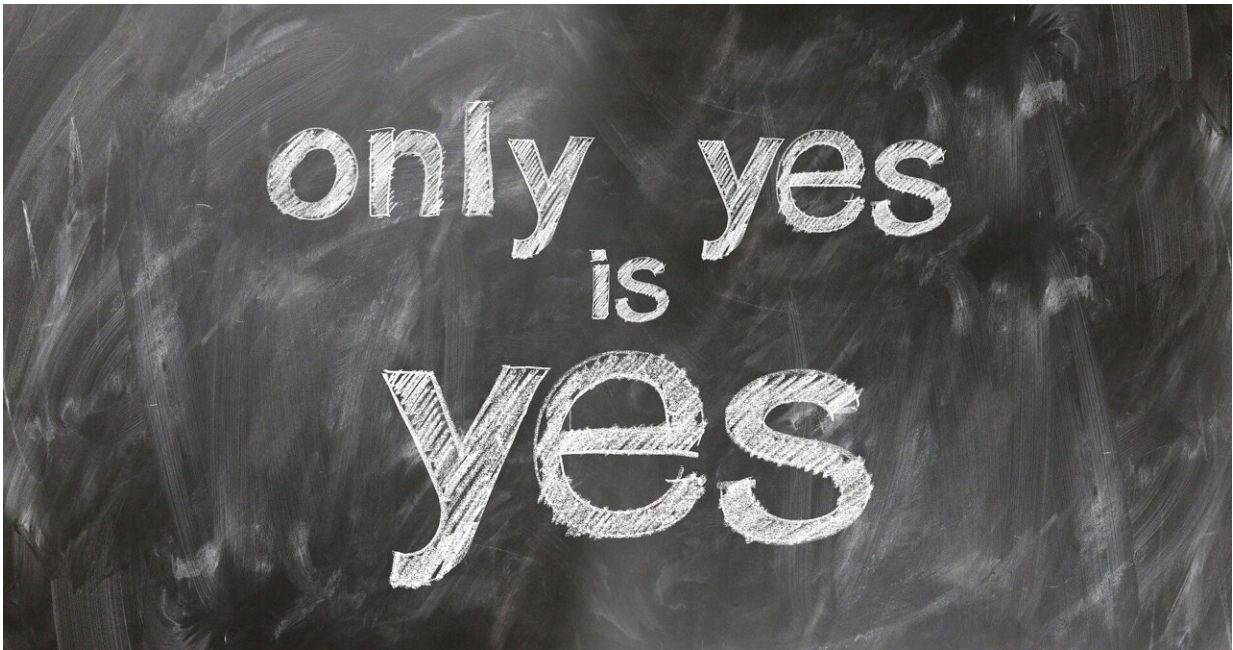


Study highlights barriers preventing bystander help during gender-based violence

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Gender-based violence (GBV) is a public health issue that encompasses acts of violence based on individuals' sex or gender, such as intimate partner violence (IPV), sexual assault, and violence against women, among others. GBV can cause serious physical and mental harm, ranging from psychological effects to even homicide.

In case of acts of GBV in public settings, [bystanders](#) witnessing the act

can intervene and alleviate the occurrence of such incidences by engaging in swift and prosocial action to minimize the potential harms and risks to victims. Bystanders' presence can empower victims and suppress the behavior of perpetrators.

However, despite their potential to act in such situations and play a preventive role, their ability or willingness to act may be hindered by the presence of some barriers that prevent their active intervention during the situation.

In a previous study, Latane and Darley (1970) proposed a situational model of bystander behavior to understand the bystander's engagement to act during situations of GBV. The model proposed various steps experienced by the bystander at the time of [violence](#), such as becoming aware of the situation, identifying it as a problem, taking responsibility, analyzing what to do, and ultimately, acting to prevent the perpetrator from committing the crime.

Burn (2009), however, pointed out some barriers that can prevent bystanders from experiencing each step, as suggested by Latane and Darley (1970). These include failure to notice, failure to recognize the situation as a risk, reluctance to take responsibility due to the lack of knowledge, and incompetence in addressing the situation.

In addition, Moschella and Banyard (2021) recently revealed that [negative consequences](#) from previous intervening experiences can deter bystanders from intervening again in the future. However, to improve the behavior of bystanders and their ability to act and intervene, it is important to study the mechanisms underlying the barriers that prevent them from intervening in such situations.

Despite extensive research, however, the power of these barriers on bystanders' willingness to intervene is still not well understood nor

compared and prioritized.

To bridge this gap, a team of researchers from Korea, led by Dr. Sihyun Park, an Associate Professor at the Department of Nursing at Chung-Ang University, systematically reviewed and analyzed the barriers hindering bystander interventions during GBV.

"It is evident that the bystanders face some barriers that refrain them from stepping in during an incidence of GBV. To improve the bystander intervention, it is important to identify these barriers, understand their powers on bystanders' likelihood to intervene, and to develop evidence-based educational initiatives that prioritize the most critical barriers," says Dr. Park.

Their study was [published in *Trauma, Violence, & Abuse*](#).

To comprehensively understand the barriers and study their impact, the team thoroughly reviewed existing literature and collected data on how the barriers affect bystanders' interventions. They used this data to determine the effect sizes (ESs) of each of these barriers, which indicated how strongly the different variables are related in the data. They also explored the impact of bystander population, gender, and types of GBV situations on ESs.

Their analysis revealed that the most significant [barrier](#) preventing bystanders from intervening was the lack of success in previous intervention attempts. Bystanders, having failed to effectively help the victims, experience negative emotions and become hesitant to intervene in future situations. This finding suggests that future bystander-related programs should focus on mitigating this specific barrier.

Moreover, the researchers also found that people in universities and colleges are particularly vulnerable to these barriers, suggesting the need

for programs tailored to this population of bystanders. Furthermore, these barriers were more potent in cases of violence against women and [sexual assault](#) than in cases of IPV, indicating the need for targeted and intervention strategies.

Elaborating further on these findings, Dr. Park highlights, "Our research paves the way for the development and implementation of improved [education programs](#) for bystanders supporting a community response which is proactive against GBV."

In summary, these findings provide important directional guidance for the future of bystander intervention education programs. While maximizing the efficacy and responsibility of bystander interventions should definitely be aimed for, addressing past failures and negative emotions among bystanders can lead to more targeted actions.

More information: Sihyun Park et al, A Systematic Review and Meta-Analysis of Bystander's Barriers to Intervene in Gender-Based Violence and the Role of Failed Prior Attempts, *Trauma, Violence, & Abuse* (2023). [DOI: 10.1177/15248380231204887](https://doi.org/10.1177/15248380231204887)

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