open-ended questions – give students the opportunity to say as much as they want without being put “on the spot” to compromise their privacy by revealing personal information or giving a “wrong” answer.

6. Use examples which:
   
   • draw on students’ everyday experiences.
   • show how our biology, culture, and media all work together to create and sustain misperceptions and inhibit intervention.
   • give clear explanations for how everyone, without exception, is subject to misperceptions, so that when students are shown their own misperceptions, they can accept them without losing face or feeling stupid.

7. Closing slides – “tells them what you’ve told them” without directly challenging them to admit publicly that the material made sense to them or might affect their choices.

Adapted by Susie Bruce, University of Virginia, from The Small Group Norms-Challenging Program Facilitator Training by Jeanne Far and John Miller, Washington State University.
Step UP! TRAINING: MAXIMIZING EFFECTIVENESS

A. Things to Consider:
   - Use of clickers
   - Number of participants
   - Number of scenarios and how to facilitate
   - Day and Time of Training
   - Format (in class, at orientation, in workshops, in leadership groups, at retreats, etc.)
   - Mandatory vs. voluntary
   - Use of Peer Educators
   - Use campus wide for sustainability
   - Engage from top down and bottom up
   - Use additional media as appropriate
   - Keep the conversation going
   - Make it your own!
   - Biggest Challenge: Time (be aware of pace and flow and audience fatigue)
   - Biggest Tip: Be familiar with the material

B. Applying to Different Topics
   - Topic specific trainings can be found on the Step UP! website: www.stepupprogram.org
   - Best to do after initial training
   - Educate about topic, then facilitate scenarios and apply Step UP! strategies
   - Review warning signs, action steps and resources
   - Can follow up in leadership groups or workshops
   - Collaborate with others on campus in areas of expertise and to co-present

C. Marketing Ideas
   - Pens
   - T-shirts
   - Posters
   - Clappers
   - Water bottles
   - Buttons
   - Chapsticks
   - Stickers
   - Bags
   - Lanyards
   - Magnets
Step UP! PRESENTATION OUTLINE

Presentation Outline
*Times are approximate and contingent on your particular time frame for training.

Part One (45-60 min.)
Introduction/Overview/Snowball/TodayShow (10 min.)

The 5 Decision Making Steps
including the barriers to each step and strategies to overcome those barriers. (30-45 min.)
1. Notice the Event
2. Interpret the Event as a Problem
3. Assume Personal Responsibility
4. Know How To Help
5. Implement the Help – Step UP!

Other Factors that Affect Helping (10 min.)
1. Perspective Taking
2. Obedience to Authority/Perceived Authority

Strategies for Effective Helping (10 min.)
1. The SEE Model: Safe, Early, Effective
2. Emergencies and non-emergencies
3. 5 Point Formula
4. Value Based Decisions
5. Intervention Styles

Part Two (30-45 min.)

Overview/Ground Rules (e.g., being respectful/non-judgmental; confidentiality, etc.)

Before You Begin

Scenarios
Note: It will be up to you to determine how many scenarios to debrief. You can determine that ahead of time or have your group decide via a clicker question.
1. There are many ways to facilitate the scenarios. See the PowerPoint or this guide for some ideas
2. Discuss Questions, Considerations, Action Steps, and Resources

Summary (5 min.)

Administer Post Test (5 min.)

End of Initial Training

***Topic specific trainings are meant to be done with students who have completed the initial training. They go more in depth and educate on that topic and then you can facilitate the scenarios. Make sure to discuss the warning signs, action steps and resources to help as well as the Step UP! bystander strategies discussed in the initial training. (You can briefly review the 5 Steps, Perspective Taking and Obedience to authority if needed.)
Step UP! TRAINING CHECKLIST

Prior to the training

☐ Work with co-presenters to divide up presentation
☐ Confirm dates, location, time, etc.
☐ If you are not using clickers, decide on scenarios
☐ Ask about any individual/group issues of which you should be aware
☐ Arrange for IT to be there if needed
☐ Test clickers/videos/sound

What to bring to the training

☐ Sign in sheet if taking role/emails for evaluation follow up
☐ Paper/pencils for snowball survey (if using)
☐ Laptop/projector/extension cords
☐ Clickers/receiver/remote
☐ Pens, chapsticks, or other marketing items
☐ Guides, worksheets or handouts as needed

After the training

☐ Administer post-test if you have done a pre-test
☐ Collect clickers
☐ If using clickers, save session for demographic data
☐ Conduct evaluation of training
Step UP!
Be a Leader, Make a Difference!

PowerPoint Presentation

Section B
Included are notes for each slide. These are merely suggestions. As you become more familiar with the material you may find your own way of presenting the information. Please feel free to modify this presentation for your population. All that we ask is that you keep the name Step UP! and that you credit The University of Arizona C.A.T.S. Life Skills Program.

This version of the PPT is slightly different from the original versions. The main content remains the same. You may prefer different videos or longer versions – we encourage you to “make it your own”. Introduce yourself and talk about goals for the training or any other introductory remarks you may have.

Possible activities: Ask the students:
1. What is a bystander?
2. Turn to the person next to you and discuss a time you could have helped someone but didn’t (and why), a time you did help (and why) or a time someone helped you. Talk about what happened and how you felt.

Note: Some of the slides are ‘layered’. When you ‘play’ the PowerPoint you will have multiple slides embedded in one.

PowerPoint slide order may have slight variations from Step UP! Student Athlete Guide due to institutional modifications and updates.
goals for facilitators

- Teach concepts and framework
- Show Methodology
- Discuss Applications
Goals for students

EDUCATE  MOTIVATE  EMPOWER

ACT
Before we developed Step UP! we did a pilot study with over 300 student athletes. We found some striking results:

Up to 88% believed problems could be avoided with intervention
Up to 99% believe something should be done to intervene in a problem
Up to 85% wanted to learn intervention skills

The Step UP! Program Development was a 2 year process. We obtained input from experts across the country in various topic areas. We believe problems are preventable!

We named the program Step UP! because it is a universal term and phrase that we are all familiar with and hear all the time – especially in athletics. Step UP! – rise to the occasion, give your best when the situation demands it the most, accept/embrace the challenge, etc.

In this training we will be discussing: Why people don’t help, strategies to overcome the barriers and how to apply the strategies to every day situations.

**NOTE:** If you are interested in doing the pilot study or to see results of the pilot study go to the Step UP! website: www.stepupprogram.org and you can find it under Facilitator Resources. Feel free to modify it.
Step UP! is research based and uses a strategic and systematic approach. The emphasis is prevention - offering proven strategies and examining behavior from human, social and environmental influences. Individual, peer, community, institutional factors = environment. We need to change the underlying condition that lead to the acts themselves.

In the past we have tended to look at problems in terms of outcomes – a sexual assault, an alcohol poisoning, a hazing, etc. We reacted to an event; We have defined the problem too narrowly.

The fact is, it is a product of many different factors.

We tend to make decisions based on VALUES, beliefs and past life experiences When actions not aligned with values = cognitive dissonance Motivational interviewing – approach is positive and collaborative

Transtheoretical Model Stages of Change: Precontemplation; Contemplation; Preparation; Action; Maintenance
1. Assumption that most people want to do the right thing
2. Power of peers- 90% say they turn to peers when they are struggling.
3. Non – judgmental delivery- more about discussing and problem solving together = collaboration – focus is positive, pride in school/ team/chapter/ who we are, what we represent, etc. want to have healthy conversations. Have respect for participants and the process of change.

There are many intelligent caring administrators, students, educators and leaders – but it’s the ones in the middle of it that have the most influence. Discuss the Circle of Influence.
These are things that we know to be true and as we progress through the training please keep these points in mind.
Many students today are overwhelmed. Perhaps, in part, because of that we are seeing more mental health issues which can lead to some unhealthy behaviors: alcohol and substance abuse, depression, anger, violence, etc.

94% overwhelmed

Student-athletes face unique stressors – see NCAA data.
These are things we want to avoid with any individual or group. We must continue to educate on the dangers of inappropriate pictures, comments, etc., on social media sites.
The overall goals of Step UP! are to educate our students so they will individually make positive and informed decisions, but also to understand that they are part of a larger community and should look out for each other: Individual Leadership and Shared Responsibility.

Look around – these are your brothers and sisters. When you notice something going on DO SOMETHING! Help can be direct or indirect but do something!
Facilitators: Say to the students: Do you think you would help someone in trouble? STAND UP if you think you would.

Most, if not all, will stand up. Tell them, unfortunately, that is not the case. Not everyone will help.
This Dateline clip shows many aspects of the bystander effect and why people don’t help. Discuss the woman thinking someone else would do something; Another person saying it was none of their business. There is certainly the ambiguity factor – was the man the girl’s stepfather? Uncle? Was she just misbehaving? We will discuss all of these factors and more.

Facilitators: Note that we are not out to vilify or find fault with people who don’t help. There are many reasons why and some are very legitimate and understandable reasons. What we are trying to do is to open a dialogue, to discuss what is going on in various situations and be to be more aware and informed the next time something happens.
If you are using clickers (audience response system), explain to the students that clickers are anonymous. There is no way that we will know who is answering what so please be honest. If you change your mind you can just reenter your new response and it will override your old one.

**Facilitators:** This presentation uses Turning Point clickers. Feel free to edit clicker slides or add some of your own.

If you do not have clickers, check with your campus to see which clicker technology they support and ask to borrow them. Otherwise, you can use snowball questions, or simply ask for a show of hands. Usually students are more inclined to answer honestly when it’s anonymous. If you use clickers you can also gather demographic information which is very useful.
What is your year in school?

1. Freshman
2. Sophomore
3. Junior
4. Senior
Facilitators: Explain to the students that this is a weighted question. Participants get 3 answers with the first selection weighted more heavily than the second, which is weighted more heavily than the third. They can go in any order but only 3 will be recorded. Academic misconduct should be answered as #0 on their clicker.
There are 3 variables that affect helping:

**Individual** – A person’s knowledge, skill set, confidence, sense of social responsibility, etc.

**Situational** – Severity of need; Are there other people around? What are the costs of helping?

**Victim** – Do you know the person? Do you think they deserve help? Will they accept help?
Which do you think is the most important in determining whether or not someone will help?

1. Individual
2. Situational
3. Victim

Note that they are all important but ask which one they think is most important.

Although ALL play a role, situational is the most important variable (Dovidio, et al., 2006)

All 5 of these steps must occur if help is to be given. Failure at any one of the steps will result in no help. We will go through each step and discuss the barriers to helping, then review strategies to overcome these challenges.

Note: Almost every reason a person can give for not helping falls into one of these 5 steps. Again, though some of the reasons are understandable, educating people about these factors makes them more likely to help in the future.
Step 1 - Notice The Event

We know you didn’t expect a test today but here is a pop quiz!
It’s easy to miss something you’re not looking for. People are busy, distracted, on their phones, talking, texting, not aware of their surroundings - sometimes they don’t *WANT* to notice.

**PAY ATTENTION** to what is going on around you. Always have an exit plan if necessary.
Step 2 - Interpret the Event as a Problem

There are 2 factors involved. The first is ambiguity. Is it a problem? Is it not? It’s sometimes hard to tell if someone is in need of help. Just like in the first video, could it have been the girls’ stepfather? An uncle? Was she just being difficult? How do you know for sure? Error on the side of caution and *INVESTIGATE!*
The second factor is Conformity. We are ALL exposed to group pressure. A few things to mention:

**Informational Influence** – when you think someone knows more than you do, or has more information than you, you will follow their lead.

**Pluralistic Ignorance** – the majority know there is something wrong but no one else looks concerned so you think you must be the only one and thus you don’t do anything.

**Normative Influence** – you go along with the group to fit in, to be liked or to be accepted by the group.

**Related:**
**Groupthink** – when members try to minimize conflict and reach consensus without critically testing, analyzing and evaluating ideas. Groupthink may cause groups to make hasty, irrational decision where individual doubts are set aside due to a desire to avoid being seen as foolish or to avoid embarrassing or angering other members of the group. *(See Step 5 - Costs and Rewards)*

**Spiral of Silence** – if one thinks they are in the minority they are less likely to voice an opinion. So people who don’t directly engage in a problematic situation still contribute to the problem with their silence.

“The only thing necessary for the triumph of evil is for good men to do nothing.”
- Edmund Burke
Follow the Leader

DATELINE
Shows a funny clip from Candid Camera and then a reenactment of the famous Asch study on conformity with students from UC Santa Cruz (see more in Appendix F).

**Facilitators:** Discuss how non-threatening the experiment was yet how difficult it was to stand up to the group. Also, note how the subjects kept looking to the ‘leader’ for help. You instinctively look to ‘leaders’ to do the right thing. Leaders give “permission” to others. Ask if the students have a younger brother or sister – and how they might be looking to them as a role model.
Strategies:
If something is ambiguous, look into it! Ask questions. See what others think.

Error on the side of caution and investigate!

Be mindful of group pressure or groupthink and prepared to react to it. Break though pluralistic ignorance and the Spiral of Silence and take a stand!

Refer to the Asch video – it was hard for Marie but she stood up to the group.

Note to the students: If you are a victim, let others know you need help – be specific if possible (i.e., “You, in the red shirt, please help”).
Step 3 - Assume Personal Responsibility.

Research shows that if you are alone you will help 80% of the time but if you are in a group you will help only 20% of the time because of diffusion of responsibility – you think someone else will do something (reference the first video with the child being ‘kidnapped’).

But if not you, then who? Do not assume someone else will do something!

Strategies:
1. Do not rationalize away responsibility.
2. Verbalize your intentions – you are more likely to help that way.
3. Engage others – I’ll do A and you do B (see video on motorcycle accident in a few slides).

Note: Diffusion of Responsibility is not bystander apathy. People may be truly concerned and want to help but they think someone else will do something because they are more likely or more qualified.
These are 2 very unfortunate examples of bystanders NOT responding with others around.

**Kitty Genovese** – See story in Appendix E. In the police report afterwards it stated, “one phone call could have saved her life.”

Deletha Word attacked on a bridge in Detroit with many bystanders there. There was a police station on the other side of the bridge and people had cell phones.
On the bridge there was bumper to bumper traffic. This young lady barely rear-ended the man’s car. He went into a rage, pulled her out of her car, and beat her. He went back to his car, got a car jack and attacked her again with the car jack. She had no choice but to jump into the river to escape her attacker. She could not swim and drowned.
Clip from Dateline showing one of the bystanders who witnessed the beating. Note how he says he didn’t want to be the first. One of our main messages is have the courage and the confidence to BE THE FIRST!

You can respond directly or indirectly but *DO SOMETHING!* In this case there was a large man who was in a rage – it would be very difficult to approach someone in that state but get others to help or call 911.

Leaders give permission to others – **BE THE FIRST!**
Great example of a positive and successful bystander intervention where a motorcyclist crashes under the car and is stuck there. Notice the man who comes in and shows others what to do (lift the car) and how everyone then goes into action. This is a good example of engaging others that we talked about a little earlier. BE THE FIRST!
Step 4 - Know How to Help

Many times people WANT to help but they either don’t know what to do (knowledge) in a particular situation or how to do it (skills). Emphasize that help can be direct or indirect.

NEVER put yourself in harm’s way but again, DO SOMETHING! The guides list many warning signs, action steps and resources that can help.

Be prepared – think about what you would do in certain situations so when and if that situation arises, you will have a game plan. It’s harder to think clearly when suddenly put in a difficult situation.

Facilitators: Please see the Strategies for Effective Helping section for more helping techniques and ideas.

**Strategies:**
1. Learn direct and indirect skills.
2. Be prepared.
3. Know resources.
Notice how he doesn’t directly confront the guy but distracts him and then others get engaged (woman saying, “Get on another train.”)

You can reference this video when you discuss intervention styles.
Step 5 - Implement the Help and Step UP!

The challenges at this step are that there are always costs involved and the assumption is that when people decide on what actions to take they try to minimize costs and maximize rewards.

Costs could be something as simple as time but it could also be a fear of retaliation, you don’t want to embarrass yourself, you don’t want to go against the group; you don’t want to get yourself or your team/group in trouble; you are afraid the help will be ineffective, it could be dangerous, etc.

Strategies:
1. Carefully consider the situation before taking any action.

2. BE THE FIRST!

3. Create shared and agreed upon standards of behavior and expectations within any group or organization.
What are the possible costs of not intervening? Make the point that NOT intervening can sometimes be more costly than the perceived initial costs.

What if the little girl was being kidnapped? Look at what happened to the girl on the bridge/Kitty Genovese. What are potential costs for situations that you see on a daily basis?
Another factor that influences whether or not someone will help is the idea of **Perspective Taking**.

Show the slide and ask what they see. Some will see the old lady, some will see the young lady. Give them time and pretty soon you will see them sharing and explaining how to see it both ways. You will probably hear, “Oh, yeah, now I see.”

Emphasize that this is exactly what we want from them – pointing out different ways to see things and helping each other to understand a different way of looking at something. Sometimes that takes time and effort just like in this exercise.

You don’t have to agree with everyone but trying to see things from their point of view and understand where they are coming from can help.

1. Imagine how the person thinks and feels.
2. Imagine being in the same situation.
3. Imagine that you are the other person.

It is also important to note that we may not know what a person’s life experiences are. We may just know about a small piece.
If you (or someone you love) was in a potentially harmful or dangerous situation what would you want someone to do?

High Perspective takers are generally more accurate than low PT at judging others. Because PT has been shown to be related to understanding others, those high in PT skills tend to be better at knowing what information needs to be discussed in order to reach a solution. Traits related positively to PT were being patient, reasonable, and sensitive. Traits related negatively to PT were being aggressive and sarcastic. (Dovidio, et al., 2006)

This is a promising strategy for improving attitudes toward members of discriminated-against groups. Remind students of the results from the pilot survey – 54% said they had witnessed a time when someone’s health and safety were in danger as a result of discrimination.

*Emphasize that just like in being able to see both images in the pictures, this takes time and effort!*
Obedience to Perceived Authority

One more challenge to helping is when people do things because a perceived authority figure told them to.

**Facilitators:** This type of situation could make for a good scenario.
This Dateline clip is the ground breaking Stanley Milgram experiment in 1964 (see detailed info in the appendices). Two-thirds of the people went all the way to the end – 450 volts.
Students may say – Well, that would never happen today. They replicated the experiment in 2009 and got the *SAME* results!

You can find clips on YouTube from this experiment.
We use this idea of Obedience to Authority for the topic of hazing. Robert Champion, the young man in the lower right was hazed to death.

Facilitators: You can also discuss perspective taking here - either from the victim’s perspective or the ‘hazer’s’.

• How would you feel if something tragic happened?
• How could you break the Spiral of Silence and Pluralistic Ignorance?
• Perspective taking will be a key question in the scenarios we do later.
Famous Psychologist Philip Zimbardo commented on the Milgram experiment (TED talks) and on the idea of ‘good vs. evil.’

Make the point that ALL PROBLEMS start off as minor things – and gradually escalate – people keep pushing the limits and keep thinking that it’s acceptable. You must do something as soon as you notice something.

If we understand what contributes to the problems (in terms of environment, community, social etc.) we can intervene in the chain of events that create the likelihood of incidents and harm.

Where do you draw the line? What is acceptable or unacceptable?
We will now discuss strategies for effective helping as well as appropriate levels of intervention. There are more details for the following slides in the Strategies for Effective Helping section.
Step UP! is a bystander intervention program and also one that promotes prosocial behavior – being kind, compassionate, empathetic, making a positive difference, etc. The idea is that stepping up and helping someone in need is an act of kindness.

This is the clip from NBC Nightly News about Ben's Bells. We now have a partnership and a bracelet campaign about stepping up, kindness and paying it forward.
<table>
<thead>
<tr>
<th>Bracelet#</th>
<th>Comments</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>12801</td>
<td>I received this bracelet from my boss for all the work and programming we have done to educate people about sleeping up!</td>
<td>04/17/2013</td>
</tr>
<tr>
<td>12507</td>
<td>I received this bracelet from my boss at work. I work at Slippery Rock University in a center where we take the time to make a difference on campus. Hoping to shake up this campus with all kinds of kindness by using these bracelets!</td>
<td>04/17/2013</td>
</tr>
<tr>
<td>12320</td>
<td>I received this bracelet as a result of my work in the Women's Center at Slippery Rock University. I am an advocate for survivors of interpersonal violence.</td>
<td>04/17/2013</td>
</tr>
<tr>
<td>4296</td>
<td>There was a Step Up presentation at my school the other day, and the guest speaker gave me his bracelet for being the first student to participate and share their thoughts with the group.</td>
<td>04/17/2013</td>
</tr>
<tr>
<td>4874</td>
<td>I received my bracelet in November before studying abroad in Spain as a semester of 2013 in Barcelona. While here my best friend, Paige, came to visit me. I have accumulated so much stuff that I needed to buy a second suitcase to take all of my things home. She graciously took one of my suitcases for me because I will continue my travels around Europe when my school program ends, and will not be able to travel with so many things! She not only took her own large suitcase but also mine all the way back to the states! I am truly blessed to have such a kind and warm-hearted person in my life.</td>
<td>04/17/2013</td>
</tr>
<tr>
<td>11983</td>
<td>I have lived in Newtown, CT since I was 6 years old and 12/14 was the most devastating day of my life. The day found my best friend was one of the most exciting moments ever, so my mom and I decided to give this moment to others by helping to make more bells at our Newtown Bells bell headquarters. There, I purchased this bracelet and will wear it everyday to remind myself and others to step up and be kind. This bracelet journey is just beginning!</td>
<td>04/15/2013</td>
</tr>
</tbody>
</table>
The S.E.E. Model

**Safe Responding**

**Early Intervention**

**Effective Helping**

**Safe** – Never put yourself in harm’s way but talk to someone, make a phone call (911 if necessary) and/or engage others.

**Early** – “All evil starts with 15 volts” – intervene early before the problem becomes a crisis or disaster.

**Effective** – Know what to do and how to do it. Remember the Law of Delivery: Who (person/s), What (content), When (timing), Where (location/privacy), Why (reasons), and How (tone).

Some situations may be more urgent than others. Give careful consideration to what the best intervention method may be and know your strengths as an intervener – which we will get to in a minute (styles).
Emergency Helping

- Stay calm
- Gather info
- Consider options – direct and/or indirect
- Provide support but do not become enmeshed
- Know your limits – walk away if it’s unsafe!
Non emergency helping

Consider **frequency, duration and severity**

Define the problem and the barriers

Determine the goal; Develop a game plan

Set boundaries – don’t enable

Maintain respect

Consider options; Know referrals
Many times people don’t know how to approach someone or what to say. Although students don’t have to use this exact language or these exact words, the general approach can be very effective.

**Facilitators:** You could ask for volunteers to role play what this would sound/look like in the scenarios.

Remember the Law of Delivery (see Strategies for Effective Helping).
Consider the consequences over time – consequential thinking. We can all get caught up in the moment but is it really worth it over time?

STOP AND THINK!

Could do a values exercise here as well.
So... after all you’ve done to get to this point...

why take a chance of losing it all?
Intervention Styles

Adapted from the work of Jeff Janssen and the DiSC® Behavioral Assessment.
Some styles may be more likely to intervene. People can/will intervene in different ways based on skills sets and confidence. Do what you are comfortable with and what is appropriate (direct or indirect) and continue to build skills.

You may be different styles depending on the situation and your role.
### Understanding Your Style

<table>
<thead>
<tr>
<th>Type</th>
<th>Characteristics</th>
<th>Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOMINANCE</td>
<td>Control, Decisive, Direct, Accept Challenges, Strong willed, Quick, Take action</td>
<td><strong>Results oriented</strong></td>
</tr>
<tr>
<td>INFLUENCE</td>
<td>Social, Optimistic, Convincing, Energizing, Expressive, Outgoing, Enthusiastic</td>
<td><strong>People oriented</strong></td>
</tr>
<tr>
<td>CONSCIENTIOUS</td>
<td>Analytical, Orderly, Accurate, Deliberate, Systematic, Plan Ahead</td>
<td><strong>Detail/Quality oriented</strong></td>
</tr>
<tr>
<td>STEADINESS</td>
<td>Stable, cooperative, predictable, Deliberate, consistent, supportive, Good listener, empathetic</td>
<td><strong>Team/Process oriented</strong></td>
</tr>
</tbody>
</table>

**Step UP!** Facilitator Guide
Owl – Most creative, experienced and successful problem solver; highest in social and emotional intelligence
To see how each ‘style’ would react, play the video and stop it when they couple starts to leave the bar. Have each group discuss what they would do and then report back. Then play the rest of the video.
How to intervene with each style

Please see info in Strategies for Effective helping for more information.
In the pilot study these are the reasons students gave for when they DID intervene. Overwhelmingly, the #1 reason given for intervening was because it was the right thing to do.

This concludes Part 1.
You can take a short break here if you want.
Strategies for Effective Helping

Section C
STRATEGIES FOR EFFECTIVE HELPING

FOCUS ON S.E.E – SAFE, EARLY, EFFECTIVE

The S.E.E. Model

SAFE Responding
Decide a course of action that best ensures the safety of those involved. Maintain mutual respect and mutual purpose.

EARLY Intervention
Understand the importance of intervening early - before it becomes a problem, crisis or disaster.

EFFECTIVE Helping
Develop specific helping skills and how to avoid harmful helping.

Emergency Helping – General Strategies

**Emergency situations unfold quickly and often require immediate helping responses.**

(Also see specific Action Steps in Scenarios.)

Carefully assess the entire situation/circumstances before making any decisions or taking any action.

Consider both DIRECT and INDIRECT ways to intervene.

Direct: You take responsibility as the primary helper.
Indirect: You request that someone else take responsibility as the primary helper (e.g., the Police, Emergency Medical Trained or EMT personnel, Athletic Administrators, etc.)

Whatever response you choose, remember the following in an emergency/crisis:

- Calm the person
- Gather information
- Look at options
- Provide support
- Know appropriate referrals
- Do not become enmeshed

- Look for the best exit strategies (getting out of the situation) for those involved.
- Be clear and direct with all of your requests.
- Make safe choices; consider the level of risk in choosing an action for intervening.
- Understand boundaries and limits - don’t be a hero. Remember verbal fights can quickly turn into physical fights. **It is often better to WALK AWAY.**
- Intervene early – before a problem becomes a crisis or disaster.
- Choose the most effective ways of helping for that particular situation. Be sure to not make the situation escalate.
- Publicly state your commitment to helping. “I will do X.”
- Engage other bystanders – You do “Y.”
- Discuss consequences that the person cares about – Encourage VALUE BASED DECISIONS.
- Assess personal exposure/liability when actions you know about are criminal.
- Call 9-1-1 if it is not safe or prudent for you to help directly.
Non–Emergency Helping – General Strategies

**Non-emergency situations unfold more slowly and allow more careful planning of a helping response.**
(Also see specific Action Steps in Scenarios.)

Consider both DIRECT and INDIRECT ways to intervene.

**Direct:** You speak with the person directly.

**Indirect:** Talk to another person who you feel could be helpful or give guidance and direction – group member, counselor, administrator, professional.

**Note:** If you do not act immediately, don’t ignore the situation. Just because you don’t act right then and there doesn’t mean you can’t do it later!

**Whatever response you choose, remember the following:**

- Consider _frequency, duration and intensity/severity_ when evaluating a situation.
- Determine the barrier for the person if possible – motivation, ability or environment.
- Know your limits as a helper – engage others as necessary.
- Be sensitive, understanding and non-judgmental.
- Challenge misperceptions - Express your true feelings/beliefs.
- Identify the red flags; Anticipate problems.
- Determine the priority goal; Formulate a plan; Prepare/practice what you want to say.
- Interrupt/distract/delay a situation you think might be problematic – before it becomes an emergency!
- Set boundaries – do not make excuses for the person or otherwise enable them.
- Conduct conversations in a safe environment. Maintain **mutual respect** and **mutual purpose**.
- Remember the **Law of Delivery** – Who (person/s), What (content), When (timing), Where (location/privacy), Why (reasons) and How (tone).

---

**Use The 5 Point Formula –**

*Adapted from University of Massachusetts, Amherst Health Services, Virginia Alcohol Safety Action Program and The BACCHUS Network*

| I Care | Let the person know you care about him/her and that because of the significance of the relationship you need to discuss something very important. Both starting and ending the discussion with an emphasis that you are doing this out of genuine concern, caring and respect for the person, sandwiches the difficult feedback between strong positives. Choose words you are comfortable with and fit your style. |
| I See | Report/Review actual events with your friend, as you perceive them. Remember you are evaluating the behavior not the person. Try to limit your statements to observable, irrefutable facts. The more you have, the better. |
| I Feel | Tell the person your own feelings using “I statements” to reveal your feelings. |
| I Want | Tell the person what you would like to see happen. |
| I Will | Specify what you will or will not do. Only set ultimatums if you can, and will, stick to them. |
Sample Script:

I Care  “John, do you have a minute? Because you’re such a good friend and I really care about you, I want to talk to you about something very important.”

I See  “I’ve been noticing that you are not going to class as much and your practices haven’t been as productive lately. From my perspective, you really don’t seem to be yourself. I’ve seen you drinking more when we go out and it seems to be more frequent than in the past. You even got into that fight last weekend at the party and I’ve never seen that from you before.”

I Feel  “I’m worried about how it is affecting you – personally, in school and in the group. To be honest I’m also scared about what could happen to you.”

I Want  “John, I want what’s best for you and the group. I’d like to see you get some help – and sooner rather than later - at least talk to someone – either Mentor Jones or even someone at our Counseling Center. You have so much to offer and the group really needs you! I’d really hate for something bad to happen because of a poor decision.”

I Will  “I’d be willing to go with you if you want. I want to support you however I can because I respect you and you are very important to me - and to the group - but I will not lie for you and I will not watch you continue to make unhealthy choices. I’m really concerned John.”

Other possible phrases with which to confront a group member or another person:

- “The group needs you and expects more from you.”
- “This is (X school). That is not what we are about.”
- “I know you are better than that.”
- “You know that’s not OK.”

• Make the target goal inflexible but the process to reach it flexible.
• Be curious/ask questions to understand from their point of view. (Perspective taking)
• Use contrasting to clarify misunderstandings. (e.g. What I DON’T want is X, what I DO want is Y).
• Ask permission if the topic is sensitive.
• Avoid “absolutes” (always, never, etc.)
• Avoid gossiping and rumor spreading.
• Be ready for a negative reaction. People can feel attacked when confronted and can get angry and defensive. Assure them that you are care about them and are concerned about their behavior. Other considerations if you meet resistance:
  - Use reflective responses
  - Reframe the resistance
  - Emphasize the right to disagree
  - Emphasize the right for personal choice and control

Adapted from BACCHUS CPE Training

• Don’t take verbal attacks personally. Stay calm, positive, remember your purpose and try to help your friend understand your point of view.
• Practice the conversation with a friend before holding the real one. Anticipate reactions and think about how to deal with them.
• Take care of yourself – it can be difficult on helpers as well.
• Follow up.
Within Your Group

- Create shared and agreed upon acceptable standards of behavior. (We can do X, we cannot do Y). (See strategies for Step 5.)
- Emphasize strength in numbers.
- Create plans together to avoid high-risk situations.
- Explain the expectation to intervene.
- Make it relevant to the group and to achieving group goals.
- Empower group members to Step UP!
- Acknowledge and reinforce caring behaviors.
- Allow group members to air thoughts/feelings.
- Practice skills and strategies to Step UP!

When Dealing with High Emotion

3 Things TO do:
1. Ensure your safety
2. Try to dissipate the emotion
3. Consider the other person’s perspective

3 Things to NOT do:
1. Don’t get caught up in the moment
2. Don’t one-up the person
3. Don’t patronize

Don’t deal with content until you deal with emotion.

How to Increase Helping

1. Encourage prosocial/helping behavior.
2. Increase and optimize the 5 Decision Making Steps.
3. Reduce inhibiting factors (pluralistic ignorance, conformity, spiral of silence, etc.)
4. Increase identification of risk factors.
5. Make “in-group” more inclusive.
6. Practice perspective taking.
7. Increase knowledge, skills, and confidence.
Step UP! Intervention Styles

NOTE: Human behavior is complex and intervention styles will depend on situations and roles. Everyone is a mix of all styles, but most people have tendencies toward one or two styles. The goal is to increase understanding of your style, others’ style, and how to interact for the best intervention. Adapted from the work of Jeff Janssen and the DiSC® Behavioral Assessment.

Shark (D)

- **Approach to intervention:** *Dominant; Results oriented.* Get it done. Likes to take charge and be in control. Intervention is more direct.

- **Strengths:** Direct, confident, strong willed, driven, forceful, competitive, assertive, pushes group to achieve, expresses opinion; performs well under pressure and in clear-cut emergencies.

- **Weaknesses:** Can be insensitive, impatient, blunt, sarcastic, aggressive, and make situations worse; can be viewed as arrogant/"know it all"; don’t give much thought to intervention method; prefers ‘winning’ over compromise.

- **Can intervene more effectively by:** Warmth, patience, empathy, humility, tact, and having consideration of others’ ideas.

- **When intervening with a Shark:** Sharks are driven by power, authority and success. Address issues directly, efficiently and focus on the desired results; support your concerns with facts; avoid challenging their perceived authority; focus on resolving the problem rather than being ‘right’; avoid repeating yourself or giving too many details; avoid taking their candor personally.

Fox (I)

- **Approach to intervention:** *Influential; People oriented.* Get buy in/approval. Likes to inspire and be recognized for their contribution. Intervention is more direct.

- **Strengths:** Social, enthusiastic, energetic, convincing, optimistic, persuasive, charming; can mobilize a group and fight through group think and pluralistic ignorance.

- **Weaknesses:** Impulsive, disorganized, lack of follow through; can rely solely on gut feelings; not great listeners; can be outspoken and monopolize conversation.

- **Can intervene more effectively by:** focusing on details, patience, listening more, following through, being more objective, and confronting problems.

- **When intervening with a Fox:** Foxes are driven by social recognition, group activities and friendly relationships. Be encouraging, respectful, positive, and collaborative; recognize and solicit their contributions and ideas; present new approaches; let them talk and have them be part of the solution; show how actions will gain favorable attention and approval; don’t let them lose face or steal their limelight - make it clear it’s about the issue, not them as a person.
Teddy Bear (S)

- **Approach to intervention:** Steady; Team oriented. Work together. Like to be systematic, collaborative and accommodating; don’t want to offend others. Intervention is more indirect.

- **Strengths:** Calm, patient, stable, even tempered, practical, good listener, team player, amiable, empathetic, understanding, and humble.

- **Weaknesses:** Overly accommodating; indecisive; passive; tendency to avoid change; can prioritize relationships, avoiding conflict and need to be liked over confronting a problem; gives in to peer pressure; can perceive costs as greater than rewards.

- **Can intervene more effectively by:** addressing issues quickly and directly, taking initiative; showing self-confidence and courage, speaking up and taking a stand for what they believe in; taking a more active leadership role.

- **When intervening with a Teddy Bear:** Teddy Bears are driven by the desire to maintain stable environments, appreciation, collaboration and opportunities to help. Be relaxed, supportive, sincere, and cooperative; express interest in them; show them you care about resolving the issues; be direct without being confrontational or aggressive; respect traditions, procedures and systematic practices; don’t rush them – given them time to process the info; don’t be critical or demanding.

Turtle (C)

- **Approach to intervention:** Conscientious; Detail oriented. Do it right. Want intervention to be the best it can be. Intervention is more indirect.

- **Strengths:** Analytical, precise, systematic, cautious, diplomatic, tactful, will give careful consideration to intervention; high concern for quality.

- **Weaknesses:** Slow to act. Can be overly critical; tendency to overanalyze; can be blunt; misses important times to intervene early; can fall into pluralistic ignorance trap; rationalizes inaction as “none of my business”; thinks/hopes someone else will do something.

- **Can intervene more effectively by:** acting more quickly; acknowledging others’ feelings and needs (perspective taking); cooperating with and involving others; looking beyond data, not getting bogged down with details; being more direct with interventions.

- **When intervening with a Turtle:** Turtles are driven by opportunities to use their expertise, gain knowledge, and impact the situation with quality intervention. Be logical, organized and accurate when intervening. Support your position with logic and facts; minimize emotional language; give them space and time to process information; allow personal space and independence; stay away from forceful tactics - be patient, persistent and diplomatic.

Owl

*NOTE: All styles can be an owl by best using their strengths and responding appropriately and effectively to the situation.*

- **Approach to intervention:** Holistic; Situation oriented. A more complete intervener; driven by achieving the best outcome; uses an inclusive, complete and holistic approach.

- **Strengths:** A resourceful and creative problem solver; selfless and don’t care who gets credit; adapts their style to fit behavioral/situational needs of others.

- **Weaknesses:** Need to gain experience in certain circumstances.

- **Can intervene more effectively by:** Continuing to hone skills in various and diverse situations.
Making Value Based Decisions

As a bystander, one way to Step UP! is to get those involved in a situation to think about how current actions lead to future consequences. Remind them that what feels beneficial at the time may have greater long-term costs. In other words, are the “rewards” of the moment more valuable than the potential costs of the future (e.g., loss of scholarship; suspension/expulsion; criminal record, etc.)? Also, consider how long the “rewards” last vs. how long the “costs” last. How long will your choice impact your life a day/week/month or year later? Considering possible costs and rewards over time can be eye opening.

Help others by getting them to stop and think about what they are doing – or about to do. Is their decision aligned with their stated values? Will it jeopardize their future? Their goals? Their reputation? What they’ve worked so hard for? What you’ve ALL worked so hard for? Losing a group member, even for a short period of time, may cost them (and you) in more ways than one. While it is important to support your friends, it isn’t always easy to know how to best do this. Blindly following actions and/or not intervening in a situation you know in your gut to be wrong, is NOT supporting a friend but rather assisting in their future troubles.

Please see the worksheet in Appendix B for an example.

Step UP!
Scenarios with Considerations, Action Steps and Resources
BEFORE YOU BEGIN

Facilitators: Please read the following to the participants.

Step UP! members can now practice their intervention and attending skills either through role-plays or discussion. In a supportive environment, helpers will be able to put into practice the information and skills they have learned in training. This is neither a time to be nervous, nor a time where anyone is going to be laughed at for not knowing the “right answer.” This is an opportunity to experience situations that participants will likely encounter this year. Take it seriously and strive to learn. What you say and how you approach these situations will be similar to what you will say and how you will approach actual situations. The point is to practice without risk – practice makes us better!

Remember:

- You do not have to know how to do everything perfectly nor do you need to have all the answers.
- This is a time to ask lots and lots of questions.
- If we choose to role-play and you are not the one acting in a scenario, please observe silently – avoid dramatic facial expressions and talking. Consider what you might do in that situation and how you might feel. You will be asked about it in the discussion that follows.
- We value everyone’s input, but we only have limited time for debriefing after each scenario. Not everyone will be able to share after each scenario. Feel free to write down issues as they arise. Although it may not be relevant to a current discussion, anything important should be followed up on with your facilitator.
- This is not a time to share “horror stories” or to “one-up” each other’s stories. Please share the learning that occurred in relevant situations you have experienced or witnessed.
- There is often not a right or wrong way to handle a situation – but what you do and say can make all the difference for the individuals involved (refer to Strategies for Effective Helping.) Please continue to talk to your facilitator about how you can improve your own confrontation/attending skills.

For Actors (if you choose to do role plays):
Step UP! members may have the opportunity to “act” in scenarios to practice intervention and attending skills. The goal is to create realistic scenarios where all participants are able to practice their new skills in an environment where they feel safe and supported by others on the Step UP! team.

Perspective taking is a key element in role-taking. 3 vital role-taking aspects have been identified.

1. First, role-takers must put in the effort to perceive how others understand and respond to the world.
2. Second, role-takers must be able to take multiple perspectives. That is, they should be able to view a situation from the perspective of many people.

3. Third, role-takers should be able to perceive the other’s perspective in depth and have a full understanding of the other’s perspective.

Please Remember:
- Take your roles seriously.
- Be as realistic as possible (without being physical) to provide other helpers the opportunity to practice and learn.
- The Facilitator will assist with the questions afterwards; please add your experiences when prompted.

For Facilitators:
Determine the most effective and appropriate way to facilitate the scenarios that follow (role play, group break outs, discussion, etc.) You should allow approximately 15 minutes for the students to complete the scenario worksheet and approximately 15 minutes to debrief each scenario. If time allows, you can generate more discussion with the questions at the beginning of each topic area. Keep track of the time to assure your group is able to experience and learn from each scenario.

Please Remember:
- Ask your group before beginning to let you know (privately) if they feel they would rather not be the “intervening student” or be in a group discussing a particular topic (sexual assault, discrimination, eating disorders, etc.) if they feel a potential scenario might trigger them personally.

- Always focus on giving useful feedback to participants. If you notice something that warrants follow up regarding their participation, please follow up promptly.
Part 2 will be the facilitation of the scenarios. You can pick the top 3 from the weighted clicker slide you did in the beginning or you can pre-select scenarios. **Note:** For more scenarios on each topic, please see the Step UP! website: www.stepupprogram.org

Please see Facilitator tips and suggestions for ways to facilitate scenarios and there are worksheets in the Appendices. A few suggestions include:

- Breaking into small groups and each group does a different scenario.
- Each group does the same scenario but answers different questions.
- Put the scenarios on the screen and have the group respond as a whole.
- Groups can create skits and perform.
- Groups can discuss different aspects of the training (5 Steps; Costs/Benefits; Perspective Taking; Obedience to Authority; Intervention styles; etc.)

You can also use these topics specific situations and offer workshops in a particular area. There are separate presentations for most of the topics on the Step UP! website. The idea is to educate on that topic, then to bring the bystander strategies learned in the initial training to these scenarios. These presentations do not intend to cover all aspects of the topic nor to be the authority on the subject matter. They are merely starting points. You are encouraged to use your own resources and professionals on campus to help supplement the information and co-present if possible.

It is best to make scenarios ambiguous and open for interpretation. It is also interesting to ask what ‘conversations’ might be going on in a person’s head as they are deciding whether or not to help.

**Facilitators:** Please feel free to use other scenarios that may be more specific to your population. Some of the data and statistics are from the NCAA and are student-athlete specific - please insert data from your populations if you wish.
Scenario 1

Academics

You are in a group of five students writing a paper for your Sociology 101 class. The other four members want to cut and paste everything from the internet because they don’t think the professor uses Turnitin. You feel pressured to go along with the group, but you know that regardless of whether the professor checks, copying the content directly and alleging it is your own is not right. What do you do?
ACADEMICS

QUESTIONS
1. Do you know how academic misconduct is defined at your University?
2. What is more important in determining your actions - integrity or loyalty?
3. Why do students plagiarize?
4. Have you ever cheated/knowingly plagiarized before? If so, would you admit it if your professor asked you? Why or why not?
5. What are the costs and benefits of cheating?
6. In what ways do we help/hurt others by letting them cheat?
7. In what ways do we help/hurt ourselves by cheating/letting others cheat?
8. If a group member is caught cheating, how could that impact your group or your group’s image?
9. In your opinion, what are the main reasons people cheat?
10. How consistent are your actions with regard to the characteristics of, or strategies for, successful students, athletes and leaders (see below)?

CONSIDERATIONS

Academic misconduct can include:
- Plagiarism (intentional or unintentional) – most common infraction
- Cheat sheets/Other forms of cheating
- Having someone take a test for you
- Copying a test
- Lying about circumstances
- Having someone sign in for you

Did you know...?

Many times sanctions are determined by the level of premeditation of the infraction.

Sanctions can include:
- Failing the class
- Loss of credit in course
- Written warning
- Temporary transcript notation
- Permanent transcript notation
- Removed from major
- Expulsion
- Rescinding a degree

HELPFUL TIPS

Note: Although there are many different kinds of academic misconduct we will focus more on plagiarism since it is by far the most common infraction.

DEFINING PLAGIARISM

All of the following are considered plagiarism:
- Turning in someone else’s work as your own
- Copying words or ideas from someone else without giving credit
- Failing to put a quotation in quotation marks
• Giving incorrect information about the source of a quotation
• Changing words but copying the sentence structure of a source without giving credit
• Copying so many words or ideas from a source that it makes up the majority of your work, whether you give credit or not (see our section on “fair use” rules).

Source: www.plagiarism.org

TYPES OF PLAGIARISM

• “The Ghost Writer”: The writer turns in another’s work, word-for-word, as his or her own.
• “The Photocopy”: The writer copies significant portions of text straight from a single source, without alteration.
• “The Potluck Paper”: The writer tries to disguise plagiarism by copying from several different sources, tweaking the sentences to make them fit together while retaining most of the original phrasing. Also known as “patch writing.”
• “The Poor Disguise”: Although the writer has retained the essential content of the source, he or she has altered the paper’s appearance slightly by changing key words and phrases.
• “The Labor of Laziness”: The writer takes the time to paraphrase most of the paper from other sources and make it all fit together, instead of spending the same effort on original work.
• “The Self-Stealer”: The writer “borrows” generously or “recycles” from his or her previous work, violating policies concerning the expectation of originality adopted by most academic institutions.
• “The Forgotten Footnote”: The writer mentions an author’s name for a source, but neglects to include specific information on the location of the material referenced. This often masks other forms of plagiarism by obscuring source locations.
• “The Misinformer”: The writer provides inaccurate information regarding the sources, making it impossible to find them.
• “The Too-Perfect Paraphrase”: The writer properly cites a source, but neglects to put in quotation marks text that has been copied word-for-word, or close to it. Although attributing the basic ideas to the source, the writer is falsely claiming original presentation and interpretation of the information.
• “The Resourceful Citer”: The writer properly cites all sources, paraphrasing and using quotations appropriately. The catch? The paper contains almost no original work! It is sometimes difficult to spot this form of plagiarism because it looks like any other well-researched document.
• “The Perfect Crime”: Well, we all know the perfect crime doesn’t exist. In this case, the writer properly quotes and cites sources in some places, but goes on to paraphrase other arguments from those sources without citation. This way, the writer tries to pass off the paraphrased material as his or her own analysis of the cited material.

Source: www.writecheck.turnitin.com
ACTION STEPS

HOW TO AVOID PLAGIARISM

There are four main ways to avoid plagiarism
(see www.plagiarism.org):

• Build a paper trail
• Cite as you write
• Give credits to words and ideas
• Use technology for peace of mind

Ways to Properly Incorporate Other Writer’s Work in Your Own Writing

Quoting: identical to original work; matched word for word; must cite original source.

Summarizing: putting author’s general idea into your own words; maintain original meaning of author; basic order of original text maintained; significantly shorter than original text; must cite original source.

Paraphrasing: more detailed restatement than a summary; putting a passage from a source material in your own words; maintain original meaning of author; just about equal in length to original source; order of information may change; must cite original source.

*Adapted from Purdue Online Writing Lab. Please visit http://owl.english.purdue.edu/owl/ for additional information.

Other tips:

• Know why plagiarism occurs
• Be able to identify various forms of plagiarism
• Reference all secondary sources
• Put quote around author’s exact words
• Always use proper citation
• Review the following website - https://www.writecheck.com/static/faq.html

For Bystanders:
If a friend is cheating, plagiarizing, skipping classes, or doing poorly in classes, then consider taking these action steps:

Direct

• Talk to the person about why the behavior is happening.
• Know appropriate resources/support
• Remind them of consequences
• Discuss Value Based Decisions – is it worth it?
• Talk to professor about prevalence of cheating – be a part of the systems change.
• Encourage them to do the following:
  o Understand what plagiarism is
  o Plan Properly
  o Communicate Effectively- talk to your professor
  o Disclose - be honest and open about your situation
  o Know the material - take good notes
  o When in doubt - CITE!
Indirect
• Talk to an academic advisor, professor or TA

Other Strategies for Academic Success
• Decide for yourself not to cheat.
• Accept ownership for your academic success.
• Set academic goals
• Do not miss class
• Study every day
• Read and follow your class syllabus – plan ahead
• Get help as soon as you need it
• Build a relationship with your professor or the TA
• Review all your exams
• Participate in class

Characteristics of a Successful Student, Athlete, Leader
• Maturity
• Emotional Intelligence/Self Control
• Motivation
• Ability to handle stress
• Good Decision Maker
• Adaptable
• Committed
• Resilient
• Assumes Personal Responsibility
• Ability to ask for help
• Honest with self and others

RESOURCES
Local
• University Code of Conduct
• Professors
• Academic Staff
• Dean of Students Office
• Tutoring
• Teaching Centers or Learning Centers on campus
• Other support systems

National
• The Purdue OWL - Online Writing Lab - http://owl.english.purdue.edu/owl/resource/589/01/
• VAILTutor: An overview of academic integrity concepts and practical tips for avoiding plagiarism http://www-apps.umuc.edu/vailtutor/index.html
• Center for Intellectual Property, University of Maryland University College, 2003
• Plagiarism Resource Site (Including self-test) - http://abacus.bates.edu/cbb/quiz/index.html
• Plagiarism in the Digital Age - http://www.plagiarism.org/
• Write Check - A way to check your work - https://www.writecheck.com/static/home.html
Scenario 2  
Alcohol

A student organization you belong to is having a party. Two new freshmen have confided in you that they don’t drink and aren’t huge “partiers” but since they want to meet more people in the organization they are going to go.

You are there and everyone seems to be having a good time until one of the seniors suggests a drinking game. People start to gather around a table as one of them begins to explain the rules for the drinking game. The freshmen who had confided in you initially decline but others start hassling them. You can see they’re uncomfortable. They look at you. What do you do?

*Although this section is on alcohol, the same principles also apply to other substance abuse situations.
ALCOHOL

QUESTIONS

1. For those that drink, what determines how much, or if, you will drink? Do you drink more when you are really happy/excited or sad/upset, or because you think it will make a good time even better?

2. Does your group have rules about alcohol? Do you have rules amongst yourselves? Do you personally make the choice to not drink during certain times? Why or why not?

3. Do group rules or codes of conduct curb behavior? What does?

4. For those who drink, do you feel anxiety around those who don’t and vice versa?

5. Discuss the “pull” between choices you sometimes have to make around alcohol?

6. How can drinking games get out of control considering how competitive some people can be? What are some things you could do to diminish this?

CONSIDERATIONS

One drink = 12 oz. beer = 4 oz. of table wine = 1 oz. 100% proof liquor

Alcohol use:

• Cancels out gains from your workout
• Causes dehydration and slows down the body’s ability to heal
• Prevents muscle recovery
• Depletes your source of energy
• Hampers memory, retention and ability to learn new information
  ✦ Drinking 5 or more alcoholic beverages can affect brain and body activities for up to 3 days
  ✦ 2 consecutive nights of drinking 5 or more alcoholic beverages can affect brain and body activities for up to 5 days
• Constricts metabolism and endurance
• Requires increased conditioning to maintain weight
• Inhibits absorption of nutrients


Other considerations:

• A person drinking too much can have second hand effects for others:
  ✦ Study/sleep time disrupted by other students’ alcohol abuse
  ✦ Violence from alcohol related physical and sexual assaults
  ✦ Campus environment negatively affected by vandalism
  ✦ Insults, arguments, and threats instigated by intoxicated students

• BAC is affected by the pace of drinking, quantity consumed, food in stomach, altitude, fatigue, gender, medications, mood and body mass

• Binge drinking is particularly unsafe. The normal “buzz” is not felt – it goes straight to extreme symptoms
Considerations for Women:

- Women have different health concerns around the consumption of alcohol than do men. Women should drink less than men (given the same weight) due to a number of factors including:
  - Different rates of metabolism
  - Lower levels of the enzyme dehydrogenase that breaks down alcohol in the stomach
  - Higher percentage of body fat and less body water
  - Alcohol absorption rates are affected by changes in estrogen levels related to the menstrual cycle

- Health problems related to drinking develop more quickly for women than men, including alcoholism

- Women who drink more than one alcoholic beverage per day increase their risk for breast cancer

Did you know...?

- Alcohol leaves the system at .015 percent per hour. If your BAC is .20 at 1:00 a.m. it will not return to normal until 3:00 p.m. the next day. Think of how that might affect you for a test, practice or a game.

- The body treats alcohol as fat!

- The normal reaction to alcohol is biphasic. The first phase occurs while BAC is low – mild “buzz”. The “point of diminishing returns” (where the effects become negative) happens at or above .06 for non-tolerant drinkers - including fatigue and physical impairment. More is NOT better!

- Every person’s predisposition to alcoholism/addiction is different.

- Student-athletes reported that 85% of the time a negative situation from drinking too much could have been avoided if someone had intervened.

ACTION STEPS

UNDER NO CIRCUMSTANCES LET INDIVIDUALS DRIVE WHILE IMPAIRED

1. Plan ahead – set a limit BEFORE going out.
2. Encourage them to stop drinking (or take their drink away) when they’ve had enough.
3. Stay with them to ensure they will be all right.
4. Remove them from the situation.
5. Get them to consume non-alcoholic beverages first.
6. Get them to alternate between non-alcoholic and alcoholic drinks.
7. Get them to sip rather than gulp if they are drinking alcohol.
8. Have them consume food while drinking alcoholic beverages.
9. Tell them not to drink while taking medication.
10. Tell them to avoid taking aspirin if they have been drinking. (DO NOT take Tylenol or other Acetaminophen medication for a hangover; liver damage may result!)
11. Never discuss problematic behavior when the person is under the influence.

Note: Responsible party hosting includes providing non-alcoholic beverages, serving food, limiting focus on drinking by not allowing drinking games or serving alcoholic punches, refraining from pushing alcoholic drinks, and limiting quantity of alcohol available.
RESOURCES

Local

• ECHUG – www.arizona.edu/students/echug/php - (See if your University has its own ECHUG site.)
• Campus Counseling Center
• Campus Health Center

National

• The Gordie Center for Substance Abuse - www.virginia.edu/case
• The BACCHUS Network - www.bacchusnetwork.org
• NCAA ATOD Resources - www.ncaa.org/health-safety
• Substance Abuse and Mental Health Services Administration - www.ncadi.samhsa.gov
• Substance Abuse Hotline - www.hazelden.org
• Alcohol Screening - www.alcoholscreening.org
Scenario 3
Alcohol Poisoning

You have been at a party for awhile when you realize that you haven’t seen your friend Jessie for some time. You check in a back room and find Jessie passed out on a couch. It seems Jessie's breathing is kind of slow. Jessie is a pretty heavy drinker and in the past has been much more drunk than you saw tonight. Your friend Pat assures you that Jessie is OK and just needs to sleep it off. What do you do?
ALCOHOL POISONING

QUESTIONS
1. 94% of student athletes report that they have seen someone whose health or safety was in danger from drinking too much. What has your experience been?
2. What do you need to know to be helpful in this type of situation?
3. How does this affect the group or community?
4. What could you do to have fun without drinking or with minimal drinking?

CONSIDERATIONS/WARNING SIGNS
- Person is unconscious or semiconscious
- Person has cold, clammy, pale or bluish skin
- Slow breathing (less than 8 breaths per minute)
- Irregular breathing (10 seconds or more between breaths)
- No response to pinching the skin
- Vomiting while passed out, and not waking after vomiting seizures

Did you know…?
- The number of deaths from alcohol poisoning of college-age people in 2005 was almost double what it was six years before. Most deaths occurred on weekends. (Centers for Disease Control and Prevention, July 2008)

ACTION STEPS
UNDER NO CIRCUMSTANCES LET INDIVIDUALS DRIVE WHILE IMPAIRED
1. Check in with anyone who is showing signs of possible alcohol poisoning.
2. If you notice someone passed out, vomiting, incoherent, unable to answer simple questions, call 9-1-1 immediately.
3. If they are passed out roll them to their side.
4. Eliminate distractions – loud music, etc.
5. Be clear and direct with all of your requests.
6. Try to find someone who is sober and can answer questions about the individual.
7. Do not leave the person alone.
8. If vomiting occurs, clear airway by sweeping out mouth of vomited material.
9. Do not give food or force fluids.
10. If affected person is able to verbally respond, determine if the victim:
   a. has allergies
   b. is on medications
   c. has any health conditions
11. Monitor breathing and heart rate. If breathing and heart rate cease, begin CPR.
12. Be ready to tell the EMT what and how much the person has had to drink, presence of other drugs, how long it has been since symptoms occurred, and other relevant information.

RESOURCES

Local

- 9-1-1
- Campus Counseling Center
- Campus Health Center
- Athletics Psychologist
- Training Room
- Life Skills Director
- Campus Police Department
- Hall Director if in the dorms

National

- The Gordie Center for Substance Abuse - www.virginia.edu/case
- The BACCHUS Network - www.bacchusnetwork.org
- Substance Abuse and Mental Health Services Administration - www.ncadi.samhsa.gov
- Substance Abuse Hotline - www.hazelden.org
Scenario 4
Anger Issues

You and a few friends are at a party when someone begins insulting you (for the way you dress, where you're from, etc.) Despite everyone's best effort to ignore these obnoxious comments, you can see your friend is becoming more and more irritated. They have a history of losing their temper. What do you do?
ANGER ISSUES

“Anyone can become angry - that is easy. But to be angry with the right person at the right time, and for the right purpose and in the right way - that is not within everyone’s power and that is not easy.”

– Aristotle

QUESTIONS:

1. Can anger be a good thing (functional anger)? If so, when?
2. Have you been at a party where a fight broke out? What happened? What did you do? Were you a bystander or intervener – why? Would you do anything differently now?
3. Do you think there are people who look for fights? Why?
4. Do you think people sometimes target certain people or groups?? Why?
5. Is anger an issue for certain groups or communities? How so?
6. What are some possible triggers?
7. Are there unwritten codes of conduct acceptable in certain subcultures that may not be permissible in the general population? Explain/Describe.
8. If you use anger to “pump yourself up” for certain activities, is it hard to turn it off when not doing these activities? Why or why not?

CONSIDERATIONS

In some communities, it is sometimes more acceptable to express anger and not other emotions. Therefore, many people will act angry when they are really feeling something else that they are uncomfortable expressing such as:

- Stress
- Frustration
- Fear
- Annoyance
- Disappointment
- Resentment
- Shame
- Embarrassment
- Hurt
Anger is a normal emotion that becomes a problem when it:

- Is too intense
- Lasts too long
- Occurs too frequently
- Escalates
  - Overreacting to a justified wrong
  - Carries over on field/off field (environment/situations)
- Focuses and blames only “others” - world, situation, anything except self
- Is harmful to self or others
- Leads to aggression or violence
- Destroys personal relationships

Some common causes of anger are:

- Being too ego-driven or invested - Taking it TOO personally
- Getting sucked in - No longer looking for ways out (exits) or solutions

People who fight often:

- Misinterpret the intent or motives of others
- Are unable to see alternative rationales
- Are openly and frequently defiant of requests
- Vocalize anger. Furious temper, uncontrollable fits of rage
- Demean or swear directly to parent or others in authority positions
- Make threats; Aggressive
- Seem to have “emotional diarrhea,” and “lets it all out, all the time”
- Have difficulty accepting “No” for an answer
- Do not follow rules. Often feels rules are “stupid,” or don’t apply
- Destroy property
- Are physically cruel to animals
- Are physically cruel to people
- Initiate fights with others
- Seriously violate rules (at home, in school, or society in general)

**ACTION STEPS**

1. Create plans together to avoid high risk situations and consequences
2. Be aware of triggers
3. Be aware of defined danger
   a. mad dogging
   b. dirty looks
   c. is another individual looking for a fight?
4. Do not try to detain angry individuals—even if they run away
5. Interrupt the situation/Distract the people involved
6. Beware of increasing aggressive behavior and try to diffuse the situation

What bystanders should remind the individuals involved:

- STOP AND THINK – Is it worth it in the long run? *(See Value Based Decisions, Section C)*
- REMOVE THE DRAMA
- REMOVE THE EGO
- Avoid Retaliation/Escalation
- Agree with rationale but challenge the action
- Focus on solving the problem NOT winning the “fight”
- Don’t get caught up in the moment and don’t let others bring them down. Think of the big picture
- Try to see it from a different point of view – feeling anger and empathy at the same time are incompatible responses

What bystanders should do for themselves

- WALK AWAY if the situation is unsafe.
- Stay calm, cool and collected.
- Contact 9-1-1 if necessary

RESOURCES

Local

- 9-1-1
- Campus Counseling Center
- Anger Management classes
- Hall Director if in the dorms

National

Scenario 5
Depression

A classmate of yours in the Honors program appears very down lately. You know them but are not particularly close. This person has become withdrawn and is not as active in class or outside group activities as before. Yesterday you heard them say, “I have to pass this midterm tomorrow or I’m dead.” You are alarmed. What do you do?
DEPRESSION/SUICIDE IDEATION

QUESTIONS

1. Do you know someone who has thought about suicide or was severely depressed? What were the underlying issues?

2. Are there times you wish you could have talked to someone but didn’t because you thought it would be a sign of “weakness”?

3. How much of your identity/self worth is tied to being in a certain group?

4. What would you do if you could not be a part of the group anymore?

5. How could this situation impact you and the community?

CONSIDERATIONS/WARNING SIGNS

Many times people do not seek help due to the culture of “not showing weakness,” “toughing it out,” or “fighting through the pain.” Depression is NOT a sign of personal weakness. People with depressive symptoms cannot merely “pull themselves together.” Timely treatment can shorten the duration of symptoms and cut off the downward spiral. It is also critical to understand the link between mental and physical health and how one impacts the other.

Depression sometimes follows:

- Stress/Pressure – Academic, Personal, Financial
- Injury – short or long term. Other medical conditions
- Identity as a person – too much of their identity is tied to being in a certain group
- Failure to live up to personal or external expectations
- Significant change in member status
- Problems with group members/roommates
- Substance abuse (individuals may choose to cope by using alcohol or other drugs)

Suicide sometimes follows:

- A sudden lift in spirits following extreme depression
- Talking about suicide; previous attempts
- Physical or psychological abuse
- Fight with family member or loved one
- Embarrassment or humiliation
- Concerns about sexuality – social isolation/alienation
- Suicide of friend, acquaintance or celebrity (copycat suicide)

Also look for:

- Frequency, duration and intensity/severity of symptoms. The higher the number of signs the stronger the case to refer the person to a professional.
- Emotional, cognitive, and behavioral changes: feeling that nothing matters; lack of enthusiasm motivation, sad, withdrawn, tired, apathetic, pessimistic, anxious, irritable, distracted, forgetful, difficulty concentrating, remembering, or making decisions.
- Feelings of worthlessness or guilt; impulsive acts; reckless behavior; mood swings.
- Neglect of personal welfare; deteriorating physical appearance. Significant weight gain or loss.
- Changes in eating and sleeping habits.
- No longer enjoying activities they once liked.
- Feeling misunderstood or rejected.
- Frequent health complaints when no physical ailment exists.
- Obsessive thoughts; All or nothing thinking.
- Marked decrease in performance academically or athletically.
- Self-harm.
- Giving away possessions.
- Lack of coping skills.

**Did you know...?**
- Depression can increase a person’s risk of injury (decrease in concentration, poor decision making and slower reactions).
- Suicide is rarely a spontaneous act.
- Suicide among young adults has increased 150-200% in the last 25 years.
- Suicide is the 2nd leading cause of death among 15-34 year olds.
- Women attempt suicide 3 times more than men; men complete the act 3 times more than women.
- Campus counseling centers have seen around a 25% increase in the last 5 years.

**ACTION STEPS**

1. LISTEN.
2. Take it seriously. Remember – depressive/suicidal behavior is a cry for help.
3. Speak with the individuals in private. Voice your concern – let them know you care.  
   *(See The 5 Point Formula in Strategies for Effective Helping, Section C.)*
4. Do what you can to give the person HOPE.
5. Encourage the individuals to get help. It is NOT a sign of weakness to ask for help. In fact, it is a sign of STRENGTH. Offer to go with them to counseling.
6. Seek out a mature and compassionate person with whom you can review the situation.
7. Use the QPR Method – Question (about whether the individuals plan to harm themselves; Persuade (not to harm themselves) and Refer (to a professional). See website for more details.
8. If suicidal, create a “safety agreement” to not harm themselves.
9. If suicidal, call 9-1-1 let the individuals know that you will be contacting 9-1-1. Do not leave them alone. Engage other bystanders if need be.
10. If the individuals say they are going to take their own life, find out their intentions in terms of how they plan on doing it. This gives insights about risks to others, as well as more time and information to plan an intervention. Get as much information as possible.
11. Notice actions/behaviors. Be observant of any medication bottles that may be present; note other important information.
12. Separate the individuals from any weapons or firearms if possible.

13. Be aware of difficult times: holidays, birthdays, major anniversary dates.

14. What not to do:
   ✦ Don't assume the problem will take care of itself.
   ✦ Don’t act shocked or surprised at what the person says.
   ✦ Don’t argue or debate moral issues.
   ✦ Don’t challenge or dare the person.

RESOURCES

Local

- 9-1-1 Campus Police
- Campus Counseling Services
- Dean of Students
- Psychologist
- Hall Director if in the dorms

National

- Half Of Us - www.halfofus.com
- Help Guide - www.helpguide.org
- Mental Health Screening - www.mentalhealthscreening.org
- The Jed Foundation - www.jedfoundation.org
- Depression and Bipolar Support Alliance - www.dbssalliance.org
- Suicide Prevention Hotline - www.suicidepreventionlifeline.org
- QPR - Question, Persuade, Refer - www.qprinstitute.com
- National Mental Health Information Center - www.mentalhealth.samhsa.gov/databases
- Suicide Hotline - 1-800-SUICIDE
- College of the Overwhelmed - Kadison and DiGeronimo (2005)

A word of caution: You may do your very best to help someone who is depressed or suicidal and your intervention may not be successful. It is a risk that you need to consider before becoming involved. Be sure to take care of yourself in these situations and get any help that you may need.
Scenario 6
Discrimination

You are hanging out at Riley’s house watching TV with two of Riley’s roommates that you don’t know very well. At the end of a commercial one of Riley’s roommates says, “That was so gay.” He/she gets up and goes into the kitchen. What do you do?

Note: Some of the material discussed in this section may be controversial or sensitive in nature and thus needs to be facilitated very deliberately. It would be easy to avoid these difficult topics, but we must Step UP! and address them or we, too, fall victim to the Spiral of Silence. The intention is to elicit an honest conversation around complex subject matters and not to offend anyone. As you use examples of offensive language or practices, it is important to introduce and frame them in a manner that invites appropriate discussion and that does not have the unintended consequence of “re-victimizing” individuals with a close association to the target of the offensive language. Be prepared to address comments from majority audience participants that may dismiss or minimize the “seriousness” of certain comments. Emphasize that language is powerful and can impact us all deeply even if we do not show it, and as we’ve learned from the training, we don’t always act on what we believe. Thus, offensive comments may go unchallenged.

Acknowledge to your group that many of us (from all backgrounds) are offended by discriminatory language and that some of us in the room may be personally impacted. Our hope is that by examining comments that have received national attention, we have a common reference to discuss these deeply emotional issues in a respectful and thoughtful manner.

Primetime has done an outstanding series called, “What Would You Do?” It presents various bystander dilemmas and has some powerful segments on discrimination. You can find it at:

www.abcnews.go.com/Primetime/WhatWouldYouDo

See what similar and current issues may be in the news worth discussing.
**DISCRIMINATION**

“Every minute a college student somewhere sees or hears racist, sexist, homophobic or other biased words or images.”

www.tolerance.org

**QUESTIONS**

1. Have you ever been discriminated against? What happened?
2. Do you think certain students are discriminated against? How? Why? Do they also sometimes experience reverse discrimination (i.e., preferential treatment)? How? Why?
3. Do you think people sometimes discriminate more based on their perception that individuals had a choice in their condition as opposed to something that was out of their control (e.g., genetics)? Discuss.
4. Is the criticism against rap music/lyrics, justified? Do you use similar language? If so, have you considered what impact that might have on children who view you as a role model or others who hear it?
5. Do men or women talk about the other gender in negative/derogatory ways in public?
6. Has society changed its attitudes toward same sex relationships? If so in what ways? How is discrimination against a LGBTQ student different from other forms of discrimination?
7. To what degree and in what ways do you think international students experience prejudice and discrimination? What other groups may experience discrimination? How so? Give examples.
8. Have you ever said something you didn’t mean? Did you consider how someone else might take it (Perspective Taking)?
9. How does a power differential (e.g., advisor/administrator/professor) affect how or if you approach an individual?

**DEFINITIONS AND CONSIDERATIONS**

**Stereotype:** An oversimplified generalization about a person or a group of people without regard for individual differences.

Stereotypes can be positive or negative. Stereotypes are often based on a “kernel of truth,” (e.g., observation of group tendencies). However, they are often applied inaccurately when making judgments about an individual or a set of individuals from that group.

**Prejudice:** An attitude, opinion or feeling without adequate prior knowledge, thought or reason.

**Example:** “They look like a bunch of nappy headed hoes” (Don Imus, talk show host fired after these comments).

**Example:** “I hate gay people” (Tim Hardaway, former NBA player).

**Discrimination:** Differential treatment based on unfair categorization. It is a denial of fairness prompted by prejudice.

- Specific forms of discrimination: racism, sexism, classism, ageism, homophobia, etc.
- People can discriminate because of prejudice, stereotypes, or both.
Issues to consider before STEPPING UP:

1. **Identify the bias:** Is it prejudice, stereotyping, discrimination, or a combination?

2. **Form a goal based on the source of bias:**
   - Change negative beliefs (stereotypes).
   - Change negative attitudes/emotions (prejudice).
   - Change discriminatory behavior (with or without changing stereotypes or prejudice).

3. **Determine the safest and most effective way to address the bias:** Decide when and where to try and address the bias (in private not in public). **“When considering how to proceed, always consider the costs and consequences for long-term relationships with everyone involved.”**

4. **Choose a strategy to Step UP!**

   **Reduce the Tension:** Form a goal based on the source of bias: Before addressing the bias more explicitly, you can try to reduce the tension at the start:
   - To lighten the mood, tell the person a funny story about something unrelated.
   - Compliment the person or share something you have in common with him/her.
   - Ask the person to talk positively about him/herself.

   Research indicates that such strategies can start to reduce the biases that people hold and will make them more open minded about discussing the issues with you.

   **Individuation approaches:** Try to get the person to see others as individuals rather than as members of a disliked group:
   - Highlight things about a targeted group’s member that are different from most people’s perception.
   - Volunteer information about a targeted group’s member so that the person could get to know them as an individual.

   **Recategorization approaches:** Try to get others to see that the targeted group is similar to others and shares similar goals:
   - Highlight traits and interests that the person and the targeted group share in common.
   - Discuss issues that affect both the person and the targeted group to create perception of a “common enemy” and to view the targeted group in terms of a greater common group.
   - Think of other ways to get the person to see the situation from a different perspective.

   **Confrontational approaches:** You can directly address the bias by making the individuals aware of how their statement represents a bias or is inconsistent with their egalitarian values.

   **WARNING:** Confrontation can make the biased person angry and may cause him or her to lash out or seek revenge. Thus, exercise caution if you use the following:
   - Identify a statement as a potential bias, and express your anger/distaste.
   - Ask the person to reconsider his/her view towards a targeted group.
   - Ask the individuals if they value diversity and then remind them of ways in which they might unfairly stereotype others.
   - Ask the persons if they believe that all people should be treated equally and then point out how their views contradict these values.
Coming to terms with your own biases:

1. Be respectful of all individuals and their viewpoints.
2. Listen to what individuals’ lives are like and the experiences they’ve had in the world.
3. Accept that you are responsible for any of your negative reactions.
4. Don’t rush the process of trying to understand a person’s experiences or identity.
5. Don’t criticize people for being different.
6. Don’t force your values on others.
7. Develop trust and openness and allow people to be who they are without pressure or judgment.

Note: It is inconsistent to suffer the consequences and want to fight prejudice from a race/class/gender standpoint but then to practice it yourself against any others.

Did you know...?

- Being the target of prejudice, stereotyping or discrimination manifests itself negatively in both the mental and physical health of those who experience it.
- According to our survey, almost 70% of student-athletes have witnessed discrimination in some form over the last year.
  - 96% are bothered by it.
  - 99% believe something should be done.

ACTION STEPS

1. Be Ready – You know at some point you will hear or see something that is inappropriate or discriminatory. Think of yourself as the one to Step UP!, prepare yourself for it and know what you will say. “Why do you say that?” or “Do you really mean what you just said?”

2. Identify the Behavior – Point out someone’s behavior to help them hear what they are really saying. “So, what I hear you saying is that all students don’t care about academics?”

3. Appeal to Principles – Call on a person’s higher principles. “I’ve always thought you were fair-minded. It shocks me to hear you say something so biased.”

4. Set Limits – Draw a line. You can’t control others but you can make others aware of what you will not tolerate. “Don’t tell racist jokes or use that language in my presence anymore. If you do, I will leave.” Follow through.

5. Find an Ally/Be an Ally – Seek out like-minded people and build strength in numbers.

Adapted from Tolerance.org (n.d.). A web project of the Southern Poverty Law Center.

Note: See the Action Continuum for more Action Steps.
RESOURCES

Local

- Multicultural Center on Campus
- Campus Counseling Center
- Local LGBTQ Community Center
- Campus Safe Zone
- Academic Advisor/Provost or Dean of College if University policy is violated

National

- Understanding Prejudice - www.understandingprejudice.org
- Teaching Tolerance - www.tolerance.org
- 10 Ways to Fight Hate on Campus - www.tolerance.org/campus/index.jsp
- The Civil Rights Coalition for the 21st Century - www.civilrights.org
- Project Implicit - https://implicit.harvard.edu/implicit
- Gender Public Advocacy Coalition - www.gpac.org
- American Civil Liberties Union – www.aclu.org
- Anti Defamation League – www.arc.org
- Gay and Lesbian Alliance Against Defamation (GLADD) – www.gladd.org
- Mavin Foundation – www.mavinfoundation.org
- National Association for the Advancement of Colored People – www.naacp.org
- National Organization for Women – www.now.org
- Southern Poverty Law Center (SPLC) – www.splcenter.org
- The Women's Sports Foundation - www.womenssportsfoundation.org
THE ACTION CONTINUUM

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**Supporting Oppression >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>> Confronting Oppression**

**Actively Participating:** Telling oppressive jokes, putting down people from target groups, intentionally avoiding target group members, discriminating against target group members, verbally or physically harassing target group members.

**Denying:** Enabling oppression by denying target group members are oppressed. Does not actively oppress, but by denying that oppression exists, colludes with oppression.

**Recognizing, No Action:** Is aware of oppressive actions by self or others and their harmful effects, but takes no action to stop this behavior. This inaction is the result of fear, lack of information, confusion about what to do. Experiences discomfort at the contradiction between awareness and action.

**Recognizing, Action:** Is aware of oppression, recognizes oppressive actions of self and others and takes action to stop it.

**Educating Self:** Taking actions to learn more about oppression and the experiences and heritage of target group members by reading, attending workshops, seminars, cultural events, participating in discussions, joining organizations or groups that oppose oppression, attending social action and change events.

**Educating Others:** Moving beyond only educating self to questions and dialogue with others too. Rather than only stopping oppressive comments or behaviors, also engaging people in discussion to share why you object to a comment or action.

**Supporting, Encouraging:** Supporting others who speak out against oppression or who are working to be more inclusive of target group members by backing up others who speak out, forming an allies group, joining a coalition group.

**Initiating, Preventing:** Working to change individual and institutional actions and policies that discriminate against target group members, planning educational programs or other events, working for passage of legislation that protects target group members from discrimination, being explicit about making sure target group members are full participants in organizations or groups.

Scenario 7
Disordered Eating

A friend of yours appears to have lost quite a bit of weight lately. You notice that her eating habits are becoming more and more unusual. She is skipping meals and altering foods when she does eat – (e.g., pulling cheese off pizza). When approached, she is defensive, denying that anything is wrong. This has negatively impacted not only her performance but also your relationship with her. What do you do?

Because the student guide is smaller, remind your students that a full-size printable version of the Eating Issues/Body Image Continuum is available at: www.health.arizona.edu/health_topics/nutrition/eating/continuum2.pdf
DISORDERED EATING/BODY IMAGE ISSUES

QUESTIONS
1. Have you personally ever struggled with eating issues?
2. Do you know anyone with disordered eating? What impact did that have on you and/or your relationship with the person?
3. What are some underlying reasons people develop disordered eating? Control issues, self-esteem, peer/societal pressure, Others? Does gender play a role? Can it be genetic?
4. Is this an issue for your group or community? If yes, how so?
5. What role do the media play in this?

CONSIDERATIONS
Distinction: Disordered eating consists of the spectrum of unhealthy eating from dietary restraint to clinical eating disorders. All eating disorders are included in disordered eating but not all disordered eating meets criteria for an eating disorder.

A research project done by the NCAA looked at the number of student athletes who had experienced an eating disorder in the previous two years. 93% of the reported problems were in women’s sports. The sports that had the highest number of participants with eating disorders, in descending order, were women’s cross country, women’s gymnastics, women’s swimming, and women’s track and field events. The male sports with the highest number of participants with eating disorders were wrestling, cross country and track and field. The three most common eating disorders:

- Anorexia (Anorexia nervosa) (Self Starvation Syndrome)
- Bulimia (Bulimia nervosa) (Binge/Purge Syndrome)
- Binge Eating (Compulsive Overeating)

Triggers – Major life changes, relationship problems, depression, desire to maintain control.
Risk factors – Societal, familial, psychological and genetic; body stereotypes; revealing uniforms; competitive thinness; pressures associated with sport life.
Rationalizations – Performance or appearance in certain groups is sometimes used to “legitimize” an eating disorder by the persons explaining their symptoms (dieting, excessive exercise, etc.) as a way to look a certain way or to perform better. There is the mistaken belief that a decrease in weight or body fat increases performance. But remember – disordered eating is usually only a symptom. It is important to try and find out what the real problem is.

Did you know…?
- Dieting is the primary precursor for the development of an eating disorder.
- The Female Athlete Triad is the combination of disordered eating, amenorrhea (loss of menses), and osteoporosis (loss of bone mineral density), where one leads to and interacts with the other. The presence of any Triad symptom indicates a need to assess for the others.
- Disordered eating can lead to other problems: dehydration, depression, anxiety, malnourishment, decreased concentration, and decreased ability to make good decisions.
WARNING SIGNS:

- Eating disorders often begin or worsen during transition periods such as starting college.
- Usually the longer a person has the disorder, the more purposes and functions it serves. It can become the primary means of coping with life.
- Dramatic weight loss in a relatively short period of time.
- An intense and irrational fear of body fat and weight gain; hard for person to concentrate on anything besides weight.
- A determination to become thinner and thinner.
- A misperception of body weight and shape to the extent that the person feels fat even when underweight.
- Basing self worth on body weight and body image. Obsession with others’ weight and appearance.
- Personality traits such as perfectionism, being obsessive, approval seeking, low self esteem, withdrawal, irritability, and all or nothing thinking.
- Frequent skipping of meals, with excuses for not eating; food restriction and self-starvation.
- Eating only a few foods, especially those low in fat and calories. Secrecy around eating.
- Unusual food rituals (e.g., moving food around plate, cutting portions into tiny pieces).
- Frequent trips to the bathroom after meals.
- Frequent weighing of self and focusing on tiny fluctuations in weight.
- Excessive focus on an exercise regimen outside of normal practice and conditioning.
- Using (or hiding use of) diet pills, laxatives.
- Avoidance of social gatherings where food is involved, or isolating themselves.
- Fatigue and overall weakness.
- Eating very large quantities of food at one sitting but is normal weight or underweight.
- No menstrual periods or irregular periods.

ACTION STEPS

1. Talk to your friend. Keep the discussion informal and confidential, and focus on concerns about your friend’s health and your relationship with her/him, not on weight or appearance.
2. Encourage the individuals to be a part of social functions and reassure them that you (and hopefully others) will not pressure them to eat if they do not want to.
3. Let the individuals have as many options surrounding food as possible—for example let them choose the restaurant if you are going out to eat.
4. LISTEN. Find out what other things are going on in their lives.
5. Let them know that you will pass no judgments on them.
6. Ask them what you can do to help make dealing with food easier.
7. Be aware of how you talk about others’ bodies – Comments can sometimes slip out but can be unintentionally hurtful or confusing to others.
8. Promote the idea that good nutrition leads to good health and increased performance.

9. Discuss your concerns with a professional. Learn about eating disorders and available local resources. (See websites listed).

10. Encourage the individual to seek professional help. Health care professionals are bound by confidentiality.

Remember:
- You are not a professional and will not be able to fix the situation - however, you can offer resources and support.
- You may be rejected. People with eating disorders often deny their problem because they are afraid to admit they have a problem. Don’t take the rejection personally, and try to end the conversation in a way that will allow you to come back to the subject at another time.

RESOURCES

Local

- Eating Disorders Centers
- Campus Counseling Services
- Campus Health
- Nutritionist
- Psychologist

National

- Female Athlete Triad - www.femaleathletetriad.org
- National Eating Disorders Association (NEDA) - www.nationaleatingdisorders.org
- National Osteoporosis Foundation - www.nof.org
- Sports, Cardiovascular and Wellness Nutritionists (SCAN) - www.scandpg.org
- Academy for Eating Disorders (AED) - www.aedweb.org
- American College of Sports Medicine - www.acsm.org
- American Dietetic Association (ADA) - www.eatright.org
- The Renfrew Center Foundation - www.renfrew.org
- Eating Issues/Body Image Continuum - (See next page) www.health.arizona.edu/health_topics/nutrition/eating/continuum2.pdf
- Bloomington Center for Counseling and Development - www.bloomington-eating-disorders.com
- National Association of Anorexia Nervosa and Associated Disorders - www.anad.org
Scenario 8
Gambling

A friend is selling some of his important and valuable belongings. He has also asked friends to borrow money. He is spending an inordinate amount of time at the computer and appears to be overly invested in the outcomes of sporting events. What do you do?
GAMBLING

“There is no more vulnerable person in the world of sports than the college athlete…”
Mike Welch – FBI Organized Crime Unit

QUESTIONS:
1. Do you know anyone who has a gambling problem? How do you know? What are the signs?
2. How does it affect your relationship with this person?
3. Who would you go to on your campus if you were concerned that a student may be gambling?
4. Do you think it should be illegal for students to gamble as long as it’s not on their sport?
5. How could the competitive nature of being an athlete impact gambling behavior?

CONSIDERATIONS

• The FBI estimates more than $2.5 billion is wagered illegally on March Madness.

• 20,000 student-athletes anonymously answered questions on whether they engaged in various forms of sports wagering. Here are some of the results:

  ✦ About 30 percent of male student-athletes and 7 percent of female student-athletes reported wagering on sporting events within the past year.

  ✦ 37 percent of Division III male student-athletes reported wagering at the social level, compared to 28 percent in Division II and 22 percent in Division I. Among women, 9 percent of Division III student-athletes reported social levels of wagering, compared to 6 percent in Division II and 4 percent in Division.

  ✦ Analysis by sport pinpoints men’s golf as a particular problem area in all three divisions, with 40 percent of Division I male golfers reporting social levels of wagering and 8 percent gambling at least once a week. In comparison, 12 percent of Division I men’s basketball players bet on sports at the social level. Across all divisions, 20 percent of male golfers reported at least monthly sports wagering.

Gambling includes betting on the following:
• Poker or other card games
• Dice, video or board games for money
• Car, horse or dog racing
• Lottery games
• Internet games using credit cards
• Slot or electronic poker machines
• Stock market
• Games of skill, like pool, golf, darts or bowling
• School, professional or fantasy sports

**Reasons students say they gamble:**
• Chance to win money - think it’s a fast and easy way to get rich quick
• Excitement of placing a bet
• To spend time with friends
• Distraction from everyday life
• To fit in or be accepted
• The rush of winning
• To feel important

**Warning Signs:**
• Excessive phone bills to 900 number services
• Obsession with point spreads
• Unusual interest in obscure games
• Makes excessive inquiries about the health status of athletes on a team
• Shifting allegiances – for/against same team on different days
• Frequently asking friends or family for loans to get bailed out of desperate financial situations - debts, unpaid bills, other financial troubles
• Defensive when questioned about gambling behavior
• Chases losses
• Negative changes in attitude or behavior – irritable, restless, withdrawn, distracted
• Missing class, dropping grades, missing other commitments
• Separation from friends; jeopardizing significant relationships
• Selling personal belongings to get money
• Gambles as a way of escaping from problems or of relieving a negative mood or emotional pain (guilt, anxiety, helplessness, depression, etc.)
• Has committed illegal acts such as forgery, fraud, or theft to finance gambling
• Reluctant to use “gambling money” for normal expenditures
• Receives gambling paraphernalia from Internet sports betting sites or possesses gambling related items such as lottery tickets, betting sheets, casino chips, or other souvenirs from gambling locations

**Note:** It is sometimes very difficult to notice when someone has a gambling problem - there aren’t necessarily physical signs like in other examples.
Did you know…?
- Gambling can be an addiction. It can turn into a VERY BIG problem VERY quickly.
- Online gambling has increased significantly in the last 5 years.
- College students are at greater risk than the general population. 5% report pathological gambling and over 9% report sub-clinical gambling related problems.

ACTION STEPS
1. Talk to the individual. Let the person know that you’re concerned. (See The 5 Point Formula in Strategies for Effective Helping, Section C.)

2. Do not give the person money and discourage others from doing so.

3. Learn about the problem. Read the NCAA brochure DON’T BET ON IT! (See website below.)

4. Remind the individual:
   a. Do not make bets on any teams, including your own.
   b. Do not give information about your team or team members to anyone (injuries, morale, discipline, etc.). Keep team information in the locker room.
   c. Do not talk about odds or point spreads with anyone.
   d. Do not associate with bookies or other gamblers.
   e. Do not accept money, gifts or favors for any reason from anyone associated with sports.

5. Encourage the person to seek professional help.

RESOURCES
Local
- Campus Counseling Center
- Psychologist

National
- National Council on Problem Gambling - www.ncpgambling.org
Scenario 9
Hazing

You are on Facebook and see some of your group members’ posts about upcoming “initiation” for this year’s freshmen, as well as pictures from last year. You know it's actually hazing and you’re not comfortable with what they are planning. It seems that they push the limit a little more every year but they justify it by saying it’s what makes the group close and that it’s “tradition.” You want to say something but feel intimidated and don’t want them to think less of you. What do you do?

While this one specifically talks about Facebook, any of the scenarios could incorporate the idea of noticing things (Step 1) on social networking sites. (Also, question #7 in the Summary asks, “What kinds of things are appropriate/inappropriate to include on Facebook, MySpace, or other social networking sites? Should schools oversee what is on their students’ sites?”) You can talk about it here or wait until later.
HAZING

“Hazing” refers to any activity expected of someone joining a group (or to maintain full status in a group) that humiliates, degrades or risks emotional and/or physical harm, regardless of the person’s willingness to participate (www.stophazing.org).

QUESTIONS

1. How many would now consider a group activity, by definition, hazing?
2. How could you break a long-standing “tradition”? What activities could be introduced to start a new tradition and replace a questionable one?
3. How do hazing activities get passed on? Have you been hazed? If yes, do you think it means you are permitted to pass it on to the next class? Is there an expectation to participate?
4. How could the competitive or risk taking nature of certain people impact a hazing situation (alcohol consumption, water chugging, high risk activities AFTER alcohol consumption)?
5. Does your group have a unique culture? If yes, what is it? How does hazing fit into that?

CONSIDERATIONS

Team building/initiation “type” activities can be a good thing and very beneficial. They should be serious and challenging, help the person find an identity in a group and give them a sense of belonging. These types of activities, however, are different from hazing in very fundamental ways. Without careful consideration, they can too often degenerate into hazing where they humiliate, embarrass, degrade or endanger people. Ask yourself:

- Is there secrecy around the activity?
- Is there pressure to participate?
- Is a specific group or individual singled out?
- Do members justify it as being a “tradition”?
- Does this activity promote and conform to the ideals and values of the group/community/university?
- Will this activity increase long term feelings of friendship between new and initiated members of the group?
- Take the perspective of your parents – would they be proud? Your Advisor? Administrator? Professor? Mentor? The University President?
- Would you be willing to defend the merit of this activity in a court of law?
- Does the activity meet both the spirit and letter of the standards prohibiting hazing?
How Hazing Is Justified
Moral Disengagement (Bandura, 2002) – Gradual disengagement of moral self-sanction. Behavior normally viewed as immoral, even reprehensible, over time become more benign, acceptable or worthy in a particular social setting through cognitive restructuring.

Mechanisms:

1. Moral Justification – make it socially worthy (e.g., creating bonds, building unity).
2. Euphemistic labeling – sanitized language of non-responsibility (e.g., “team building”).
3. Advantageous comparison – War analogy – “We’re going to battle.”
4. Displacement of responsibility – “We’re just carrying on tradition”; surreptitious sanctioning (wink and nod); intentionally uninformed – “We don’t have a problem with hazing here,” or “I don’t want to know.”
5. Diffusion of Responsibility – Normative conformity; avoidance of personal responsibility.
6. Disregard/distortion of consequences – Some people are good at hiding pain, physical, emotional, or otherwise.
7. Dehumanization – Perception of freshmen as “less than”; use of masks, costumes, etc.
8. Attribution of Blame – Blame the victim – “They agreed to it.”

Did you know…?

• Students have been dismissed and teams have been dropped because of hazing incidents. Is it really worth it? (See Value Based Decisions, Section C.)
• Survey results state: 49% of student athletes say they have experienced a hazing that made them feel uncomfortable.
• Almost 80% say hazing bothers them yet only 20% say they try to stop it.

ACTION STEPS

1. Define up front what is acceptable and what is not acceptable.
2. Ensure the activity that is planned could not be considered, by definition, hazing.
3. Don’t let others justify hazing as “tradition”.
4. BREAK THE SILENCE and voice your opinion.
5. Choose to not participate.
6. Speak with group members/leaders about your concerns.
7. Talk to an administrator.
8. Come up with new activities that promote group bonding without any risk of it being considered hazing.
9. Get those involved to stop and think about the people they are hazing (perspective taking). Is there any chance hazing could trigger something in terms of personal/ emotional challenges they have had to face in their life?
RESOURCES

Local

- 9-1-1 Campus Police
- Campus Hazing hotline
- Dean of Students

National

- Stop Hazing - www.stophazing.org
- Haze The Movie - www.hazethemovie.com
- Hazing Prevention - www.nhpw.com
- Alfred University - www.alfred.edu/sports_hazing/
Scenario 10
Relationship Abuse/Violence

You and a friend live on the same wing in the dorms. You walk by her room and hear her crying. In the past, she has shared with you that her boyfriend yells at her, humiliates her, and always wants to know where she is and who she’s with. She also says he won’t let her do things she wants to do. It appears she has some fresh bruises around her eye and on her arms. What do you do?

Since the student guide is smaller let your students know that a full-size printable version of the Power and Control/Violence Wheel is available at: www.duluth-model.org/documents/PhyVio.pdf

For an example of healthy relationships based on equality/nonviolence please go to: www.duluth-model.org/documents/NonVio.pdf
RELATIONSHIP ABUSE/VIOLENCE

QUESTIONS
1. What issues are or could be significant in relationship abuse/violence situations?
2. Is this an issue within your group or community?
3. How could you support the alleged victim and the alleged attacker?
4. Why do some men try to control their girlfriends through force or intimidation?
5. How do cultures differ with regard to gender roles?
6. Why is it so hard for some women, or men, who are abused to end the relationship?

CONSIDERATIONS/WARNING SIGNS
Relationship Abuse/Violence is often very hard to identify. It can often follow learned behavior patterns that come from family, culture and media. “That’s just how our (family or culture) acts,” is a common excuse for perpetrators and victims in relationship violence. Also, many people never consider themselves abusive or abused, so they don’t recognize “warning signs” for abuse as having anything to do with their relationship. Talking about and identifying what a HEALTHY RELATIONSHIP looks like, helps in seeing the problems that may be in your own, or your group members’ relationship.

• 3 key elements are: Intimidation, humiliation, and physical injury.
• Types include:
  ✦ Physical abuse
  ✦ Verbal or emotional abuse
  ✦ Sexual abuse
  ✦ Stalking or cyberstalking
    • Experts agree the internet is increasingly the “weapon” of choice. It is a tool to exert power and fear and it’s more anonymous. The National Institute of Justice estimate a million Americans fall victim to stalkers each year. (Pima County Sheriff’s Department and the Tucson Police Department.)
  ✦ Economic abuse or financial abuse
  ✦ Spiritual abuse
• Early warning signs include, jealousy, attempts at monitoring activities, not respecting boundaries, possessiveness, threats of destruction of property, questioning beliefs and choices, and putting the person down.
• Remember – “Checking up” on someone (control) is not the same thing as “Checking in” (concern).
• Look for patterns – The Cycle of Abuse normally includes the following stages, which vary in time and intensity.
  1. Stage One – Honeymoon Phase
  2. Stage Two – Normal Phase
  3. Stage Three – Tension Building
  4. Stage Four – Explosion
• Do not automatically assume that the female is always the victim and the male is always the perpetrator.
Did you know…?

- Research suggests that stalking victimization may be greater among college students than in the general population.
- Many believe technology makes dating abuse more prevalent and more hidden. Consider:
  - 68% of teens say boyfriend/girlfriend sharing private or embarrassing pictures/videos on cell phone and computers is a serious problem.
  - 30% of teens say they are text messaged 10, 20, 30 times an hour by a partner inquiring where they are, what they’re doing or whom they’re with.
  - 25% of teens in a relationship say they have been called names, harassed or put down by their partner through cell phones and texting. (www.loveisnotabuse.com)

**ACTION STEPS**

1. If someone you know is being cyberstalked tell them:
   a. Save all messages and call law-enforcement agencies.
   b. Block the user from your social networking page or from e-mailing you.
   c. If the threats are on the stalker’s webpage, save the entire screen including the URL and print it. Bookmarking it is not enough.
   d. Don’t confront the stalker. The situation could escalate.
   e. Contact the social networking page in question. The company can take down the website and/or ban the stalker.

2. Be careful when adding names to email lists, giving real names in public forums, leaving social networking pages unrestricted or sharing passwords.

3. Encourage any person in an abusive relationship to seek professional help.

4. Think about your own safety when you approach the situation. You might want to have a friend with you for back up and help.

5. If the violence is/gets physical, call 9-1-1 right away.

6. Do not touch the individuals no matter how well you may know them.


8. Calmly attempt to separate the individuals without putting yourself in danger.

9. Be respectful of both individuals and their viewpoints. Listen fully to the concerns.

**RESOURCES**

**Local**

- 9-1-1 Campus Police – Do not be afraid to contact police if you have information about an assault even after the fact.
- Campus Program for Sexual Assault/ Relationship Violence
- Dean of Students office
• Psychologist
• Hall Director if in the dorms
• Campus Counseling and Psychological Services

National

• Green Dot - www.livethegreendot.com
• Internet Keep Safe Coalition - www.ikeepsafe.org
• National Center for Victims of Crime - www.ncvc.org
• Emerge Center Against Domestic Abuse - 1-888-428-0101
• National Domestic Violence Hotline - www.ndvh.org 1-800-799-7323
• National Coalition Against Domestic Violence - www.ncadv.org 1-800-799-7323
• Domestic Abuse Intervention Project - www.duluth-model.org
• Domestic Abuse Helpline for Men - www.noexcuse4abuse.org 1-888-743-5754
• Love Is Not Abuse (Liz Claiborne Program) - www.loveisnotabuse.com
• National Teen Dating Abuse Helpline - www.loveisrespect.org 1-866 331-9474
Scenario 11
Sexual Assault

You are at a party. During the past hour you notice your friend Chris has been talking to one of your housemates Sam. They seem to be having a good time but it is clear that Chris has had too much to drink. A few minutes later you see Sam put an arm around Chris and start to lead Chris upstairs. What do you do?
SEXUAL ASSAULT

If someone is incapacitated due to alcohol or other drugs, even if the individual says yes, it is considered sexual assault.

QUESTIONS

1. Do you know someone who has been sexually assaulted?
2. How would you react if it were your sister/mother?
3. How does gender impact this situation?
4. Is this a special issue for you as a student? If yes, how so?
5. Change to “Are students or group members negatively affected by the standards set by other group members, parents, and, most importantly, themselves?”
6. How do you define masculinity? Femininity?
7. Does masculinity need to be “proved” more than femininity? Is there more pressure to act masculine than to act feminine? What does it mean for a male to be “weak”?
8. What kinds of things do people in your group or community believe about rape and abuse? Do they think it’s a real problem or that it’s exaggerated?
9. Are there sexual assault cases currently in the news and what lessons are to be learned?
10. Are there contradictory messages about sex in our society?

DEFINITIONS AND CONSIDERATIONS

Definition: United States law includes two types of sexual assault: sexual abuse and aggravated sexual abuse. Sexual abuse include act in which an individual is force to engage in sexual activity by use of threats other fear tactics, or instances in which an individual is physically unable to decline. Aggravated sexual abuse occur when an individual is forced to submit to sexual acts by use of physical force; threats of death, injury, or kidnapping; or substances that render that individual unconscious or impaired.

Research suggests that around 4-6% of the male population commits acts that constitute sexual assault (Lasik, 2007). These men are from every economic group, cultural backgrounds, and social groups, it is very important that students engage in appropriate sexual boundaries. Step UP! and intervene in an effort to decrease the incidences of sexual assault within our communities.
ACTION STEPS

1. Be aware of comments and behaviors from others that would indicate they were intent on having sexual intercourse even if the partner was unwilling.

2. Notice if someone is getting ready to have sexual intercourse with a partner who is incapacitated.

3. Don’t pressure or encourage friends to drink or have sex as often or with as many people as possible.

4. Don’t joke about sexual assault; comments and jokes that are meant to “ease the tension” or are “just kidding around” can trivialize the severity of the behavior.

5. Know your level of comfort with conversations and talk about sexual behavior. If you find groups or individuals who talk about sexual relationships that are not in sync with how you feel, or the type of relationship you want, don’t be afraid to state your position.

6. Many perpetrators are unaware that what they have done is a crime. (They may say, “Yeah, that was messed up, but it was fun.”) Let them know that what they did was not right and was against the law.

If you become aware that a sexual assault has occurred or are told of an assault occurring:

- Believe the person.
- Tell the victim it is not his or her fault.
- Encourage a report (to campus or local police, to the Dean of Students, to a campus Health Center counselor, etc.) Realize however, there may be reasons that the person does NOT want to report. Respect that decision.
- Don’t pry or try to get information out of the person if he/she is unwilling to be forthcoming with information...be ready to listen when the individual is ready to talk.
- If you learn of the perpetrators identity, don’t suggest physical or any other form of retaliation.
- Know available resources.
- Listen.
- Be patient.

Did you know…?

- You must have consent to engage in any and all sexual behaviors. **Consent is hearing the word “yes.” It is not the absence of hearing “no.” It’s the LAW!**
- Up to 75% of the physical and sexual assaults that occur on college campuses involve the abuse of alcohol by assailants, victims, or both.
- According to the UCR (Uniform Crime Report), in a study surveying more than 6,000 students at 32 colleges and universities in the US:
  - More than 90% of sexual assaults are committed by people the victim knew (dating partner, boyfriend, friend, classmate, etc.)
  - Although the majority of sexual assaults are not reported to law enforcement, recent research indicates that report rates are increasing.
  - Less than 2% of reports to police are considered false reports.
- While men can be victims as well, the majority of sexual assault cases involved male perpetrators and female victims.
RESOURCES

Local

- Campus/Local Resources for Sexual Assault/Relationship Violence
- Campus Counseling Services
- Campus Women’s Center
- Campus Health Services
- Campus Police
- Psychologist
- Hall Director if in the dorms

National

- One Student – www.onestudent.org
- Green Dot - www.livethegreendot.com
- The Rape, Abuse & Incest National Network (RAINN) - www.rainn.org 1-800-656-HOPE (4673)
- National Sexual Violence Resource Center - www.nsvrc.org 1-877-739-3895 (toll free)
- Male Survivor - www.malesurvivor.org 1-800-738-4181
- Men Can Stop Rape - www.mencanstoprape.org
SUMMARY QUESTIONS

1. In the past have you generally been a bystander or intervener? In what kinds of situations are you one or the other? Out of the topics we have discussed, which interventions are more difficult and why?

2. How would your group or community benefit from intervening?

3. What makes you “give in” to activities or behavior you really don’t want to engage in? What prevents you from saying or doing what you believe to be right? Have you ever not said/done something for fear of losing or jeopardizing a friendship?

4. What makes you stand your ground?

5. What message do you think it sends when people are “silent” about an issue?

6. Do you think people have become “desensitized” to some of these issues? Explain.

7. What kinds of things are appropriate/inappropriate to include on Facebook, MySpace, or other social networking sites? Should schools oversee what is on their students’ sites?

8. Do you think people are “snitches” if they talk to someone (a mentor, administrator, professional) about another person out of concern? Do you think the possibility of being perceived as a “snitch” inhibits helping behavior?

9. Which of the behaviors are made even more risky by the competitive nature of being an athlete?

10. Why causes people to make decisions that go against their stated goals and values?

11. What did you learn that you did not know or were not aware of before?

12. Did the pilot survey results/clicker questions results surprise you in any way? How?

13. What skill or strategy is most difficult for you to put into practice? Why?

14. Discuss how various cultures view these issues and what are the similarities and differences in how they deal with them.

15. What has Step UP! training meant to you? Do you think this training will affect how you look at things in the future?

Note: When you are finished with the training, have the students make a pledge, show the Step UP! website and Facebook page and play the final video.
REFERENCES

Aronson, E., Wilson, T., & Akert, R. Social Psychology (4th ed.).


Covey, S. (1990). Seven Habits of Highly Effective People.


Gervais, J. Hazing Prevention Workshops
The 5 Point Formula. Adapted from University of Massachusetts, Amherst Health Services, Virginia Alcohol Safety Action Program and The BACCHUS Network.


University of Arizona Residence Life Staff Training Materials.

APPENDIX A

ACTIVITIES

1. **Icebreaker/Team Building Activities**

   The following website is good if you want to do an icebreaker or other teambuilding activity before the training starts: www.wilderdom.com/games/InitiativeGames.html

   One with applicability to Step UP! is the “Mine Field. Participants try to avoid stepping on “mines” (representing problematic behaviors) with the assistance of group members who help direct their path.

2. **Audience Response System Questions/Snowball Surveys**

   If you have access to an Audience Response System you can make more “clicker questions” and add them to the PowerPoints (some have already been included with the presentations). If you do not have an ARS, you can make the questions “snowball survey” questions (see Part One, slide 3). See our pilot survey for more ideas or make up some of your own!

3. **Scenario Discussion**

   This is highly recommended for use with the scenarios (See Appendix B, Scenario Worksheet). Break your students into groups, give them each a different scenario, and have them fill out the worksheet for that particular scenario. Then they can discuss within their group and report back to the larger group. They also have the ability to practice an intervention script (See the 5 Point Formula).

4. **Value Based Decisions**

   Many times people try to rationalize impulsive, spur of the moment decisions. This exercise will focus on the long term consequences (positive or negative) of certain behaviors. On the Value Based Decisions Worksheet, Appendix B, students should pick a behavior – either positive or negative, fill out the worksheet, and compare the immediate benefits to the long-term consequences. The behavior needs to stay the same – one example doing it and one not doing it. **(Note: in some cases the immediate rewards may outweigh the immediate consequences. However, what is important is to consider the total benefits and consequences over time.)** There is a sample worksheet (completed) included. The numbers are somewhat arbitrary, but you should be able to get the idea.

5. **Start, Stop, Continue**

   On a piece of paper and have the students write down and respond to the following:

   As an intervener in emergency situations, I would like to:
   
   a. Start...
   b. Stop...
   c. Continue...

   As an intervener in non-emergency situations, I would like to:
   
   a. Start...
   b. Stop...
   c. Continue...
6. **The Step UP! Challenge**

   This activity will ask each participant to identify specific things they learned in the training, specific skills or abilities they learned or gained confidence in, and also identify a specific strategy they will utilize to “Step UP!” the next time they witness/observe a situation that requires some kind of action/intervention. This activity will not only help participants identify and vocalize learning outcomes, but it also helps them vocalize a specific commitment to how they will use the training to help them “Step UP! and Be a Leader, Make a Difference.” Go around the room and have each participant share:

   a. What I learned from the training

   b. I learned “X” new skill or increased my confidence level to do “Y”

   c. I personally challenge myself to do “X” next time I witness a problematic situation
APPENDIX B
SCENARIO WORKSHEET

1. What is the specific goal?

2. Discuss the 5 Decision Making Steps:
   
a) **Notice the Event** *(What are the red flags?)*

b) **Interpret it as Problem/Emergency** *(Is anything ambiguous? Is group pressure or groupthink a factor? If so, explain?)*

c) **Assume Personal Responsibility** *(What can you personally say or do?)*

d) **Have the Skills to Intervene** *(What are direct and/or indirect ways to help?)*

e) **Implement the Help - Step UP!** *(What are the costs/benefits to helping; what are costs of NOT helping?)*

3. Perspective taking - How would you feel if you were the “victim”? What would you be thinking? What specifically would you want someone to do for you? How would you feel if you didn’t help?

4. Is Obedience to Perceived Authority an issue?

5. What considerations are there in order to make the intervention Safe, Early, and Effective?

6. If you were to use the 5 Point Formula (I Care; I See; I Feel; I Want; I Will) what would that sound like?

7. What other intervention strategies would be helpful?
Create a script using **The 5 Point Formula** *(See sample script in Strategies for Effective Helping, Section C).* Remember the Law of Delivery – audience, content, timing, reasons, location, tone.

I Care –

I See –

I Feel –

I Want –

I Will –
## VALUE BASED DECISIONS WORKSHEET

This technique is designed to help with making good decisions that are aligned with our stated values regarding impulsive behaviors such as drinking, using drugs, unhealthy eating, aggressive behavior, risky sexual behavior, etc.

**If I choose to _______________________ name the behavior**

<table>
<thead>
<tr>
<th></th>
<th>List the Benefits</th>
<th>List the Costs</th>
<th>Value 0 (none) - 10 (high)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In 5 minutes</strong></td>
<td></td>
<td></td>
<td>Benefit Value =</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cost Value=</td>
</tr>
<tr>
<td><strong>In 1 hour</strong></td>
<td></td>
<td></td>
<td>Benefit Value =</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cost Value=</td>
</tr>
<tr>
<td><strong>In 6 hours</strong></td>
<td></td>
<td></td>
<td>Benefit Value =</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cost Value=</td>
</tr>
<tr>
<td><strong>In 1 day</strong></td>
<td></td>
<td></td>
<td>Benefit Value =</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cost Value=</td>
</tr>
<tr>
<td><strong>In 1 week</strong></td>
<td></td>
<td></td>
<td>Benefit Value =</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cost Value=</td>
</tr>
<tr>
<td><strong>In 1 month</strong></td>
<td></td>
<td></td>
<td>Benefit Value =</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cost Value=</td>
</tr>
<tr>
<td><strong>In 1 year</strong></td>
<td></td>
<td></td>
<td>Benefit Value =</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cost Value=</td>
</tr>
</tbody>
</table>

**If I choose not to: _______________________ name the behavior**

<table>
<thead>
<tr>
<th></th>
<th>List the Benefits</th>
<th>List the Costs</th>
<th>Value 0 (none) - 10 (high)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In 5 minutes</strong></td>
<td></td>
<td></td>
<td>Benefit Value =</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cost Value=</td>
</tr>
<tr>
<td><strong>In 1 hour</strong></td>
<td></td>
<td></td>
<td>Benefit Value =</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cost Value=</td>
</tr>
<tr>
<td><strong>In 6 hours</strong></td>
<td></td>
<td></td>
<td>Benefit Value =</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cost Value=</td>
</tr>
<tr>
<td><strong>In 1 day</strong></td>
<td></td>
<td></td>
<td>Benefit Value =</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cost Value=</td>
</tr>
<tr>
<td><strong>In 1 week</strong></td>
<td></td>
<td></td>
<td>Benefit Value =</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cost Value=</td>
</tr>
<tr>
<td><strong>In 1 month</strong></td>
<td></td>
<td></td>
<td>Benefit Value =</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cost Value=</td>
</tr>
<tr>
<td><strong>In 1 year</strong></td>
<td></td>
<td></td>
<td>Benefit Value =</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cost Value=</td>
</tr>
</tbody>
</table>

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### SAMPLE WORKSHEET

If I choose to: ______ drink until I get drunk ________ (name the behavior)

<table>
<thead>
<tr>
<th>Time</th>
<th>Benefits</th>
<th>Costs</th>
<th>Benefit Value</th>
<th>Cost Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>In 5 minutes</td>
<td>Relaxed&lt;br&gt;Acceptance by Peers&lt;br&gt;Taste</td>
<td>None</td>
<td>Benefit Value = 8</td>
<td>Cost Value = 0</td>
</tr>
<tr>
<td>In 1 hour</td>
<td>Having a good time&lt;br&gt;Forget about problems</td>
<td>Impaired decision making abilities</td>
<td>Benefit Value = 8</td>
<td>Cost Value = 5</td>
</tr>
<tr>
<td>In 6 hours</td>
<td>Little to None</td>
<td>Impaired sleep&lt;br&gt;Nauseous/vomiting</td>
<td>Benefit Value = 1</td>
<td>Cost Value = 8</td>
</tr>
<tr>
<td>In 1 day</td>
<td>Brag about it to friends</td>
<td>Hangover&lt;br&gt;Skipped class, bad practice&lt;br&gt;Prevents recovery from workout&lt;br&gt;Second hand effect on others</td>
<td>Benefit Value = 1</td>
<td>Cost Value = 8</td>
</tr>
<tr>
<td>In 1 week</td>
<td>None</td>
<td>Decrease physical and mental acuity&lt;br&gt;Decrease in performance in school and sport&lt;br&gt;Get out of routine and behind in things</td>
<td>Benefit Value = 0</td>
<td>Cost Value = 9</td>
</tr>
<tr>
<td>In 1 month</td>
<td>None</td>
<td>Heal slower&lt;br&gt;Still making up for lost time</td>
<td>Benefit Value = 0</td>
<td>Cost Value = 9</td>
</tr>
<tr>
<td>In 1 year</td>
<td>None</td>
<td>Possible DUI on record&lt;br&gt;Possible Suspension/Dismissal from team</td>
<td>Benefit Value = 0</td>
<td>Cost Value = 10</td>
</tr>
</tbody>
</table>

**Total B = 18**  **C = 49**

If I choose **not** to ______ drink until I get drunk ________

<table>
<thead>
<tr>
<th>Time</th>
<th>Benefits</th>
<th>Costs</th>
<th>Benefit Value</th>
<th>Cost Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>In 5 minutes</td>
<td>Pride&lt;br&gt;Self Control</td>
<td>Teased by peers&lt;br&gt;Insecure; More self conscious</td>
<td>Benefit Value = 4</td>
<td>Cost Value = 8</td>
</tr>
<tr>
<td>In 1 hour</td>
<td>In control</td>
<td>Not fitting in with group&lt;br&gt;Bored&lt;br&gt;Alienation or “attitude” from peers</td>
<td>Benefit Value = 5</td>
<td>Cost Value = 8</td>
</tr>
<tr>
<td>In 6 hours</td>
<td>Clear head&lt;br&gt;Sound mind&lt;br&gt;Able to drive</td>
<td>Little – party is pretty much over</td>
<td>Benefit Value = 8</td>
<td>Cost Value = 2</td>
</tr>
<tr>
<td>In 1 day</td>
<td>Good nights sleep, well rested&lt;br&gt;Productive academically and athletically&lt;br&gt;More focus</td>
<td>0</td>
<td>Benefit Value = 9</td>
<td>Cost Value = 0</td>
</tr>
<tr>
<td>In 1 week</td>
<td>Keep routine&lt;br&gt;Maintain training and study schedule</td>
<td>0</td>
<td>Benefit Value = 9</td>
<td>Cost Value = 0</td>
</tr>
<tr>
<td>In 1 month</td>
<td>Don’t have to play catch up&lt;br&gt;Consistent optimal performance&lt;br&gt;More energy</td>
<td>0</td>
<td>Benefit Value = 9</td>
<td>Cost Value = 0</td>
</tr>
<tr>
<td>In 1 year</td>
<td>No regrets</td>
<td>0</td>
<td>Benefit Value = 9</td>
<td>Cost Value = 0</td>
</tr>
</tbody>
</table>

**Total B = 53**  **C = 18**

---

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APPENDIX C

Step UP! DEFINITIONS

**Altruism** – A motivational state with the ultimate goal of increasing another’s welfare.

**Bystander Effect** – Phenomenon in which someone is less likely to intervene in an emergency situation when others are present than when he or she is alone.

**Conformity** – The process by which people’s beliefs or behaviors are influenced by others. People can be influenced via subtle or even unconscious processes or by direct and overt peer pressure. It is a group behavior – factors such as group size, unanimity, cohesion, status, prior commitment and public opinion all help to determine the level of conformity an individual will reflect toward his group.

- **Informational Conformity** – When one turns to one’s own group to obtain accurate information.
- **Normative Conformity** – When one conforms to be liked or accepted by the members of the group.

**Diffusion of Responsibility** – Phenomenon whereby each bystander’s sense of responsibility to help decreases as the number of witnesses increases.

**Discrimination** – Differential treatment based on unfair categorization. It is a denial of fairness prompted by prejudice.

**Empathy** – The ability to experience events/ emotions the way another person experiences them.

**Groupthink** – A type of thought exhibited by group members who try to minimize conflict and reach consensus without critically testing, analyzing and evaluating ideas.

**Norm of Reciprocity** – Helping others will increase the likelihood that they will help us in the future.

**Perspective Taking** – Reflects a tendency to use one’s existing role-taking capacities in order to entertain the psychological point of view of another person.

**Pluralistic Ignorance** – Phenomenon whereby bystanders assume that nothing is wrong in an emergency because no one else looks concerned. This greatly interferes with the interpretation of the event as a problem/emergency and therefore reduces helping.

**Prejudice** – An attitude, opinion or feeling without adequate prior knowledge, thought or reason.

**Prosocial Behavior** – Any act performed with the goal of benefiting another person.

**Social Norms Theory** – Individuals incorrectly perceive the attitudes and/or behaviors of peer and other community members.

**Spiral of Silence** – A theory that asserts a person is less likely to voice an opinion if one feels that one is in the minority for fear of reprisal or isolation from the majority.

**Stereotype** – An oversimplified generalization about a person or a group of people without regard for individual differences.

**Value Based Decisions** – where the total value of the chosen behavior is more than the alternative choice.
# APPENDIX D

The Dovidio (et al.) Summary of Situational Factors and Psychological Processes that Determine Whether a Person will be Helped.

Copyright © 2006 The Social Psychology of Prosocial Behavior by Dovidio, Piliavin, Schroeder, Penner. Reproduced by permission of Lawrence Erlbaum Associates, a division of Taylor & Francis Group

<table>
<thead>
<tr>
<th>Decision Steps</th>
<th>Possible Influences</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Notice the Event</strong></td>
<td>Clarity and vividness</td>
<td>Clearer and more vivid events are more likely to be noticed.</td>
</tr>
<tr>
<td></td>
<td>Stimulus overload</td>
<td>Excess environmental stimulation reduces the likelihood that the event will be noticed.</td>
</tr>
<tr>
<td><strong>Interpret the Event as Requiring Help</strong></td>
<td>Perceptual cues</td>
<td>Events that involve more cues of another person’s need are more likely to be interpreted as situations requiring help.</td>
</tr>
<tr>
<td></td>
<td>Informational social influence</td>
<td>Particularly in perceptually unclear (ambiguous) situations, the behavior of others will define whether help is required.</td>
</tr>
<tr>
<td></td>
<td>Relationship to the person in need</td>
<td>People are more likely to recognize the need of others with whom they are closer.</td>
</tr>
<tr>
<td></td>
<td>High costs for helping</td>
<td>People may resolve the high cost for helping-high cost for no help dilemma by reinterpreting the situation as one not requiring assistance.</td>
</tr>
<tr>
<td><strong>Assume Personal Responsibility</strong></td>
<td>Immediate and general norms</td>
<td>Norms affect whether people will feel that they should help.</td>
</tr>
<tr>
<td></td>
<td>Presence of others</td>
<td>The opportunity to come to believe that other people can help allows a person to diffuse responsibility.</td>
</tr>
<tr>
<td></td>
<td>Focusing responsibility</td>
<td>People are more likely to take action when they are in positions of explicit responsibility.</td>
</tr>
<tr>
<td></td>
<td>Relationship to the person in need</td>
<td>People are more likely to accept responsibility for helping others with whom they are closer.</td>
</tr>
<tr>
<td></td>
<td>High costs for helping</td>
<td>People may resolve the high cost for helping – high cost for no help dilemma by diffusing responsibility for helping.</td>
</tr>
<tr>
<td><strong>Choose a Way to Help</strong></td>
<td>Knowledge and training</td>
<td>People who are more knowledgeable about the situation can better evaluate alternative courses of action.</td>
</tr>
<tr>
<td><strong>Implement the Help</strong></td>
<td>Training and experience</td>
<td>Bystanders who are well trained are more likely to help safely and effectively.</td>
</tr>
</tbody>
</table>
THE KITTY GENOVSE STORY

Catherine Susan Genovese (July 7, 1935—March 13, 1964), commonly known as Kitty Genovese, was a New York City woman who was stabbed to death near her home in the Kew Gardens section of Queens, New York. The circumstances of her murder and the apparent reaction (or lack thereof) of her neighbors were reported by a newspaper article published two weeks later and prompted investigation into the psychological phenomenon that became known as the bystander effect or “Genovese syndrome.”

**Attack**

Genovese had driven home in the early morning of March 13, 1964. Arriving home at about 3:15 a.m. and parking about 100 feet (30 m) from her apartment’s door, she was approached by Winston Moseley. Moseley ran after her and quickly overtook her, stabbing her twice in the back. When Genovese screamed out, her cries were heard by several neighbors; but on a cold night with the windows closed, only a few of them recognized the sound as a cry for help. When one of the neighbors shouted at the attacker, “Let that girl alone!,” Moseley ran away and Genovese slowly made her way towards her own apartment around the end of the building. She was seriously injured, but now out of view of those few who may have had reason to believe she was in need of help.

Records of the earliest calls to police are unclear and were certainly not given a high priority by the police. One witness said his father called police after the initial attack and reported that a woman was “beat up, but got up and was staggering around.”

Other witnesses observed Moseley enter his car and drive away, only to return ten minutes later. He systematically searched the parking lot, train station, and small apartment complex, ultimately finding Genovese, who was lying, barely conscious, in a hallway at the back of the building. Out of view of the street and of those who may have heard or seen any sign of the original attack, he proceeded to further attack her, stabbing her several more times. Knife wounds in her hands suggested that she attempted to defend herself from him. While she lay dying, he sexually assaulted her. He stole about $49 from her and left her dying in the hallway. The attacks spanned approximately half an hour.

A few minutes after the final attack, a witness, Karl Ross, called the police. Police and medical personnel arrived within minutes of Ross’ call; Genovese was taken away by ambulance and died en route to the hospital. Later investigation by police and prosecutors revealed that approximately a dozen (but almost certainly not the 38 cited in the Times article) individuals nearby had heard or observed portions of the attack, though none could have seen or been aware of the entire incident. Only one witness (Joseph Fink) was aware she was stabbed in the first attack, and only Karl Ross was aware of it in the second attack. Many were entirely unaware that an assault or homicide was in progress; some thought that what they saw or heard was a lovers’ quarrel or a drunken brawl or a group of friends leaving the bar outside when Moseley first approached Genovese.
APPENDIX F

THE ASCH CONFORMITY STUDY

Solomon Asch set out to study social influences and how social forces affect a person's opinions and attitudes when he began his conformity study in the 1950's (Hock, 2005). After studying the works of Jean Martin Charcot, and subsequent psychologists, Asch noted that participants in these past studies often changed their differing opinions to those of the majorities, when confronted with opposing views (Asch, 1955). The conformity study that he subsequently designed tests whether or not one can change someone's judgment of a situation without changing their knowledge or assumptions about the situation (Asch, 1955).

Methodology

Asch gathered seven to nine male college students for what he claimed was an experiment in visual perception (Asch, 1955). All were confederates but one, and when he entered the room, the others were already seated in a row (Hock, 2005). After taking his seat, the study began. The experimenter revealed two large white cards: one with a single line (the standard line) and one with three lines of differing lengths (the comparison lines). One of the three lines was the same size as the standard line, and the other two were of varying differences: from three quarters of an inch longer or shorter to one inch and three quarters longer or shorter. Participants were asked to verbally announce which of the three comparison lines was equal to the standard line (Asch, 1955). On the first two trials, the group unanimously answered correctly, but on the third trial, the confederates all gave the wrong answer (Asch, 1955). Each study had 18 trials, 12 of which the confederates gave unanimous incorrect answers (Asch, 1955). They gave correct answers occasionally so that the participant did not suspect collusion (Asch, 1955).

Results

Asch tested 123 different young men from three different institutions of higher learning (Asch, 1955). He found that when alone (the control group) participants made mistakes less than 1% of the time, but in the group situation described in methodology, participants made errors in line judgment 36.8% of the time (Asch, 1955). About one fourth of participants never submitted to the majority, whereas some individuals conformed almost every single time (Asch, 1955). Every participant that conformed to the majority underestimated the frequency of their conformity when interviewed later (Asch, 1955).

Possible Explanations

Participants were interviewed at the end of the study. Explanations given for participants' nonconformity included: confidence in one's own judgment or the obligation to stick to their answers (Asch, 1955). Conformists gave explanations such as: “I am wrong, they are right,” “not to spoil your results,” or the idea that something was wrong with them for seeing the answer differently, so they wished to hide this (Asch, 1955). Even those who conformed believed that, perhaps, the group members were simply “sheep” following the first to give an answer or that the members giving a wrong answer were seeing an optical illusion, yet they responded incorrectly with the majority anyway (Asch, 1955).

Variations on Size, Unanimity, and Accuracy

After completing the initial study, Asch conducted additional research to see if the size or unanimity of the majority was more important in influencing conformity (Asch, 1955).

One variation included only one confederate giving an incorrect answer and the participant, and this did nearly nothing to change the participants’ answers, the participants answered independently in almost all of the trials (Asch, 1955). However, when there were two people giving incorrect answers along with the subject, subjects gave an incorrect answer 13.6% of the time (Asch, 1955). With three confederates answering incorrectly, participants gave erroneous answers 31.8% of the time (Asch, 1955). However, after any increase after three confederates did not result in a substantial increase in conformity; he found that size only had an effect up to a certain point (Asch, 1955).
When participants had a dissenting partner, their incorrect answers decreased to one fourth of the incorrect answers seen when the majority was unanimous (Asch, 1955). Then, the study was changed so that the partner joined the majority after six trials, which resulted in the subject immediately increasing incorrect answers (Asch, 1955). Another variation on the partner condition occurred when the partner left the entire study after six trials (Asch, 1955). This way, the participant would not feel “deserted” by his partner when the partner switched to the other side (Asch, 1955). So, when the partner simply left the trial (with the excuse at the beginning that he had somewhere to be), errors increased, but not as much as when the partner switched to the majority (Asch, 1955).

Another test of unanimity occurred when the confederates started out on the first trial giving unanimous answers, and slowly broke away so that by the sixth trial the participant was the only one in the minority (Asch, 1955). The participant typically stayed true to his answers up until the point where he was completely alone and then conformity increased greatly (Asch, 1955).

Asch (1955) also manipulated the degree to which the majority was wrong. He tried to reach a point where the error was so blatantly obvious that the subject would certainly choose the correct answer despite the majority. However, when the difference between the correct line and the line chosen by the incorrect majority was as much as seven inches, some participants still went with the majority (Asch, 1955).

**Impact**

Asch’s research paved the way for many additional studies on conformity. Newer studies have shown that attraction and commitment to the group also increases conformity. Other studies have also explored the impact of shame (Scheff, 1988), age (Walker & Andrade, 1996), sex, cultural influences (Perrin & Spencer, 1981), information availability, social norms, and personal privacy among others on conformity (Hock, 2005).

**Criticisms**

Although Asch’s results have been upheld by many other studies, a common criticism is that it is difficult to generalize his results to real world situations (Hock, 2005). Critics believe that something as trivial as judging the length of a line in a laboratory does not relate to conformity on important real life issues. (Hock, 2005). Another criticism is that participant’s may be conforming to the expectations of the experimenter, not the group (Schulman, 1967).

Based on Perrin & Spencer’s results, as well as their own results that showed no conformity when the test stimuli were more ambiguous, Lionel G. Standing and Marie-France Lalancette argue that Asch’s results were merely a phenomenon rather than a stable characteristic of human behavior (Standing & Lalancette, 1990).

**Works Cited**


http://www.psychwiki.com/wiki/Asch's_Conformity_Study
APPENDIX G

THE MILGRAM EXPERIMENT

The role of the experimenter was played by a stern, impassive biology teacher dressed in a technician's coat, and the victim (learner) was played by an Irish-American accountant trained to act for the role. The participant and the learner (supposedly another volunteer, but in reality a confederate of the experimenter) were told by the experimenter that they would be participating in an experiment helping his study of memory and learning in different situations. In one version of the experiment, the confederate mentioned to the participant that he had a heart condition. The "teacher" was given a 45-volt electric shock from the electro-shock generator as a sample of the shock that the "learner" would supposedly receive during the experiment. The "teacher" was then given a list of word pairs which he was to teach the learner. The teacher began by reading the list of word pairs to the learner. The teacher would then read the first word of each pair and read four possible answers. The learner would press a button to indicate his response. If the answer was incorrect, the teacher would administer a shock to the learner, with the voltage increasing for each wrong answer. If correct, the teacher would read the next word pair. The subjects believed that for each wrong answer, the learner was receiving actual shocks. In reality, there were no shocks. After the confederate was separated from the subject, the confederate set up a tape recorder integrated with the electro-shock generator, which played pre-recorded sounds for each shock level. After a number of voltage level increases, the actor started to bang on the wall that separated him from the subject. After several times banging on the wall and complaining about his heart condition, all responses by the learner would cease.

At this point, many people indicated their desire to stop the experiment and check on the learner. Some test subjects paused at 135 volts and began to question the purpose of the experiment. Most continued after being assured that they would not be held responsible. A few subjects began to laugh nervously or exhibit other signs of extreme stress once they heard the screams of pain coming from the learner. If at any time the subject indicated his desire to halt the experiment, he was given a succession of verbal prods by the experimenter, in this order:

1. Please continue.
2. The experiment requires that you continue.
3. It is absolutely essential that you continue.
4. You have no other choice, you must go on.

If the subject still wished to stop after all four successive verbal prods, the experiment was halted. Otherwise, it was halted after the subject had given the maximum 450-volt shock three times in succession. This experiment could be seen to raise some ethical issues as the experimenter did not truthfully tell the people involved what the real test was for.
Results

Before conducting the experiment, Milgram polled fourteen Yale University senior-year psychology majors as to what they thought would be the results. All of the poll respondents believed that only a few (average 1.2%) would be prepared to inflect the maximum voltage. Milgram also informally polled his colleagues and found that they, too, believed very few subjects would progress beyond a very strong shock.

In Milgram's first set of experiments, 65 percent (26 of 40) of experiment participants administered the experiment's final 450-volt shock, though many were very uncomfortable doing so; at some point, every participant paused and questioned the experiment, some said they would refund the money they were paid for participating in the experiment. No participant steadfastly refused to administer shocks before the 300-volt level.

The Milgram Experiment raised questions about the ethics of scientific experimentation because of the extreme emotional stress suffered by the participants. In Milgram's defense, 84 percent of former participants surveyed later said they were "glad" or "very glad" to have participated, 15 percent chose neutral responses (92% of all former participants responding). Many later wrote expressing thanks. Milgram repeatedly received offers of assistance and requests to join his staff from former participants. Six years later (at the height of the Vietnam War), one of the participants in the experiment sent correspondence to Milgram, explaining why he was glad to have participated despite the stress:

While I was a subject in 1964, though I believed that I was hurting someone, I was totally unaware of why I was doing so. Few people ever realize when they are acting according to their own beliefs and when they are meekly submitting to authority. . .

The experiments provoked emotional criticism more about the experiment's implications than with experimental ethics. In the journal Jewish Currents, Joseph Dimow, a participant in the 1961 experiment at Yale University, wrote about his early withdrawal as a "teacher," suspicious "that the whole experiment was designed to see if ordinary Americans would obey immoral orders, as many Germans had done during the Nazi period." Indeed, that was one of the explicitly-stated goals of the experiments. Quoting from the preface of Milgram's book, Obedience to Authority: "The question arises as to whether there is any connection between what we have studied in the laboratory and the forms of obedience we so deplored in the Nazi epoch."

In 1981, Tom Peters and Robert H. Waterman Jr wrote that The Milgram Experiment and the later Zimbardo Experiment at Stanford University were frightening in their implications about the danger lurking in human nature's dark side.
ACKNOWLEDGEMENTS

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Thanks also to:

Jeff Stone, Ph.D. - Professor, Psychology Department, The University of Arizona

Don McPherson - Don McPherson Enterprises, LLC

Step UP! Student Guide 4th Ed design updates by Jed Corkill, The University of Arizona

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