



**A Prosocial Behavior/Bystander Intervention  
Program For Student-Athletes**

## **Facilitator Guide**



**Developed 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. Alcohol
2. Alcohol Poisoning
3. Hazing
4. Sexual Assault
5. Relationship Abuse/Violence
6. Discrimination
7. Depression/Suicide Ideation
8. Disordered Eating
9. Gambling
10. Anger Issues/Fighting



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# CONTENTS

<b>A. Introduction</b>	<b>5</b>
<b>STEP UP! Presentation Outline</b>	<b>7</b>
<b>B. Prosocial Behavior/Bystander Intervention</b>	
<b>PowerPoint Presentation</b>	
Background/Theory/Research	<b>11</b>
The 5 Decision Making Steps	<b>33</b>
Other Factors that Affect Helping	<b>55</b>
<b>C. Strategies for Effective Helping</b>	
Emergency Helping	<b>67</b>
Non-Emergency Helping	<b>68</b>
The 5 Point Formula/Sample Script	<b>68</b>
Within Your Team	<b>70</b>
When Dealing with High Emotion	<b>70</b>
How to Increase Helping	<b>70</b>
The 5 Intervention Styles	<b>71</b>
Making Value Based Decisions	<b>72</b>
The 5 Core Questions	<b>73</b>
<b>D. Scenarios with Topic Specific Considerations, Action Steps, and Resources</b>	
Time Out	<b>77</b>
Alcohol	<b>81</b>
Alcohol Poisoning	<b>85</b>
Hazing	<b>88</b>
Sexual Assault	<b>92</b>
Relationship Abuse/Violence	<b>96</b>
Discrimination	<b>100</b>
Depression/Suicide Ideation	<b>106</b>
Disordered Eating/Body Image Issues	<b>110</b>
Gambling	<b>116</b>
Anger Issues/Fighting	<b>120</b>
Summary	<b>124</b>
References	<b>127</b>
<b>E. Appendices</b>	
A - Activities	<b>131</b>
B - Worksheets	<b>133</b>
C - Pilot Survey	<b>137</b>
D - STEP UP! Definitions	<b>146</b>
E - The 5 Decision Making Steps	<b>147</b>
F - The Dovidio Summary	<b>148</b>
G - The S.E.E. Model	<b>149</b>
H - The Kitty Genovese Story	<b>150</b>
I - The Milgram Experiment	<b>151</b>
J - Post Test and Evaluation	<b>153</b>



*“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 athletic departments and student-athletes called STEP UP! *Be a Leader, Make a Difference*. STEP UP! is a prosocial behavior and bystander intervention program that educates student-athletes 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 threatening behaviors.
- Ensure the safety and well-being of others.

Most problematic behaviors on college campuses, including athletic departments, 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), in the Spring of 2007, revealed that student-athletes are encountering multiple situations where bystander intervention would be appropriate including, among other things, alcohol abuse, hazing, assault and discrimination. Almost 90% stated a problem could have been avoided with intervention and up to 85% of the student-athletes indicated they would like to learn skills to intervene!

Although research exists with regard to bystander behavior in general, there has not been an interdisciplinary, 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 student-athletes learn strategies and techniques to intervene both directly and indirectly in both emergency and non-emergency situations. Doing so can lead to fewer problems within athletics departments 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. The total training time is estimated to take 2 ½ - 3 hours, depending on how you structure the training. We have included an outline with a suggested order and approximate time frame.

*Among the **STEP UP! "Starter Kit"** materials is a CD that includes the following items:*

1. **Part One - PowerPoint presentation** of theories and concepts that provide the framework for the STEP UP! program
2. **DATELINE NBC Videos** - Files to support the above PowerPoint presentation
3. **Part Two - PowerPoint presentation** of sample scenarios that can be used for discussion on applicable topics
4. **PDF Document of Facilitator Guide** (one hard copy also included in Starter Kit)
5. **PDF Document of Student-Athlete Guide** (twenty hard copies also included in Starter Kit)

**It is imperative that the student-athletes 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 student-athletes 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.**

## **SUGGESTIONS**

1. It is important that you be well acquainted with the material and the videos before you begin.
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. Students need to commit to doing the full training. The format of the training is up to you.
4. 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.
5. Although bystander intervention can occur in everyday, public situations, please note to the group that the focus of this training is primarily for student-athletes to help/intervene with other student-athletes.
6. Be flexible enough to take discussion in different directions – see where students lead you.
7. 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.
8. If you choose to do active role-plays, give thought to the set up and possible props for each one. Try to get as many students as possible involved. For those not involved, use the scenario worksheet provided to have them write down what they would do and how they would feel.
9. 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. There are many examples in the news and we refer to some of the ones that made national headlines in the presentation.  
**CAUTION:** While we encourage you to share stories and experiences that may stimulate and add to the discussion, always be careful not to allow your role or input as a facilitator overpower or detract from student discussion and/or comfort levels.
10. You will notice “clicker” questions in the PowerPoints. If you have an Audience Response System you can add even more “clicker” questions to the PowerPoint presentations. If not you can do “snowball” questions (*See Part One, slide 3*) or ask for a “show of hands.”

Please give us any feedback as you complete this training with your student-athletes. Trainings can also be done with coaches, administrators, athletics trainers, and advisors - anyone who works with student-athletes as well as other student organizations and groups.

# STEP UP! PRESENTATION OUTLINE

---

## **PART ONE (75-90 minutes)**

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

### **Introduction/Overview (3 min.)**

### **Snowball Survey (10 min.)**

### **Goals/Survey background/Variables that affect Helping/Bystander Effect (8 min.)**

### **DATELINE Video – “Brother’s Keeper” (12 min.)**

### **The 5 Decision Making Steps (35 min.)**

#### **1. Notice the Event**

##### **A. Why People Don’t Help**

- (1) Distractions
- (2) Sometimes we don’t want to notice

##### **B. Strategies for Intervention**

- (1) Be aware of your surroundings
- (2) Anticipate problems/Look for red flags
- (3) If you do notice a problem, consider the best intervention strategies and the best exit strategies

#### **2. Interpret the Event as a Problem**

##### **A. Why People Don’t Help**

- (1) Ambiguity
- (2) Conformity
  - a. Informational Influence  
Pluralistic Ignorance
  - b. Normative Influence

### **DATELINE Video – “Follow the Leader” - Part 1 (9 min.)**

##### **B. Strategies for Intervention**

- (1) Investigate further even if others appear unconcerned
- (2) Ask others what they think
- (3) Be mindful of peer pressure and prepared to react to it
- (4) If you are a victim, let someone know you need help

#### **3. Assume Personal Responsibility**

##### **A. Why People Don’t Help**

Diffusion of Responsibility

##### **B. Strategies for Intervention**

- (1) Don’t assume someone else will do something
- (2) Publicly state your intention to help
- (3) Enlist others to help

#### 4. Know How To Help

##### A. Why People Don't Help

No skills to intervene

##### B. Strategies for Intervention

- (1) Learn skills for both emergencies and non-emergencies and in both direct and indirect ways
- (2) Practice the skills when possible

#### 5. Implement the Help

##### A. Why People Don't Help

Costs/Rewards

##### B. Strategies for Intervention

- (1) Assess the situation: if it is safe and you are willing to help, implement the most appropriate skills and strategies and STEP UP!
- (2) Be the first
- (3) Create shared and agreed upon standard of behavior and expectations within your team

#### The S.E.E. Model (2 min.)

**SAFE, EARLY, EFFECTIVE**

#### Other Factors that Affect Helping (15 min.)

1. Perspective Taking
2. Obedience to Authority/Perceived Authority

#### DATELINE Video – “Follow the Leader” - Part 2 (7 min.)

#### Why Student-Athletes Didn't Help/Why They Did Help (3 min.)

#### Additional Ways to Help (1 min.)

#### How to Increase Helping (1 min.)

#### PART TWO (75-90 minutes)

#### Introduction/Overview/Ground Rules - (e.g., being respectful and non-judgmental; confidentiality, etc.) (5 min.)

#### Strategies for Effective Helping (10 min.)

- |                                      |                                 |
|--------------------------------------|---------------------------------|
| 1. Emergencies/Non-emergencies       | 5. How to Increase Helping      |
| 2. The 5 Point Formula/Sample Script | 6. The 5 Intervention Styles    |
| 3. Within Your Team                  | 7. Making Value Based Decisions |
| 4. When Dealing with High Emotion    | 8. The 5 Core Questions         |

#### Scenarios (1 hour)

**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 (See Slide 2 in the Scenarios PowerPoint.)

1. Complete Worksheets (15 min); Facilitate Discussion (15 min. per scenario)
2. Discuss Questions, Considerations, Action Steps, and Resources

#### Summary (10 min.)

#### The Post-Test (5 min.)

#### END OF TRAINING



## Prosocial Behavior/Bystander Intervention PowerPoint Presentation

### Section B





## **A Prosocial Behavior/Bystander Intervention Program for Student-Athletes**

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1

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.

# Overview

- **Prosocial Behavior**
- **Bystander Intervention Theory**
- **Applicability to Student-Athletes**



2

Many health and wellness and social justice problems involve bystanders: people who want to act and want to help but don't. Issues we see in athletics are often preventable with timely, skilled, and appropriate intervention. This training provides a framework for explaining bystander behavior, reviews relevant research, and teaches skills for intervening using the 5 Decision Making Steps and the S.E.E. Model (Safe, Early, Effective). Today we will be discussing:

## **Prosocial Behavior**

Helping, Cooperation, Altruism

## **Bystander Intervention Theory**

Why People Don't Help

When People Do Help

How to Increase Helping

## **Applicability to student-athletes**

STEP UP! is different. It is a unique, interdisciplinary approach examining what bystanders can do to help in problematic situations. It's not just taking one topic and focusing only on that. It is also about the student-athlete community as a whole helping and supporting each other.



3

### **SNOWBALL SURVEY**

Start off by asking: How many of you have been in a situation where you could have intervened in a problematic situation but didn't and then later on said, "If only I would have....done something, said something, talked to someone...." (Most hands should go up.) Did your conscience "nag" you afterwards?

Have the students write down on a piece of paper a time when they could have intervened and didn't - and what happened. Have them crumple up the paper and throw it around the room a few times. Ask students to read some of the more impactful ones.

You can use this "snowball survey" idea for other questions. If you have an Audience Response System you can do clicker questions with real time results. *(See more information on slide 7, pg. 17.)*

# **Goals of STEP UP!**

## **INDIVIDUAL LEADERSHIP**

## **SHARED RESPONSIBILITY**



4

The goals of STEP UP! are to increase motivation, skills and confidence in responding to behaviors that threaten a person's health, safety, and well-being through:

- Awareness/Education
- Dialogue
- Intentional thought and action

This is about **INDIVIDUAL LEADERSHIP** but it's also about your team, the athletic community and **SHARED RESPONSIBILITY**.

## What Does it Mean to STEP UP?

### ■ Prosocial Behavior

- Any act performed with the goal of benefiting another person



### ■ Bystander Intervention

- Intervening in an emergency
- Helping in a non-emergency\*
- Intervention can be direct or indirect

5

Ask the group: What does it mean to STEP UP! in an athletic setting?  
*Answer: To rise to the occasion; To make a significant difference. To bring your best when the situation demands it the most.* This program is about doing the same thing in personal or social settings.

### **Prosocial Behavior examples include:**

**Helping** – can be casual, substantial, emotional, emergency – anything from opening the door for someone to helping in a September 11th or Katrina emergency

**Cooperation** – especially important on teams – where all involved in the exchange contribute as partners in one way or another to the group's outcome

**Altruism** – aiding another without the anticipation of rewards from external sources

### **Bystander Intervention examples include:**

**Emergencies** – Examples: Excessive drinking, sexual assaults, fights, etc.

**Non-emergencies\*** – Examples: Disordered eating, depression, discrimination, gambling, hazing, etc.

**\*Note: “non-emergencies” can turn into emergencies VERY quickly.**

## **What Difference Can You Make?**

**“Never doubt that a small group of thoughtful committed citizens can change the world. Indeed, it is the only thing that ever has.”**

**- Margaret Mead**

6

Say to your students: You can ALL make a difference. EVERYONE can STEP UP! From freshmen to seniors, from standouts to walk-ons. You are the catalysts for change and you set the example (for helping behaviors and intervention). The leadership must come from among and within the student-athlete community. This is ultimately your program.

Discuss the circle of concern and the circle of influence. (Covey, 1990) Imagine a circle within a circle. The inner circle is your circle of influence and the outer circle is your circle of concern. In your circle of concern are the things which you are concerned about but you cannot influence. How much time do you spend there? Yet there are many things which you are concerned about which you can influence. How much time do you spend on those things – the things that you can impact? Whom and what will you influence?

Note the analogy to the ripple effect in the water - one person who is willing to STEP UP! and help a few people and then those people STEP UP! and help a few more people (and so on) - the influence and change can be significant and even life changing.

## Get Those Clickers Ready!



7

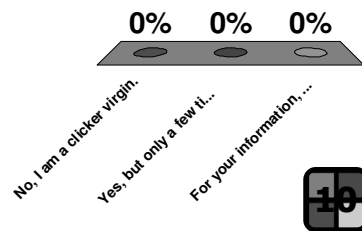
These “clicker” questions are compatible with an Audience Response System. There are various companies that do the same thing. Check with professors or the technology center on your campus to see what they are using and what they support/recommend. You might even be able to borrow some. Most programs also allow you to run reports and examine demographic information.

Audience Response Systems are great not only for engaging the students more but also for getting anonymous and honest responses. Included in this presentation are questions you can use. They can be clicker questions if you have an ARS, snowball questions, or simply a show of hands. If you choose not to use them you can skip the slide.



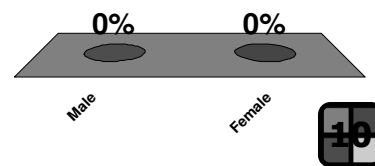
## Have you used clickers before?

1. **No, I am a clicker virgin.**
2. **Yes, but only a couple times.**
3. **For your information,  
I am a clicker guru.**



## What is your gender?

1. Male
2. Female

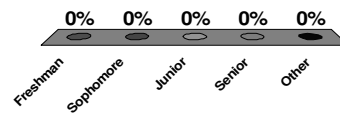


9

The next 2 questions can be used to examine demographic results if you are using an Audience Response System.

## What is your year in school?

1. Freshman
2. Sophomore
3. Junior
4. Senior
5. Other



## **Survey**

**Student-athletes were asked about attitudes, perceptions, and behaviors around:**

- **Drinking too much**
- **Hazing**
- **Being taken advantage of sexually**
- **Discrimination/Harassment**

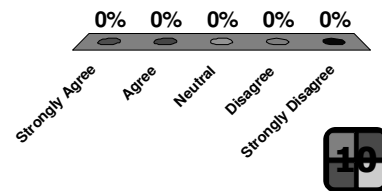


11

Our pilot survey, Appendix C, included responses from three universities (University of Arizona, University of California, Riverside, and University of Virginia) and almost 300 student-athletes in the Spring of 2007. The students participated online through Survey Monkey with responses being totally anonymous. Results were summarized and analyzed through Survey Monkey and with the help of Peggy Glider, University of Arizona Evaluation and Research Coordinator. Consultant Dr. Alan Berkowitz helped develop the survey.

**I believe something should be done to intervene in problematic situations.**

- 1. Strongly Agree**
- 2. Agree**
- 3. Neutral**
- 4. Disagree**
- 5. Strongly Disagree**

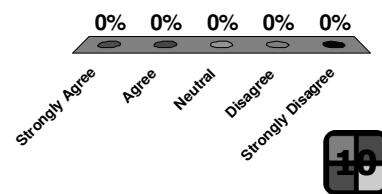


12

The following 4 slides were some of the more salient questions from the pilot survey. If you want, you can then compare your groups' responses to the survey results, pp. 26-28. For complete survey results, see *Appendix C*.

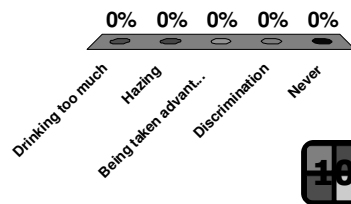
**I believe it is my responsibility  
to intervene in a problematic situation.**

- 1. Strongly Agree**
- 2. Agree**
- 3. Neutral**
- 4. Disagree**
- 5. Strongly Disagree**



**I have witnessed a situation, at least once, where someone's health and safety were in danger. You can choose any or all of these.**

- 1. Drinking too much**
- 2. Hazing**
- 3. Being taken advantage of sexually**
- 4. Discrimination**
- 5. Never**



14

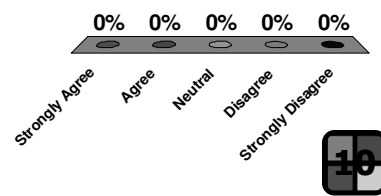
Audience Response Systems will allow you to program it so students can pick any or all of the above. Otherwise, you can do a snowball survey or ask for a show of hands.

*This is actually four different questions.*



**I believe a problematic situation could have been avoided if someone had intervened.**

- 1. Strongly Agree**
- 2. Agree**
- 3. Neutral**
- 4. Disagree**
- 5. Strongly Disagree**



## **Student-Athlete Profile**

- **92% see themselves as leaders.**
- **75-85% want to learn skills to intervene.**
- **89-99% believe something should be done to intervene in a problematic situation.**
- **2/3 believe it is their responsibility to intervene when they notice a problematic situation.**

16

Some selected results from the pilot survey follow. You can see how similar your students' answers are to these.

■ **I have witnessed a situation at least once where someone's health/safety was in danger:**

- **Drinking too much – 94%**
- **Hazing – 29%**
- **Being taken advantage of sexually – 41%**
- **Discrimination/Harassment – 54%**



17

Ask the students why they think the hazing percentage is so low?

Possibilities:

- People don't know how to define hazing.
- People don't always see the "long term" effects of hazing.
- Emotional and psychological effects aren't always visible.

**Almost**

**90%**



**believe a problem could  
have been avoided with  
intervention.**

18

When asked if a problem could have been prevented with intervention their responses were:

- 85% for drinking too much
- 74% for hazing
- 88% for being taken advantage of sexually
- 88% for discrimination

## Do people always STEP UP?

■ Unfortunately, no. Research indicates that people are much less helpful or heroic than they think. Helping is based on:

- Individual Characteristics
- Situational Characteristics
- Victim Characteristics

19

**Individual variables** are things like: knowledge/skills, confidence, sense of social responsibility.

**Situational variables** are things like: severity of need, number of other bystanders present, cost of helping.

**Victim variables** are things like: appearance of victim, friendship with victim, perceived deservedness, whether they accept help.

Ask your students which one they think is the best predictor for helping?

*Answer: Situational variables are the best predictors of Prosocial Behavior (Dovidio, et al., 2006).*

## **The 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.***

■ **The Kitty Genovese Story**

20

Research shows (and is talked about in the “Brother’s Keeper” video):

- People help 80% of the time when alone
- People help only 20% of the time when others are present

### **Kitty Genovese Story**

Briefly tell the Kitty Genovese story, Appendix H, and how this led to the increase in the Bystander Effect research. The police said afterwards, “A phone call would have done it (saved her life).”



## ***BROTHER'S KEEPER***

21

This DATELINE video (12 minutes) emphasizes the concepts of the Bystander Effect among other ideas we will be discussing. You will see that there have been many documented cases of bystander inaction. Parts of the video are graphic in nature.

You can ask students for their thoughts/reactions following the video.

What surprised you in the video?

What do you think you would have done?

**Note:** Look for current stories in the news. Recent headlines include a well-publicized incident of a hit and run caught on a surveillance camera where a 78 year-old man was hit by a car, was lying motionless in the street and no one went to help him. A few people did call 9-1-1 but people were seen staring, walking by, driving by, and one guy on a scooter slowly circled the victim and then rode off.

In another incident caught on tape, a woman died in a hospital emergency room after she fell over, was lying on the floor over an hour and staff members (and other patients) completely ignored her.



## Why Don't People Help?

- **Because helping others is not just about one decision.**
  - **Helping requires several sequential decisions to be made. Failure at any one of the steps will result in no help.**
  - **Multiple factors can prevent the right decision from being made.**

22

As we will see, helping is not just about one thing. We will be discussing the 5 Decision Making Steps and the reasons that sometimes prevent people from helping.

## **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**

23

Latane, B., Darley, J.M. (1970)

For each Decision Making Step, we will be discussing reasons why people may not help, followed by strategies to overcome these challenges.

Emphasize once again to the group that failure at any one of the steps will result in no help!

## **Reasons Why People Don't Help**

### **■ Step 1: Notice the Event**

**There are 2 reasons we may not notice that a problem exists or is about to occur:**

- Other people/events create distractions.**
- Sometimes we don't want to notice!**



24

### **Challenges to Step 1 - Notice the Event - include:**

- Distractions – people, noise, events, thoughts, our own busy lives, etc.
- Whether we actually want to pay attention to what is going on!

## Strategies for STEP 1 Notice the Event

1. Be aware of your surroundings.
2. Anticipate problems/Look for red flags.
3. If you do notice a problem, consider the best intervention strategies and/or the best exit strategies.



25

These are just a few strategies to overcome the challenges. Refer to ***Strategies for Effective Helping, Section C***, for general helping guidelines as well as ***Action Steps*** in each topic area.

For warning signs and red flags by topic, see ***Considerations*** in each topic area.

Encourage students who may happen to be involved in a situation to always have an “out” (exit strategy)!

Mention that “noticing” the event could include seeing things on Facebook or MySpace or other social networking sites.  
(See the hazing scenario.)

## Reasons Why People Don't Help

### ■ Step 2: Interpret the event as a problem/emergency.

The 2 main reasons we don't are:

#### **A. Ambiguity**

- Sometimes it's not clear if someone needs help.



26

**Challenges to Step 2** - Interpreting the Event as a Problem/Emergency include:

- **Ambiguity** - Is someone screaming a cry for help or is it just people playing? Perhaps tell a story of your own or ask students for examples of when they weren't sure if there was a problem.



27

**Challenges to Step 2** - Interpreting the Event as a Problem/Emergency  
the second main reason is:

- **Conformity** – The process by which people’s beliefs or behaviors are influenced by others, via subtle even unconscious processes or by direct and overt peer pressure. It is a group behavior. Factors such as group size, cohesion, status, prior commitment, and public opinion all help to determine the level of conformity an individual will reflect toward his group.
  - ♦ **Informational Influence** – When one turns to one’s own group to obtain accurate information (*next slide*).
  - ♦ **Normative Influence** – When one conforms to be liked or accepted by the members of the group (*slide 32, pg. 42*).

You can also refer to the “Brother’s Keeper” video where the male student referred to feeling like “sheep.”

For many, conforming is about preserving relationships.  
(See *Intervention Styles/Teddy Bear, Section C.*) It could be that individuals do not speak up because they don’t know how to both:

- a. interrupt/stop a situation AND
- b. keep their relationship with their teammates, friends, or family members.

## Conformity: 2 Types

### ■ Informational influence

- When a situation is ambiguous we will use other people's behavior as information for how to act. We thus conform to the group in order to be *accurate*.



28

We might think others know more or have more information than we do. So we turn to them to find out what's going on.

*"In general, when we are unsure of ourselves, when the situation is unclear or ambiguous, when uncertainty reigns, we are most likely to look to and accept the actions of others as correct."*

Robert Cialdini, *Influence: Science and Practice*

**BUT...**



**Looking to others does not always provide the right answer:**

***Pluralistic Ignorance***

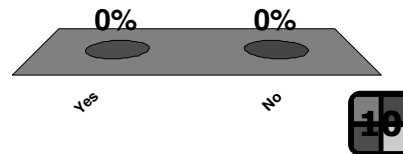
***Phenomenon whereby bystanders assume that nothing is wrong because no one else looks concerned. When all bystanders assume that no one else is upset or concerned, then all assume it is not a problem, and NOBODY HELPS!***

30

**Pluralistic Ignorance** – Individuals may refrain from confronting a problem behavior of others because they believe the behavior is accepted by their peer group. They underestimate the extent of peer discomfort with the problem behavior and refrain from expressing their own discomfort with the behavior. In fact, most likely they are in the MAJORITY – most people also sense that something is wrong but because no one does/says anything, no help is given.

## **I have experienced pluralistic ignorance in a social setting.**

- 1. Yes**
- 2. No**



31

Ask your students: How many times have you felt like something was wrong, but no one else was doing/saying anything so you figured no one else must be concerned – you think, “I must be the only one”?

## Conformity: 2 Types

### ■ Normative influence

- **We conform to the group's rules in order to fit in, be accepted, be liked, or avoid dislike. But normative influence can create a “Spiral of Silence.”**



32

**Spiral of Silence** – 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 group. But silence perpetuates the misperceptions. It discourages the expression of opinions of the majority while encouraging problematic behaviors of the minority. Thus, individuals who do not personally engage in the behavior may still contribute to the problem by their silence.

**Overcoming the Spiral of Silence** – People with greater influence or individuals who do not fear isolation are likely to speak out regardless of public opinion.

**Related: Groupthink** – when group members try to minimize conflict and reach consensus without critically testing, analyzing, and evaluating ideas, Groupthink may cause groups to make hasty, irrational decisions, 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-Rewards*.)

Unfortunately, normative influence usually results in group compliance – doing or saying something without believing in it.

Ask the group – what prevents you from speaking up? What could you do to get others to voice their disapproval with you?

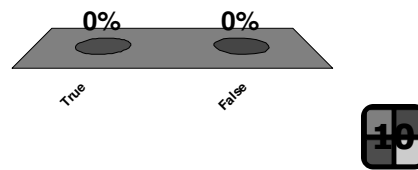
**Pluralistic Ignorance** – Interpretation of events

**Spiral of Silence** – Fear of Consequences

**There have been times when I have given  
in to group pressure and wish I hadn't.**

**1. True**

**2. False**



33



## ***Follow the Leader***

### ***Part I: Asch research***

34

This DATELINE video (9 minutes) shows college students who give in to peer pressure and replicates Solomon Asch's 1955 research on conformity. Notice in the video how the students frequently look to the leader for help. Discuss how teammates often look to captains for help/guidance/direction. Or, if you are presenting to coaches, how their captains and leaders look to them.

Discuss how hard it was for the students in the video to stand their ground (60% of the students in the video succumbed to the group's pressure) in a non-threatening experiment where they don't even know anyone - compared to being out with peers, friends or teammates, and how much more difficult it is in those situations. See what the response is for the previous slide – it might be significantly higher than 60%.

Ask the students what they thought of the video and what they think they would have done?

## **Strategies for STEP 2**

**Interpret as a problem/emergency:**



- 1. Investigate an ambiguous event further - even if others appear unconcerned.**
- 2. Ask others what they think.**
- 3. Be mindful of peer pressure and be prepared to react to it.**
  - a. Have the confidence to TAKE A STAND.**
  - b. Choose to be respected rather than liked.**
- 4. If you are a victim, let someone know you need help!**

35

Discuss these strategies and talk about how situations can be complex and confusing - so we need to find out more.

- Have the strength to take a stand.
- Break through Pluralistic Ignorance.
- Break the Spiral of Silence.

Refer to “Brother’s Keeper” video, where the male student defied the group and went to check on the maintenance man and how the female student (Marie) in the conformity experiment withstood the pressure and said the right answer even though it was extremely hard for her.

## **Reasons Why People Don't Help**

### **Step 3: Assume Personal Responsibility**

- The main reason we don't:

#### ***Diffusion of Responsibility***

***Phenomenon whereby each bystander's sense of responsibility to help decreases as the number of witnesses increases. People incorrectly assume that someone else will help...but then NOBODY HELPS!***

36

**Challenges to Step 3** – Assume Personal Responsibility – includes:

**Diffusion of Responsibility** – A person's sense of responsibility to help decreases as the number of witnesses increases. People are more likely to help when they are alone than when others are present. (This was also discussed in the "Brother's Keeper" video - 80% help when alone, and only 20% help when others are present.)

Explain to your students that Diffusion of Responsibility is not bystander apathy. People may be truly concerned about the welfare of the victim but they sincerely believe that someone else will help because the person is either more likely or more qualified.

## **Strategies for STEP 3**

### **Assume Personal Responsibility**

- 1. Don't assume someone else will do something. Take it upon yourself to STEP UP!**
- 2. Publicly state your intention to help. You can decide later if intervention is unnecessary.**
- 3. Enlist others to STEP UP!**



37

1. Don't justify or rationalize away responsibility.
2. By verbalizing your intentions, you are more likely to follow through.
3. Engage others – I'll do A, you do B.



## **Reasons Why People Don't Help**

### **■ Step 4: Have the skills to intervene**

- Even when people successfully execute Steps 1-3 they still may not help! Why?**

**They don't know what to do/how to do it.**

**■ Emergency/Non-emergency**

**■ Direct/Indirect intervention**

38

**Challenges to Step 4 – Have the Skills to Intervene – include:**

- Not knowing what to do to intervene (knowledge).
- Not knowing how to intervene (skills).

Sometimes people may feel they lack knowledge or lack competence in a particular situation – they don't know what to do or how to do it, so they don't do anything. Remind students that intervention can be direct or indirect.

## Strategies for STEP 4

### Have the Skills to Help

1. **Learn skills/strategies to STEP UP, depending on the situation.**
2. **Practice the skills when possible - Be prepared.**



39

Encourage students to review **Strategies for Effective Helping, Section C**, for general helping techniques and ideas. There are also specific action steps in each topic area. Students don't have to be an expert in their interventions. They should consider alternatives and make thoughtful choices (*See Intervention Styles, Section C*), but if they see a problem they need to do SOMETHING.

Many times students say they don't know how to approach someone or what to say. In Part 2, there will be opportunities to develop and practice intervention scripts for each scenario (*see Appendix B, Scenario Worksheet/5 Point Formula*).

Emphasize to the students that just like in athletics, the more they practice something the more confident they become and probably the more willing they will be to do something.

*See the next slide for some examples.*

		Emergency	Non- Emergency
	Direct	<ul style="list-style-type: none"> <li>■ Take his/her keys away, drive the person home</li> <li>■ Remove the person from situation</li> <li>■ Administer CPR</li> </ul>	<ul style="list-style-type: none"> <li>■ Talk to person directly about the problem</li> </ul>
	Indirect	<ul style="list-style-type: none"> <li>■ Call 9-1-1</li> <li>■ Seek assistance from a professional</li> <li>■ Distract the people involved</li> <li>■ Enlist others</li> </ul>	<ul style="list-style-type: none"> <li>■ Speak to a coach, trainer, administrator or other professional</li> <li>■ Learn more</li> </ul>

40

Here are some possible examples for each case. Can the students think of more?

Again, emphasize that intervention does NOT need to be direct. It can also be indirect. Students need to know their limitations as a helper.

**Note:** Mention to the students if they cannot intervene immediately, they should not hesitate to talk to someone even after the fact (e.g. the next day.) Sometimes delayed intervention in non-emergencies can be just as effective.

## **Reasons Why People Don't Help**

### ■ **Step 5: Implement the Help: STEP UP!**

- Sometimes people **STILL** don't help. Why?

#### **Costs/Rewards**

- Perhaps it is dangerous or they perceive more costs than benefits for helping.
- \*Remember, there are also costs for not helping.



41

**Challenges to Step 5** – Implement the Help: STEP UP! - includes:  
Costs and Rewards - The assumption is that when bystanders decide on what actions to take they try to minimize costs and maximize rewards. Make the point that not intervening can sometimes be more costly than the perceived initial costs.

#### **Rewards student-athletes identified as to why they DID help:**

It was the right thing to do; Someone needed help; Someone might help me when I need it (norm of reciprocity); So the situation wouldn't escalate; To preserve the reputation of my group.

#### **Some costs might be a fear of:**

Retaliation; Misjudging the situation; Getting involved; Self endangerment; Intervention will not be effective; No allies/going against the group; Embarrassing themselves.

#### **Other Costs:**

Time

Lack of personal interest or connection to the behavior

## Focus on S.E.E.



### ■ **SAFE** Responding

- Choose a course of action (direct or indirect) that **best ensures** the safety of those involved.

### ■ **EARLY** Intervention

- Before it becomes a problem, crisis or disaster.

### ■ **EFFECTIVE** Helping

- Implement specific helping skills depending on the situation and avoid harmful helping.

### ➤ **Remember the Law of Delivery.**

42

## Introduce the S.E.E. Model when intervening

### **SAFE**

Emphasize to the students that we don't want them to try to be a "superhero" or they can make the situation worse. Reiterate that there are **direct and indirect** ways of helping. They need to know their limitations as a helper.

### **EARLY**

This is critical – Discuss how it's so much easier to help BEFORE something becomes a serious problem, crisis or disaster.

### **EFFECTIVE**

**See *Strategies for Effective Helping, Section C***, for both emergencies and non-emergencies.

Discuss the importance of **The Law of Delivery** – *To whom you say it (audience); What you say (content); When you say it (timing); Where you say it (location); Why you say it (evidence, reasoning and goals); How you say it (tone).*

**Life Guard Analogy** – tell the students that they are essentially a life guard – watching out for others and potentially saving lives.

## **From A Student-Athlete**

**“Catching problems before they arise is a huge success. Usually you know the problem people before going out so you can ID that way. For those you don’t know and the unknown circumstances, just watch for early signs in the party. It is not difficult to see – intuition is key. Once a problem starts, simply pulling the “victim” from the situation can work without even addressing what the issue at the time is. That way there is not direct confrontation at the scene.”**

43

This quote was taken from the survey. It addresses many of the ideas we have discussed and ties in nicely with the S.E.E. Model.

## **Strategies for STEP 5 Implement the Help**

- 1. If it is safe and you are willing to help, implement the most appropriate skills and strategies for the situation...and STEP UP!**
- 2. Be the first! Sometimes the actions of one can give strength and permission to others.**
- 3. Create shared and agreed upon standards of behavior and expectations within your team.**

44

1. Emphasize that they should carefully assess the situation before making any decision or taking any action.
2. Refer to the “Brother’s Keeper” video - at the end where the bystander they interviewed says that if others would have helped he would have but he didn’t want to be the first.
3. This one is critical for teams. Examples: We agree to not drink for X amount of time; we agree not to haze; we agree to watch what we say, etc. Emphasize strength in numbers!

**For an outstanding summary of the 5 Decision Making Steps, see *The Dovidio Summary, Appendix F*.**

## Other Factors That Affect Helping

- **Perspective Taking**
- **Obedience to Authority/Perceived Authority**



45

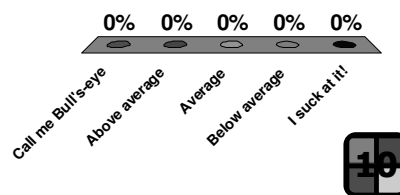
There are other factors that will affect whether or not someone will help:

- Perspective Taking
- Obedience to Authority/Perceived Authority



## How accurate do you think you are at judging how others are feeling?

1. **Call me Bull's-eye**
2. **Above average**
3. **Average**
4. **Below average**
5. **I suck at it!**



46

This will be a good lead into the next slide. Some of us can be pretty quick to judge others or think we know how others think/feel. On the next slide it may take awhile to see both images – talk about how it's not always as easy as we think.

## Perspective Taking: What do you see?



47

The picture on left shows an old lady AND a young lady. The picture on the right shows a lake/couple standing there AND a baby.

Some people will have seen these. For those that haven't it may take awhile but then you will hear something like, "Oh! Now I see...." The point is: it may take time to see a different perspective. Are you sure you know how others feel? You never know what "baggage" or history students bring with them to college. You may only see a small piece of their big puzzle.

Followers are focused inward and wonder, "How will this affect me?"

Leaders are focused outwardly and ask, "How will this affect others?"

Leaders seek first to understand, then to be understood (Covey, 1990).

Ask the students what these quotes/ideas mean to them and how it relates to what we are talking about.

## Perspective Taking

- **The ability to identify with the feelings, thoughts, and beliefs of another person.**
- **In order to take the perspective of another person:**
  - **Imagine how the person thinks and feels.**
  - **Imagine being in the same situation.**
  - **Imagine that you are the other person.**



48

Perspective Taking will be a key question in the scenarios that we will do later.

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 survey – 54% said they had witnessed a time when someone’s health and safety were in danger as a result of discrimination.

Perspective Taking ▷▶ Leads to Empathy ▷▶ Leads to Altruism

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



## ***Follow the Leader***

### **Part II: Milgram research**

49

This DATELINE video (7 minutes) about Obedience to Authority is about the ground breaking experiment Stanley Milgram did in 1964. For the full description of this experiment see *Appendix I*.

Discuss how this video relates to:

1. Hazing/Initiations – do older upperclassmen tell freshmen what to do? There is the obvious obedience to your coach, captains, etc. who have designated “authority” and there’s also the “perceived” authority of “I have to do what the upper classmen say” or “I think (based on my perceptions) that this is what I need to do to be accepted on this team.”
2. Perspective Taking – how would you feel if you were the subject or the confederate (accomplice) in this experiment?
3. Spiral of Silence and Pluralistic Ignorance – are you willing to speak up?

## Reasons We Didn't Intervene

- **Assumed it wasn't a problem**
  - Interpreting Event as Problem/Pluralistic Ignorance
- **It was none of my business**
  - Assuming Personal Responsibility
- **Assumed someone else would do something**
  - Diffusion of Responsibility/Accept Personal Responsibility
- **Believed others weren't bothered**
  - Pluralistic Ignorance
- **Didn't know when/how to intervene**
  - Possess Skills to Help
- **Felt my safety would be at risk**
  - Costs/Rewards

50

In the pilot survey we asked, if they had witnessed a problem, why they didn't help. These are the results.

Bring it all back together and discuss how these answers are exactly aligned with the research! The main bullet points are how the student-athletes answered, and the sub-bullet points are the concept or decision making step we have discussed in the presentation.

Ask how many of them would pick one (or more) of these reasons for not helping in their personal “snowball” scenario we did in the beginning?

Let them know that they are not “bad people” because they may not have helped in the past – we have seen in this presentation that many people don't. **But understanding why we don't help can make us more aware and more willing to help in the future.**

## **Reasons We Did Intervene**

- It was the right thing to do
- Teammates should look out for each other
- I would want someone to help me in that situation
- Someone needed help
- So the situation wouldn't escalate
- To preserve the reputation of my team

**INDIVIDUAL LEADERSHIP  
SHARED RESPONSIBILITY**

51

In the survey we asked, if they DID intervene, why did they? These were the top responses.

Discuss other reasons why someone might intervene (rewards)?

Talk about how the actions of ONE person (multiplied) can lead to a powerful group effect and culture change (ripple in water).

**BE THE FIRST!**

## **Other areas in which you can STEP UP!**

- **Academics**
- **Stress**
- **Disordered Eating/Body Image Issues**
- **Depression**
- **Substance Abuse**
- **Gambling**
- **Community Service**
- **Sportsmanship Issues**
- **Others?**



52

There are many different areas in which people can STEP UP! These are some (many of which are covered in the guide). Can the students think of others?

You can mention the sportsmanship example (May 2008) where 2 female student-athletes from Central Washington carried their opponent from Western Oregon around the bases after she hit a home run but tore her ACL and couldn't walk. It was described as "a home run trot that celebrated the collective human spirit far more than individual athletic achievement." (ESPN.com)

## **How Can We Increase Helping?**

- **Encourage/acknowledge prosocial, helping behaviors.**
- **Increase and optimize Decision Making Steps.**
- **Reduce inhibiting factors (pluralistic ignorance, conformity, diffusion of responsibility, etc.).**
- **Increase awareness and identification of risk factors.**
- **Make “in-group” more inclusive.**
- **Practice perspective taking.**
- **Increase knowledge, skills and confidence.**

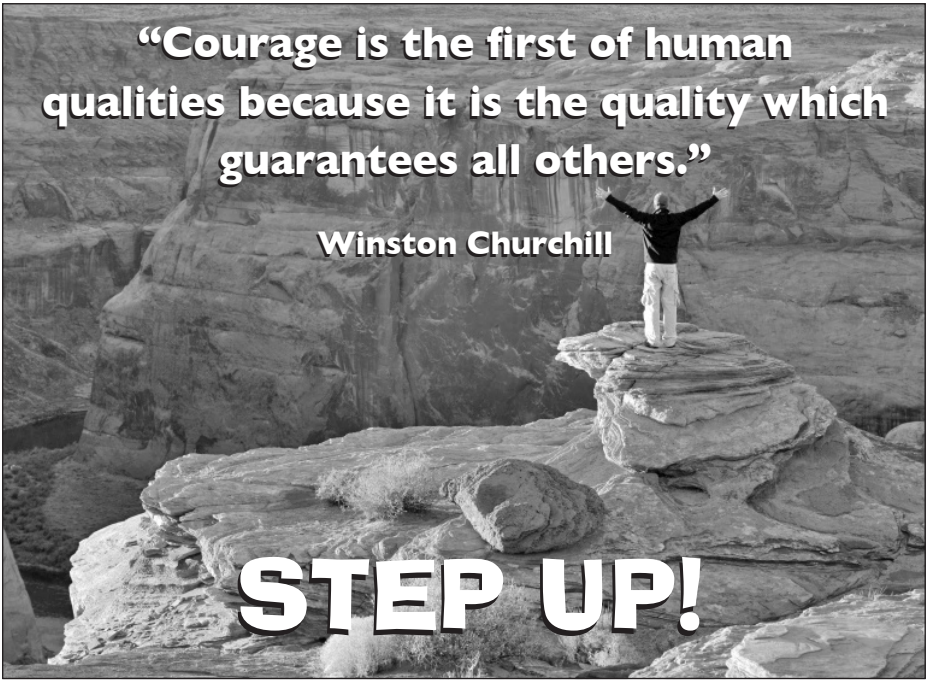
53

Talk about each of the ways we can increase helping/prosocial behavior.

“In-group” – If we believe that someone else is in a group to which we belong, we will have positive views of them and give them preferential treatment (help).

Encourage the students to consider all student-athletes as part of their “in-group” - to build those relationships and the student-athlete community as a whole.





**“Courage is the first of human qualities because it is the quality which guarantees all others.”**

**Winston Churchill**

**STEP UP!**

54

Discuss that, although all of this makes sense intuitively, it is still sometimes very difficult to STEP UP! It takes COURAGE. Let them know this is just a starting point. There are no easy fixes or cookie cutter answers. Remember the variables that affect helping: *individual, situational and victim* – **every situation and every person is different.**

Remind them that they are all in a position of influence and have an opportunity to make a difference. Encourage them to become stronger, better, and more confident each time they STEP UP! and to never fear the result of their best effort.

Next we will do scenarios and discuss practical, real life, applications.

**END PART ONE**



## Strategies for Effective Helping

### Section C

# STRATEGIES FOR EFFECTIVE HELPING

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

### 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 – teammate, counselor, administrator, coach.

**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 on the team. 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 team. I’d like to see you get some help – and sooner rather than later - at least talk to someone – either Coach Jones or even someone at our Counseling Center. You have so much to offer and the team 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 team - 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 teammate or another person:**

- ◆ “The team 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 care about them and are concerned about their behavior.
- Take care of yourself – it can be difficult on helpers as well.
- Follow up.

## Within Your Team

- 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 team and to achieving team goals.
- Empower teammates to STEP UP!
- Acknowledge and reinforce caring behaviors.
- Allow teammates to air thoughts/feelings.
- Practice skills and strategies to STEP UP!



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## 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:

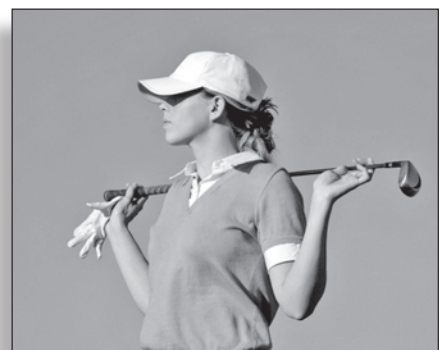
1. Don't get caught up in the moment
2. Don't one-up the person
3. Don't patronize

**Don't deal with content until you deal with emotion.**

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## 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.



# 5 Intervention Styles

(Adapted from Jeff Janssen's *Team Captain's Leadership Manual*)

## Turtle

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- Avoids interventions at all costs
- Believes problems will go away if ignored or thinks someone else will do something (diffusion of responsibility)
- Rationalizes inaction by saying it's "none of my business"
- Falls into pluralistic ignorance trap
- **Advantage:** By ignoring problems, little issues don't become bigger ones
- **Disadvantage:** Misses important times to intervene early
- **Turtles Need: COURAGE**



## Teddy Bear

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- Recognizes a problem exists (interprets situation as a problem) but is reluctant to act. Prioritizes relationships over doing what's right
- Has a dire need for approval
- May perceive costs as greater than rewards
- Intervention is more indirect and passive
- **Advantage:** Willing to assist
- **Disadvantage:** Overvalues need to be liked or to fit in. Gives in to peer pressure. May sacrifice intervention opportunity in order to preserve relationship
- **Teddy Bears Need: CONFIDENCE**



## Shark

---

- Willing to intervene but gives little or no thought to intervention methods
- Stubborn, headstrong, wants to "save the day"
- **Advantage:** Driven, really do want to help. Best in clear-cut emergencies
- **Disadvantage:** Too aggressive; Insensitive; Can make situations worse
- **Sharks Need: PERSPECTIVE**



## Fox

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- Willing to intervene and considers the best approach using the S.E.E. model. (Safe, Early, Effective)
- Sees through pluralistic ignorance. Vocalizes opinion and expresses true feelings
- Does not give in to peer pressure
- Understands and encourages Value Based Decisions
- **Advantage:** Intervenes using all 5 Decision-Making Steps
- **Disadvantage:** Can sometimes compromise relationship and goals
- **Foxes Need: EXPERIENCE**



## Owl

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- Does all that a Fox does AND considers other people's perspective
- Empathetic, altruistic, and respectful
- Finds solutions that no one else has considered
- **Advantage:** Creative problem solver. **Most successful and effective interventions.**
- **Disadvantage:** Rare!





# 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 teammate, even for a short period of time, may cost them (and you) in more ways than one. While it is important to support your teammates, 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 teammate but rather assisting in their future troubles.

*Please see the worksheet in Appendix B for an example.*

## STEP UP!



# THE 5 CORE QUESTIONS

During our training we will be discussing various topics. Please consider the following 5 Core Questions for situations in which you may need to intervene. More topic specific questions follow in each section. (*Also see Appendix B, Scenario Worksheet.*)

1. What is the goal?
2. Discuss the Five Decision Making Steps:
  - a) **Notice the Event** (At what point could you notice?)
  - b) **Interpret it as Problem/Emergency** (What are the red flags?)
  - c) **Assume Personal Responsibility** (What could you do?)
  - d) **Have the Skills to Intervene** (What knowledge/skills are necessary?)
  - e) **Implement the Help - STEP UP!** (What are direct and indirect ways to help?)
3. What could you do to make the intervention Safe, Early, and Effective?
4. Costs/Rewards - What are the benefits of intervening? What are some costs? What are some costs of NOT intervening?
5. Perspective Taking - How would you feel if you were the “victim”?  
What would you be thinking? What would you want others to do for you?

Also, consider what other bystander behavior factors could be involved in certain circumstances (pluralistic ignorance, conformity, diffusion of responsibility, etc.)

team teaching a system  
work cooperatively to  
single group of students  
**team-work** (tēm'wərk')  
which individual intere  
ciency; coordinated eff  
with a team  
tea party a social gath

[illegible]



**Scenarios with Considerations,  
Action Steps and Resources**

**Section D**

# TIME OUT

**Facilitators: Please read the following to the “Helpers” about to begin the training. Helpers can be student-athletes, coaches, administrators, trainers, etc.**

TIME OUT is an activity that allows STEP UP! members to 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 helpers 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 Life Skills Coordinator.
- 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, Section C.*) Please continue to talk to your Life Skills Coordinator 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 TIME OUT scenarios to practice intervention and attending skills. The goal is to create realistic scenarios where all helpers 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 helpers. If you notice something that warrants follow up regarding their participation, please follow up promptly.



# SCENARIOS

1

1. Break your students into groups.
2. Give each group a different scenario and each student a worksheet (*Appendix B, Scenario Worksheet*).
3. Based on the scenario with which they are presented, have them fill out the worksheet and then discuss in their small group. Then they can present their group findings to the larger group.

Selecting which topics to address can either be a pre-session decision by the facilitator or a group decision by the students (*see next slide*.) You can also role play the scenarios, or simply role play the “scripts” that the students will come up with for each scenario (*see The 5 Point Formula on the worksheet provided*.)

As you go through the scenarios, see which ones your students would feel comfortable intervening in, which ones would be more difficult for them and why?

**In my opinion, the 5 biggest issues  
facing student-athletes today are:**

- |    |                              |
|----|------------------------------|
| 0% | 1. <b>Drinking Too Much</b>  |
| 0% | 2. <b>Hazing</b>             |
| 0% | 3. <b>Relationship Abuse</b> |
| 0% | 4. <b>Discrimination</b>     |
| 0% | 5. <b>Eating Disorders</b>   |
| 0% | 6. <b>Gambling</b>           |
| 0% | 7. <b>Sexual Assault</b>     |
| 0% | 8. <b>Depression</b>         |
| 0% | 9. <b>Anger issues</b>       |



2

Audience Response Systems allow you to rank order or weigh your responses. You could also determine ahead of time which topics to address or have your students choose if you do not have an ARS.

At the Pac-10 Leadership Forum (Spring 2008), from 34 participants the top 5 responses were:

1. Drinking Too Much (30)
2. Depression (29)
3. Eating Disorders (24)
4. Hazing (20)
5. Discrimination (19)

## **Scenario I**

### **Alcohol**

**Some upperclassmen are hosting a party. Some freshmen have confided in you that they don't drink and aren't huge "partiers" but since it's their teammates and they want to make a good impression, 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. You know the danger of consuming alcohol quickly and are concerned. Teammates 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?**

3

\*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 team have rules about alcohol? Do you have rules amongst yourselves during the season? Do you personally make the choice to not drink during the season? Why or why not?
3. Do team 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 student-athletes are? What are some things you could do to diminish this?

## CONSIDERATIONS FOR ATHLETES

**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

*Firth, G. & Manzo, L. (2004)*

### **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](http://www.arizona.edu/students/echug/php) - (See if your University has its own ECHUG site.)
- Campus Counseling Center
- Campus Health Center

### National

- NCAA ATOD Resources - [www.ncaa.org/health-safety](http://www.ncaa.org/health-safety)
- Substance Abuse and Mental Health Services Administration - [www.ncadi.samhsa.gov](http://www.ncadi.samhsa.gov)
- Substance Abuse Hotline - [www.hazelden.org](http://www.hazelden.org)
- Alcohol Screening - [www.alcoholscreening.org](http://www.alcoholscreening.org)



## **Scenario 2**

### **Alcohol Poisoning**

**You are at a party when someone runs up to you and screams for you to come to a room because your teammate is not breathing. You go to the room and there are lots of empty alcohol bottles and cups around. The other student is hysterical about the passed out individual drinking too much at the party. You see that the person's breathing is irregular and the person is cold and clammy. What do you do?**

# ALCOHOL POISONING

## QUESTIONS

1. 94% of SA 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 athletic 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

- Substance Abuse and Mental Health Services Administration - [www.ncadi.samhsa.gov](http://www.ncadi.samhsa.gov)
- Substance Abuse Hotline - [www.hazelden.org](http://www.hazelden.org)



## **Scenario 3**

### **Hazing**

**You are on Facebook and see some of your teammates' 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 team 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?**

5

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 student-athletes' 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](http://www.stophazing.org)).**

## QUESTIONS

1. How many would now consider a team 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 being a student-athlete impact a hazing situation (alcohol consumption, water chugging, high risk activities AFTER alcohol consumption)?
5. Does your team 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 of athletes 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 team/athletic department/university?
- ◆ Will this activity increase long term feelings of friendship between new and initiated members of the team?
- ◆ Take the perspective of your parents – would they be proud? Your Coach? Athletic Director? 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* – Athletes 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...?

- Student-athletes 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 students 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 teammates/captains about your concerns.
7. Talk to an administrator/coach/trainer, etc.
8. Come up with new activities that promote team 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?

### Quote from the survey:

*“In terms of hazing, something that I am strongly opposed to, as a senior I had the ability to dictate whether any initiation activities would go on and used my standing as a senior captain to put to rest any negative hazing activities, and instead started new traditions that involved bringing the team together rather than forcing people into awkward situations.”*

## RESOURCES

### Local

- 9-1-1 Campus Police
- Campus Hazing hotline
- Dean of Students
- Life Skills Director
- Coach/Assistant Coach/Athletic Directors/Administrators/Advisors/ Trainers

### National

- NCAA Handbook - Building New Traditions – Hazing Prevention in College Athletics - [www.ncaa.org/health-safety](http://www.ncaa.org/health-safety)
- Stop Hazing - [www.stophazing.org](http://www.stophazing.org)
- Haze The Movie - [www.hazethemovie.com](http://www.hazethemovie.com)
- Hazing Prevention - [www.nhpw.com](http://www.nhpw.com)
- Alfred University - [www.alfred.edu/sports\\_hazing/](http://www.alfred.edu/sports_hazing/)
- College Athletes Gone Wild - [www.sports.espn.go.com/broadband/video/video?id=2991868](http://www.sports.espn.go.com/broadband/video/video?id=2991868)



## **Scenario 4**

### **Sexual Assault**

**You are at a party. During the past hour you notice one of your male friends has been talking to a young woman. They seem to be having a good time but it is clear that the woman has had too much to drink. At one point your friend walks by you and you hear him say he is just going to get her “one more” and “that should be enough.” A few minutes later you see him put his arm around the young woman and start to lead her upstairs. What do you do?**

6

# 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-athlete? If yes, how so?
5. Are athletes negatively affected by the standards (to be tough, aggressive, etc.) set by coaches, teammates, parents, and, most importantly, themselves? Do you believe aggression in sport settings can lead to sexual assaults? Why and how?
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 on your team or in the athletic 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, including student athletes. While there is little consistent data to suggest that athletes commit these crimes more often than non-athletes, numerous mediated events around the issues of sexual assault have recently focused on athletes. Media focuses on the high profile athlete because they are considered ‘newsworthy.’ With that said, it is very important as team members that athletes engage in appropriate sexual boundaries, STEP UP! and intervene in an effort to decrease the incidences of sexual assault within our own 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
- Athletic Psychologist
- Life Skills Director
- Hall Director if in the dorms
- Coaches/Athletics Directors

### National

- The Rape, Abuse & Incest National Network (RAINN) - [www.rainn.org](http://www.rainn.org) 1-800-656-HOPE (4673)
- National Sexual Violence Resource Center - [www.nsvrc.org](http://www.nsvrc.org) 1-877-739-3895 (toll free)
- Male Survivor - [www.malesurvivor.org](http://www.malesurvivor.org) 1-800-738-4181
- Mentors in Violence Prevention - [www.sportinsociety.org/mvp/index.php](http://www.sportinsociety.org/mvp/index.php)
- Men Can Stop Rape - [www.mencanstoprape.org](http://www.mencanstoprape.org)



## **Scenario 5**

### **Relationship Abuse/Violence**

**You and a teammate 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?**

7

Since the student-athlete 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](http://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](http://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 the athletic 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 teammates’ 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](http://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.
7. Be aware of your tone of voice and volume. Stay calm.
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

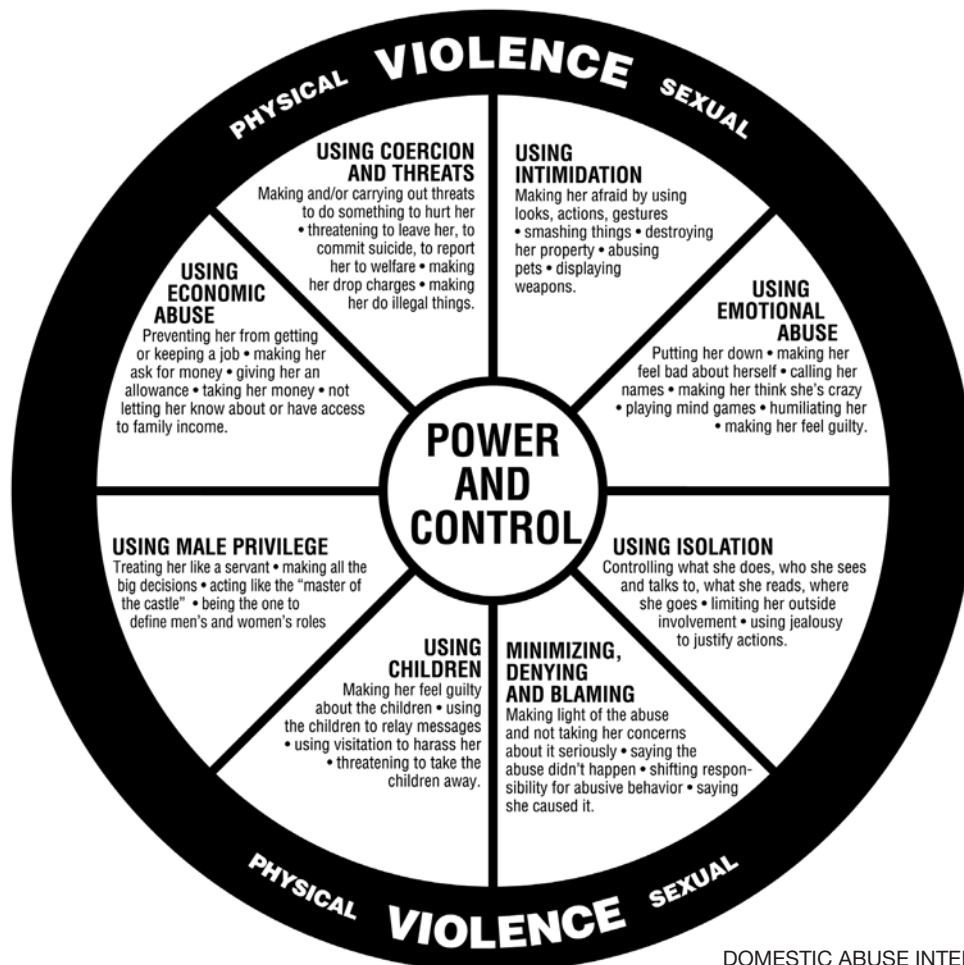
### Local

- 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

- Athletics Psychologist
- Hall Director if in the dorms
- Campus Counseling and Psychological Services
- Life Skills Director

## National

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



DOMESTIC ABUSE INTERVENTION PROJECT  
[www.duluth-model.org/documents/PhyVio.pdf](http://www.duluth-model.org/documents/PhyVio.pdf)

## **Scenario 6**

### **Discrimination**

**You are hanging out with teammates and one of them makes a very insulting and derogatory remark about someone's alleged sexual orientation. They go on to sarcastically say that they definitely won't be rooming with *them* on road trips. You find it inappropriate. What do you do?**

8

**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](http://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 student-athletes 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 LGBT 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., coach/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 (e.g., “Men are naturally gifted athletes”) or negative (“Student-athletes are not serious about school”). 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 hoers” (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:**
  - a. Change negative beliefs (stereotypes).
  - b. Change negative attitudes/emotions (prejudice).
  - c. 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 student-athletes 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

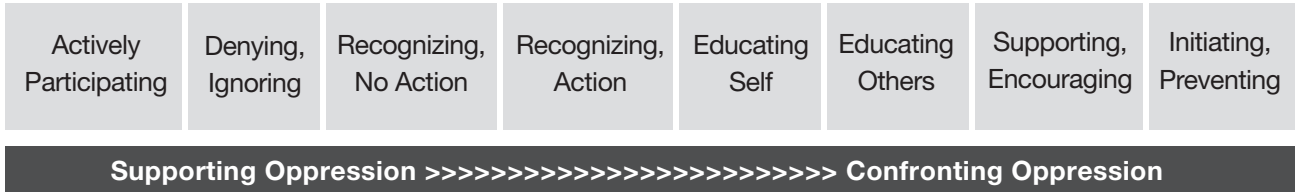
### Local

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

### National

- NCAA Diversity and Inclusion - [www.ncaa.org/wps/ncaa?ContentID=7](http://www.ncaa.org/wps/ncaa?ContentID=7)
- Understanding Prejudice - [www.understandingprejudice.org](http://www.understandingprejudice.org)
- Teaching Tolerance - [www.tolerance.org](http://www.tolerance.org)
- 10 Ways to Fight Hate on Campus - [www.tolerance.org/campus/index.jsp](http://www.tolerance.org/campus/index.jsp)
- The Civil Rights Coalition for the 21st Century - [www.civilrights.org](http://www.civilrights.org)
- Project Implicit - <https://implicit.harvard.edu/implicit>
- Gender Public Advocacy Coalition - [www.gpac.org](http://www.gpac.org)
- American Civil Liberties Union – [www.aclu.org](http://www.aclu.org)
- Anti Defamation League – [www.arc.org](http://www.arc.org)
- Gay and Lesbian Alliance Against Defamation (GLADD) – [www.gladd.org](http://www.gladd.org)
- Human Rights Watch – [www.hrw.org](http://www.hrw.org)
- Mavin Foundation – [www.mavinfoundation.org](http://www.mavinfoundation.org)
- National Association for the Advancement of Colored People – [www.naacp.org](http://www.naacp.org)
- National Organization for Women – [www.now.org](http://www.now.org)
- Southern Poverty Law Center (SPLC) – [www.splcenter.org](http://www.splcenter.org)
- The Women’s Sports Foundation - [www.womenssportsfoundation.org](http://www.womenssportsfoundation.org)

# THE ACTION CONTINUUM



**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.

Adams, M., Bell, L., & Griffin, P. (1997). *Teaching for diversity and social justice: A sourcebook*. New York: Routledge.



## **Scenario 7**

### **Depression**

**You notice a teammate has been very down lately, more so than circumstances might dictate. Friends have also come to you about changes in his/her behavior. This person has become withdrawn and is not as active and social as before. You have become concerned. What do you do?**

9

# 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 an "athlete"?
4. What would you do if you could not play your sport anymore?
5. How could this situation impact you and the athletic community?

## CONSIDERATIONS/WARNING SIGNS

Athletes many times 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:***

- Significant events – death, divorce, abuse, transitions/life changes, loss of romantic relationship/ friendship – Now what? Who am I?
- Stress/Pressure – Academic, Athletic, Personal, Financial
- Injury – short or long term. Other medical conditions
- Identity as a person – too much of their identity is tied to being an "athlete"
- Failure to live up to personal or external expectations
- Significant change in team status
- Problems with coaches/teammates/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-mutilation.
- Giving away possessions.
- Lack of coping skills.

### Did you know...?

- Depression can increase a student-athlete'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
- Athletics Psychologist
- Coaches
- Athletic Trainer
- Life Skills Director
- Hall Director if in the dorms

### National

- NCAA Mental Health Resources - [www.ncaa.org/health-safety](http://www.ncaa.org/health-safety)
- NCAA Mental Health Guide (See your Life Skills Coordinator or Athletic Trainer)
- Nathan's Story - [www.web1.ncaa.org/web\\_video/health\\_and\\_safety/NathansStory/index.html](http://www.web1.ncaa.org/web_video/health_and_safety/NathansStory/index.html)
- Half Of Us - [www.halfofus.com](http://www.halfofus.com)
- Help Guide - [www.helpguide.org](http://www.helpguide.org)
- Mental Health Screening - [www.mentalhealthscreening.org](http://www.mentalhealthscreening.org)
- The Jed Foundation - [www.jedfoundation.org](http://www.jedfoundation.org)
- Depression and Bipolar Support Alliance - [www.dbsalliance.org](http://www.dbsalliance.org)
- Suicide Prevention Hotline - [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)
- QPR - Question, Persuade, Refer - [www.qprinstitute.com](http://www.qprinstitute.com)
- National Mental Health Information Center - [www.mentalhealth.samhsa.gov/databases](http://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 8**

### **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?**

10

Because the student-athlete 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](http://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 athletic community issue? 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; sport body stereotypes; revealing uniforms; competitive thinness; pressures associated with sport life.

**Rationalizations** – Athletics is sometimes used to “legitimize” an eating disorder by the persons explaining their symptoms (dieting, excessive exercise, etc.) as a way of becoming better athletes or to perform better. They sometimes get away with this because of the similarity between good athlete traits and eating disorder symptoms. 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
- Athletics Psychologist
- Athletic Trainers
- Life Skills Director

### **National**

- NCAA Coaches Handbook - Managing the Female Triad
- International Olympic Committee Position Stand on the Female Athlete Triad - [multimedia.olympic.org/pdf/en\\_report\\_917.pdf](http://multimedia.olympic.org/pdf/en_report_917.pdf)
- Female Athlete Triad - [www.femaleathletetriad.org](http://www.femaleathletetriad.org)
- NCAA Nutrition and Performance - [www.ncaa.org/nutritionandperformance](http://www.ncaa.org/nutritionandperformance)
- National Eating Disorders Association (NEDA) - [www.nationaleatingdisorders.org](http://www.nationaleatingdisorders.org)
- National Osteoporosis Foundation - [www.nof.org](http://www.nof.org)
- Sports, Cardiovascular and Wellness Nutritionists (SCAN) - [www.scandpg.org](http://www.scandpg.org)
- Academy for Eating Disorders (AED) - [www.aedweb.org](http://www.aedweb.org)
- American College of Sports Medicine - [www.acsm.org](http://www.acsm.org)
- American Dietetic Association (ADA) - [www.eatright.org](http://www.eatright.org)
- The Renfrew Center Foundation - [www.renfrew.org](http://www.renfrew.org)
- Eating Issues/Body Image Continuum - (*See next page*)  
[www.health.arizona.edu/health\\_topics/nutrition/eating/continuum2.pdf](http://www.health.arizona.edu/health_topics/nutrition/eating/continuum2.pdf)
- Bloomington Center for Counseling and Development - [www.bloomington-eating-disorders.com](http://www.bloomington-eating-disorders.com)
- National Association of Anorexia Nervosa and Associated Disorders - [www.anad.org](http://www.anad.org)





# Eating Issues & Body Image

Where

do you fit?

The Eating Issues and Body Image Continuum represents the range of eating behaviors and attitudes towards food and body image. The majority of people try to function in the two categories on the far left that reflect high self-esteem and physical health: Concerned Well and Not An Issue. However, people can move from one category to another depending on changes that occur in their self-esteem and attitudes toward food and body image. Also, an individual can be in one category for food and in another category for body image.

continuum

I am not concerned about what others think regarding what and how much I eat.

When I am upset or depressed I eat whatever I am hungry for without any guilt or shame.

I feel no guilt or shame no matter how much I eat or what I eat.

Food is an important part of my life, but only occupies a small part of my time.

I trust my body to tell me what and how much to eat.

I pay attention to what I eat in order to maintain a healthy body.

I may weigh more than what I like, but I enjoy eating and balance my pleasure with eating with my concern for a healthy body.

I am moderate and flexible in goals for eating well.

I try to follow Dietary Guidelines for healthy eating.

I think about food a lot.

I feel I don't eat well most of the time.

It's hard for me to enjoy eating with others.

I feel ashamed when I eat more than others or more than what I feel I should be eating.

I am afraid of getting fat.

I wish I could change how much I want to eat and what I am hungry for.

I have tried diet pills, laxatives, vomiting or extra time exercising in order to lose or maintain my weight.

I have fasted or avoided eating for long periods of time in order to lose or maintain my weight.

I feel strong when I can restrict how much I eat.

Eating more than I wanted to makes me feel out of control.

I regularly stuff myself and then exercise, vomit, use diet pills or laxatives to get rid of the food or calories.

My friends/family tell me I am too thin.

I am terrified of eating fat.

When I let myself eat, I have a hard time controlling the amount of food I eat.

I am afraid to eat in front of others.

FOOD IS NOT AN ISSUE

BODY OWNERSHIP

Body image is not an issue for me.

My body is beautiful to me.

My feelings about my body are not influenced by society's concept of an ideal body shape.

I know that the significant others in my life will always find me attractive.

I trust my body to find the weight it needs to be at so I can move and feel confident of my physical body.

CONCERNED WELL

BODY ACCEPTANCE

I base my body image equally on social norms and my own self-concept.

I pay attention to my body and my appearance because it is important to me, but it only occupies a small part of my day.

I nourish my body so it has the strength and energy to achieve my physical goals.

I am able to assert myself and maintain a healthy body without losing my self-esteem.

FOOD PREOCCUPIED/OBSESSED

BODY PREOCCUPIED/OBSESSED

I spend a significant time viewing my body in the mirror.

I spend a significant time comparing my body to others.

I have days when I feel fat.

I am preoccupied with my body.

I accept society's ideal body shape and size as the best body shape and size.

I'd be more attractive if I was thinner, more muscular, etc....

DISRUPTIVE EATING PATTERNS

DISTORTED BODY IMAGE

I spend a significant amount of time exercising, and dieting to change my body.

My body shape and size keeps me from dating or finding someone who will treat me the way I want to be treated.

I have considered changing or have changed my body shape and size through surgical means, so I can accept myself.

I wish I could change the way I look in the mirror.

EATING DISORDERED

BODY HATE/DISASSOCIATION

I often feel separated and distant from my body - as if it belongs to someone else.

I hate my body and I often isolate myself from others.

I don't see anything positive or even neutral about my body shape and size.

I don't believe others when they tell me I look OK.

I hate the way I look in the mirror.

Society-Klein, Avey, & Grunbaum Health Services  
Original authors: C. Klein, P. Grunbaum, M. Avey, and P. Health  
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THE UNIVERSITY OF ARIZONA



## **Scenario 9**

### **Gambling**

**A teammate 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-athlete may be gambling?
4. Do you think it should be illegal for student-athletes 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

In 2004 the NCAA conducted a gambling behavior survey among 21,000 student-athletes attending more than 1,000 colleges and universities nationwide, representing more than 2,000 teams.

### The NCAA study confirmed:

- Nearly 70% of male student-athletes reported gambling in the past year versus 47% among females.
- About 35% of males and 10% of females admitted to wagering on a sporting event in the past year, which is a direct violation of NCAA bylaws regarding sports wagering.
- Twenty percent (20%) of males and 5% of females bet on collegiate sporting events in the past year, even though if caught they would be banned from playing at an NCAA school for the rest of their lives.
- 22% of male athletes and 6% of female student-athletes also admitted betting on football pools or with a bookie.
- Among Division I, II and III male student-athletes, 17% were classified as “potential problem gamblers or worse” versus 3% among their female counterparts.
- Overall, less than 5% of males and one-half of 1% of females were categorized as problem or compulsive gamblers.
- Problem gamblers are also more likely to be in sexual relationships, have multiple sexual partners and engage in risky sexual behavior. They are also more commonly associated with consuming increased amounts of alcohol.

Stevin Smith was an All Pac-10 Conference point guard from 1991-1994, twice leading his team to the NCAA tournament. However, he is best known for being a central figure in one of the worst point shaving scandals to hit college basketball in the last 50 years. During his senior season, Smith and a teammate took part in a conspiracy with fellow student and bookmaker Benny Silman to fix four games during the 1993-94 season, originally saying it was because of a gambling debt. Following the end of his prison term he publicly confessed they both had agreed to fix the games and had lied to escape a longer prison term. Silman received an extended 4-year sentence because of this (compared to Smith's 10 months).

### **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 teammates 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
- Athletics Psychologist
- Life Skills Director
- Trainers
- Coach/Assistant Coach
- Athletic Directors/Administrators/Advisors

### National

- NCAA Don't Bet On It - [www.ncaa.org/gambling/dontbetonit/2004.pdf](http://www.ncaa.org/gambling/dontbetonit/2004.pdf)
- National Council on Problem Gambling - [www.ncpgambling.org](http://www.ncpgambling.org)

## **Scenario 10**

### **Anger Issues**

**You and a few teammates are at a party when someone begins insulting you (for being athletes, for a team's performance, etc.) Despite everyone's best effort to ignore these obnoxious comments, you can see one of your teammates is becoming more and more irritated. He has a history of losing his temper. What do you do?**

# ANGER ISSUES/FIGHTING

## 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 student-athletes? Why?
5. Is anger an athletic community issue? 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” as a student-athlete, is it hard to turn it off when you are away from your sport? Why or why not?

## CONSIDERATIONS

In the athletic world, 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**

- Anger Management Resource Directory - [www.angermanagementresources.org](http://www.angermanagementresources.org)



# SUMMARY

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 the athletic department 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 student-athletes’ sites?
8. Do you think people are “snitches” if they talk to someone (a coach, 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?





Discuss once again the Circle of Influence – Who will influence them? Whom will they influence?

Ask your students: What will you say or do the next time you notice a problem? A Chinese proverb states, “The journey of a thousand miles starts with a single step.” It isn’t always easy to STEP UP! But take that first step. If you can help one person, in one situation, you have made a difference. Emphasize strength in numbers – a few people making a difference, and then a few more and a few more...will add up to a significant difference! As we mentioned in the beginning of this training – the success of this program will depend on you (the students). You are the catalyst for change and for making a positive difference.

Discuss possible “Next Steps” for them: In the next day/week/month/year (Student-athletes have a fill-in-the-blank response area to this question in their guide.)

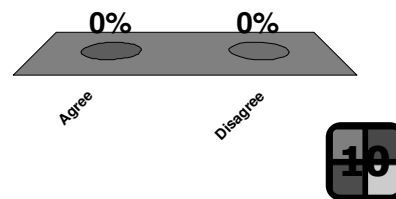
**Ideas:**

Talking to someone; learning more about a topic; helping someone in need; conducting a team meeting; making others aware of and trained in STEP UP!, etc.

*Also, see Appendix A, Activities, Start, Stop, Continue and The STEP UP! Challenge.*

**I commit that the next time I am  
confronted with a problematic situation  
I will STEP UP!**

1. **Agree**
2. **Disagree**



13

Tell your students they can/should add this training to their resume.  
(i.e., Certified in STEP UP! Bystander Intervention Training).

**END OF PART 2**

**END OF TRAINING**

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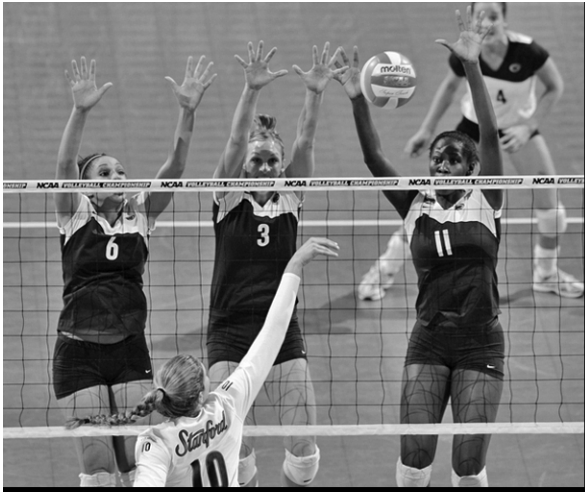
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## Appendices

### Section E



# 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](http://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 teammates 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...

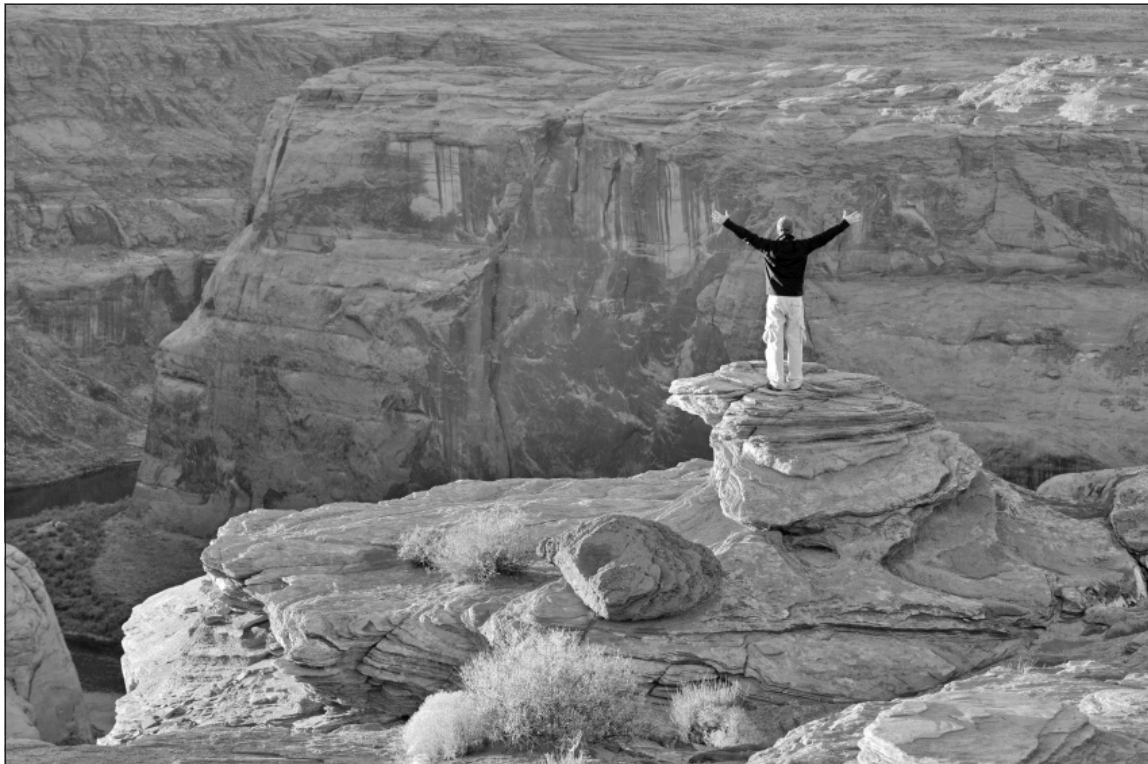
As an intervener in non-emergency situations, I would like to:

- 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 goal?
2. Discuss the Five Decision Making Steps:
  - a) **Notice the Event** (At what point could you notice?)
  - b) **Interpret it as Problem/Emergency** (What are the red flags?)
  - c) **Assume Personal Responsibility** (What could you do?)
  - d) **Have the Skills to Intervene** (What knowledge/skills are necessary?)
  - e) **Implement the Help - STEP UP!** (What are direct and indirect ways to help?)
3. What could you do to make the intervention Safe, Early and Effective?
4. Costs/Rewards – What are the benefits of intervening? What are some costs? What are some costs of NOT intervening?
5. Perspective Taking - How would you feel if you were the “victim”?  
What would you be thinking? What would you want others to do for you?

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

	List the Benefits	List the Costs	Value 0 (none) - 10 (high)
In 5 minutes			Benefit Value = Cost Value=
In 1 hour			Benefit Value = Cost Value=
In 6 hours			Benefit Value = Cost Value=
In 1 day			Benefit Value = Cost Value=
In 1 week			Benefit Value = Cost Value=
In 1 month			Benefit Value = Cost Value=
In 1 year			Benefit Value = Cost Value=

If I choose **not** to: \_\_\_\_\_ name the behavior

	List the Benefits	List the Costs	Value 0 (none) - 10 (high)
In 5 minutes			Benefit Value = Cost Value=
In 1 hour			Benefit Value = Cost Value=
In 6 hours			Benefit Value = Cost Value=
In 1 day			Benefit Value = Cost Value=
In 1 week			Benefit Value = Cost Value=
In 1 month			Benefit Value = Cost Value=
In 1 year			Benefit Value = Cost Value=

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## SAMPLE WORKSHEET

If I choose to: \_\_\_\_\_ drink until I get drunk \_\_\_\_\_ (name the behavior)

	List the Benefits	List the Costs	Value 0 (none) - 10 (high)
<b>In 5 minutes</b>	Relaxed Acceptance by Peers Taste	None	Benefit Value = 8  Cost Value = 0
<b>In 1 hour</b>	Having a good time Forget about problems	Impaired decision making abilities	Benefit Value = 8  Cost Value = 5
<b>In 6 hours</b>	Little to None	Could put self and others at risk Nauseous/vomiting Impaired sleep	Benefit Value = 1  Cost Value = 8
<b>In 1 day</b>	Brag about it to friends	Hangover Skipped class, bad practice Prevents recovery from workout Second hand effect on others	Benefit Value = 1  Cost Value = 8
<b>In 1 week</b>	None	Decrease physical and mental acuity ⇒ Decrease in performance in school and sport. Get out of routine and behind in things	Benefit Value = 0  Cost Value = 9
<b>In 1 month</b>	None	Heal slower Still making up for lost time	Benefit Value = 0  Cost Value = 9
<b>In 1 year</b>	None	Possible DUI on record Possible Suspension/Dismissal from team	Benefit Value = 0  Cost Value = 10

**Total B = 18 C = 49**

If I choose **not** to \_\_\_\_\_ drink until I get drunk \_\_\_\_\_

	List the Benefits	List the Costs	Value 0 (none) - 10 (high)
<b>In 5 minutes</b>	Pride Self Control	Teased by peers Insecure; More self conscious	Benefit Value = 4  Cost Value = 8
<b>In 1 hour</b>	In control	Not fitting in with group Bored Alienation or "attitude" from peers	Benefit Value = 5  Cost Value = 8
<b>In 6 hours</b>	Clear head Sound mind Able to drive	Little – party is pretty much over	Benefit Value = 8  Cost Value = 2
<b>In 1 day</b>	Good nights sleep, well rested Productive academically and athletically More focus	0	Benefit Value = 9  Cost Value = 0
<b>In 1 week</b>	Keep routine Maintain training and study schedule	0	Benefit Value = 9  Cost Value = 0
<b>In 1 month</b>	Don't have to play catch up Consistent optimal performance More energy	0	Benefit Value = 9  Cost Value = 0
<b>In 1 year</b>	No regrets	0	Benefit Value = 9  Cost Value = 0

**Total B = 53 C = 18**

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# APPENDIX C

## PILOT SURVEY

Sample Size:

All	Male	Female	Fresh	Soph	Junior	Senior
297	71	226	87	91	64	50

Demographics:

	%
Male	23.9
Female	76.1
Transgender	0
Freshman	29.3
Sophomore	30.6
Junior	21.5
Senior	16.8
Graduate Student	1.7
Caucasian	73.0
African American	7.8
Hispanic	4.4
Native American	0
Asian/Pacific Islander	4.7
Multi-cultural	10.1
University of Arizona	44.8
University of California Riverside	24.6
University of Virginia	30.6

1

For each of the following tables, if statistically significant differences between groups were found they are listed below the table.

1. As a student athlete, I see myself as a leader.

	All	Male	Female	Fresh	Soph	Junior	Senior
% indicated agree or strongly agree	91.2	90.9	91.2	87.4	90.9	96.8	91.3

Freshmen < Juniors (p=.045)

2. As a student athlete, I think others see me as a leader in the following areas (% indicated agree or strongly agree):

	All	Male	Female	Fresh	Soph	Junior	Senior
As a role model to peers (i.e., other college students)	90.8	89.4	91.2	92.0	89.8	88.7	93.5
As a role model to younger students (i.e., high school or younger)	97.2	97.0	97.2	97.6	98.9	96.8	93.5
As a campus opinion leader	52.7	45.5	54.9	46.5	54.5	52.5	60.9
As a leader in social settings	79.8	81.8	79.2	75.6	81.8	79.0	84.8

3. As a student athlete (% indicated agree or strongly agree):

	All	Male	Female	Fresh	Soph	Junior	Senior
a. It is my responsibility to intervene when I notice a problematic situation.	66.5	63.1	67.6	64.7	62.1	65.0	80.4
b. I need to set an example in my own behavior for what I expect of others.	97.5	95.4	98.1	98.8	96.6	98.4	95.7
c. I feel no need to get involved in problematic situations.	39.1	42.4	38.1	40.0	47.7	32.3	30.4

a. Sophomores < Seniors (p=.030)

4. On average, how often during the school year do you witness the following situations (% indicated witnessed at least once):

	All	Male	Female	Fresh	Soph	Junior	Senior
a. Someone who has had too much to drink.	97.7	100.0	97.0	98.8	96.3	98.3	97.5
b. Hazing	51.3	55.6	50.0	49.4	53.7	46.6	57.5
c. Someone being taken advantage of sexually	31.7	24.2	34.0	40.0	28.9	26.3	27.5
d. Verbal mistreatment/harassment based on gender, race, class, sexual orientation, etc.	67.3	69.8	66.5	65.9	62.7	72.4	72.5

2

5. How much does it bother you when you observe the following behaviors (% indicated somewhat to extreme amount):

	All	Male	Female	Fresh	Soph	Junior	Senior
a. Someone who has had too much to drink.	61.3	54.0	63.5	63.5	50.6	63.8	75.0
b. Hazing	80.2	66.7	84.5	82.1	72.3	85.7	85.0
c. Someone being taken advantage of sexually	99.2	98.4	99.5	100.0	97.6	100.0	100.0
d. Verbal mistreatment/harassment based on gender, race, class, sexual orientation, etc.	96.6	88.7	99.0	96.5	95.2	96.6	100.0

- a. Sophomores < Seniors (p=.010)
- b. Males < Females (p=.002)
- d. Males < Females (p=.000)

6. How often do these situations make you feel uncomfortable (% indicated at least once):

	All	Male	Female	Fresh	Soph	Junior	Senior
a. Someone who has had too much to drink.	74.8	55.6	80.8	74.1	69.9	75.9	85.0
b. Hazing	49.0	44.3	50.5	49.4	46.9	51.8	48.7
c. Someone being taken advantage of sexually	56.2	49.2	58.3	64.3	52.5	45.5	61.5
d. Verbal mistreatment/harassment based on gender, race, class, sexual orientation, etc.	74.0	77.6	73.0	75.0	71.3	73.2	78.9

- a. Males < Females (p=.000)
- c. Freshmen > Juniors (p=.028)

7. How often do you witness these situations and feel someone's health and safety are in jeopardy (% indicated at least once):

	All	Male	Female	Fresh	Soph	Junior	Senior
a. Someone who has had too much to drink.	93.5	91.7	94.1	95.3	91.4	94.7	92.3
b. Hazing	28.7	21.7	30.8	36.5	17.3	32.1	30.8
c. Someone being taken advantage of sexually	41.2	35.0	43.0	50.6	32.1	36.4	46.2
d. Verbal mistreatment/harassment based on gender, race, class, sexual orientation, etc.	55.1	55.7	55.0	61.2	52.4	52.6	51.3

- b. Freshmen > Sophomores (p=.005); Sophomores < Juniors (p=.043)
- c. Freshmen > Sophomores (p=.016)

3

8. How much do you think GENERAL STUDENTS are bothered when they observe the following behaviors (% indicated somewhat to extreme amount):

	All	Male	Female	Fresh	Soph	Junior	Senior
a. Someone who has had too much to drink.	42.0	40.3	42.5	41.0	40.2	39.7	51.3
b. Hazing	55.0	50.0	56.5	51.8	57.3	55.2	56.4
c. Someone being taken advantage of sexually	92.0	90.3	92.5	92.8	95.1	89.7	87.2
d. Verbal mistreatment/harassment based on gender, race, class, sexual orientation, etc.	86.5	85.5	86.9	84.3	87.5	82.8	94.9

9. How much do you think STUDENT ATHLETES are bothered when they observe the following behaviors (% indicated somewhat to extreme amount):

	All	Male	Female	Fresh	Soph	Junior	Senior
a. Someone who has had too much to drink.	67.8	61.3	69.8	72.1	65.9	71.9	56.4
b. Hazing	68.6	61.3	70.8	69.8	70.7	71.9	56.4
c. Someone being taken advantage of sexually	95.5	95.2	95.5	93.0	98.8	93.0	97.4
d. Verbal mistreatment/harassment based on gender, race, class, sexual orientation, etc.	93.1	91.9	93.5	90.7	97.5	87.7	97.4

- d. Sophomores > Juniors (p=.023)

10. In general, how often does someone actually DO something to intervene when the following occur (% indicated occasionally to almost every time):

	All	Male	Female	Fresh	Soph	Junior	Senior
a. Someone who has had too much to drink.	78.2	75.8	79.0	77.6	80.2	77.2	76.9
b. Hazing	51.2	48.3	52.0	48.2	53.8	48.2	56.4
c. Someone being taken advantage of sexually	83.8	83.3	83.9	83.5	82.3	83.9	87.2
d. Verbal mistreatment/harassment based on gender, race, class, sexual orientation, etc.	75.9	75.0	76.1	73.8	79.5	73.2	76.9

4



11. How much do you think something SHOULD be done in the following situations (% indicated somewhat to extreme amount):

	All	Male	Female	Fresh	Soph	Junior	Senior
a. Someone who has had too much to drink.	92.0	85.2	94.1	91.9	90.1	93.1	94.9
b. Hazing	88.9	75.4	93.0	89.4	87.7	93.0	84.6
c. Someone being taken advantage of sexually	99.2	100.0	99.0	100.0	100.0	98.2	97.4
d. Verbal mistreatment/harassment based on gender, race, class, sexual orientation, etc.	98.5	96.7	99.0	100.0	98.8	96.5	97.4

a. Males < Females (p=.025)

b. Males < Females (p=.000)

12. When observing the following behaviors, I am most likely to respond in the following ways (select ONE thing you would most likely do for EACH situation).

a. Someone who has had too much to drink (% who indicated yes):

	All	Male	Female	Fresh	Soph	Junior	Senior
1. Join in	.4	1.6	0	0	1.2	0	0
2. Do nothing	6.8	12.9	5.0	7.0	7.3	8.9	2.6
3. Talk to an administrator, coach or other professional staff member	16.7	4.8	20.4	12.8	19.5	14.3	23.1
4. Talk to a friend, teammate or other student	31.6	27.4	32.8	32.6	28.0	39.3	25.6
5. Try to stop it	44.5	53.2	41.8	47.7	43.9	37.5	48.7

2. Males > Females (p=.031)

3. Males < Females (p=.004)

b. Hazing (% who indicated yes):

	All	Male	Female	Fresh	Soph	Junior	Senior
1. Join in	4.5	9.7	3.0	3.5	6.1	5.3	2.6
2. Do nothing	16.7	22.6	14.9	19.8	17.1	19.3	5.1
3. Talk to an administrator, coach or other professional staff member	3.0	3.2	3.0	2.3	3.7	0	7.7
4. Talk to a friend, teammate or other student	36.4	32.3	37.6	34.9	37.9	38.6	33.3
5. Try to stop it	39.4	32.3	41.6	39.5	35.4	36.8	51.3

2. Males > Females (p=.027); Freshmen > Seniors (p=.035); Juniors > Seniors (p=.046)

3. Juniors < Seniors (p=.033)

c. Someone being taken advantage of sexually (% who indicated yes):

	All	Male	Female	Fresh	Soph	Junior	Senior
1. Join in	2.7	6.7	1.5	3.5	3.7	1.8	0
2. Do nothing	27.3	35.0	25.0	32.9	27.2	20.0	25.6
3. Talk to an administrator, coach or other professional staff member	18.5	11.7	20.5	15.3	22.2	21.8	12.8
4. Talk to a friend, teammate or other student	31.9	23.3	34.5	25.9	28.4	38.2	43.6
5. Try to stop it	19.6	23.3	18.5	22.4	18.5	18.2	17.9

2. Males > Females (p=.030)

4. Freshmen < Seniors (p=.049)

d. Verbal mistreatment/harassment based on gender, race, class, sexual orientation, etc. (% who indicated yes):

	All	Male	Female	Fresh	Soph	Junior	Senior
1. Join in	0	0	0	0	0	0	0
2. Do nothing	2.3	1.6	2.5	3.5	1.2	3.6	0
3. Talk to an administrator, coach or other professional staff member	24.8	9.7	29.5	22.1	32.9	21.4	18.4
4. Talk to a friend, teammate or other student	20.2	14.5	22.0	23.3	13.4	23.2	23.7
5. Try to stop it	52.7	74.2	46.0	51.2	52.4	51.8	57.9

3. Males < Females (p=.002)

5. Males > Females (p=.000)

13. Think of a time when you witnessed the situations listed below. If you did NOT intervene, please indicate the reason why (Check ALL responses that apply for EACH situation):

a. Assumed it wasn't a problem (% who indicated yes):

	All	Male	Female	Fresh	Soph	Junior	Senior
1. Someone who has had too much to drink.	48.6	48.6	48.6	57.5	50.5	40.6	40.0
2. Hazing	25.0	34.3	22.1	29.9	27.5	15.6	24.0
3. Someone being taken advantage of sexually	3.1	2.9	3.2	3.4	6.6	0	0
4. Verbal mistreatment/harassment based on gender, race, class, sexual orientation, etc.	8.9	15.7	6.8	11.5	8.8	6.3	8.0

- 1. Freshmen > Juniors (p=.041); Freshmen > Seniors (p=.049)
- 2. Males > Females (p=.040); Freshmen > Juniors (p=.042)
- 3. Sophomores > Juniors (p=.036)
- 4. Males > Females (p=.022)

b. Was afraid of embarrassing myself (% who indicated yes):

	All	Male	Female	Fresh	Soph	Junior	Senior
1. Someone who has had too much to drink.	11.6	10.0	12.2	17.2	8.8	10.9	8.0
2. Hazing	8.2	7.1	8.6	8.0	7.7	10.9	6.0
3. Someone being taken advantage of sexually	3.4	5.7	2.7	3.4	3.3	4.7	2.0
4. Verbal mistreatment/harassment based on gender, race, class, sexual orientation, etc.	10.6	11.4	10.4	14.9	7.7	10.9	8.0

c. Assumed someone else would do something (% who indicated yes):

	All	Male	Female	Fresh	Soph	Junior	Senior
1. Someone who has had too much to drink.	35.3	34.3	35.6	40.2	40.7	26.6	28.0
2. Hazing	14.0	11.4	14.9	17.2	14.3	9.4	14.0
3. Someone being taken advantage of sexually	11.6	8.6	12.6	14.9	14.3	10.9	2.0
4. Verbal mistreatment/harassment based on gender, race, class, sexual orientation, etc.	15.1	11.4	16.2	21.8	15.4	12.5	6.0

- 3. Freshmen > Seniors (p=.016); Sophomores > Seniors (p=.020)
- 4. Freshmen > Seniors (p=.015)

7

d. Believed that others aren't bothered (% who indicated yes):

	All	Male	Female	Fresh	Soph	Junior	Senior
1. Someone who has had too much to drink.	24.7	17.1	27.0	25.3	24.2	26.6	22.0
2. Hazing	18.5	17.1	18.9	21.8	19.8	9.4	22.0
3. Someone being taken advantage of sexually	3.8	2.9	4.1	2.3	3.3	7.8	2.0
4. Verbal mistreatment/harassment based on gender, race, class, sexual orientation, etc.	12.3	11.4	12.6	14.9	15.4	12.5	2.0

- 2. Freshmen > Juniors (p=.042)
- 4. Freshmen > Seniors (p=.016); Sophomores > Seniors (p=.014); Juniors > Seniors (p=.039)

e. Was afraid my teammates/friends would not approve/support me (% who indicated yes):

	All	Male	Female	Fresh	Soph	Junior	Senior
1. Someone who has had too much to drink.	12.0	12.9	11.7	14.9	5.5	17.2	12.0
2. Hazing	12.0	10.0	12.6	13.8	9.9	15.6	8.0
3. Someone being taken advantage of sexually	3.4	2.9	3.6	2.3	2.2	6.3	4.0
4. Verbal mistreatment/harassment based on gender, race, class, sexual orientation, etc.	7.2	5.7	7.7	8.0	4.4	14.1	2.0

- 1. Freshmen > Sophomores (p=.037); Sophomores < Juniors (p=.018)
- 4. Sophomores < Juniors (p=.033); Juniors > Seniors (p=.024)

f. Felt that my involvement could put my safety at risk (% who indicated yes):

	All	Male	Female	Fresh	Soph	Junior	Senior
1. Someone who has had too much to drink.	14.0	11.4	14.9	16.1	17.6	9.4	10.0
2. Hazing	9.6	5.7	10.8	13.8	8.8	9.4	4.0
3. Someone being taken advantage of sexually	15.1	7.1	17.6	21.8	12.1	9.4	16.0
4. Verbal mistreatment/harassment based on gender, race, class, sexual orientation, etc.	21.2	11.4	24.3	25.3	20.9	17.2	20.0

- 3. Males < Females (p=.034); Freshmen > Juniors (p=.042)
- 4. Males < Females (p=.021)

8

g. Didn't know WHEN to intervene (% who indicated yes):

	All	Male	Female	Fresh	Soph	Junior	Senior
1. Someone who has had too much to drink.	22.6	8.6	27.0	27.6	20.9	23.4	16.0
2. Hazing	11.3	7.1	12.6	18.4	12.1	4.7	6.0
3. Someone being taken advantage of sexually	15.4	14.3	15.8	20.7	11.0	15.6	14.0
4. Verbal mistreatment/harassment based on gender, race, class, sexual orientation, etc.	17.5	11.4	19.4	21.8	12.1	23.4	12.0

1. Males < Females (p=.001)
2. Freshmen > Juniors (p=.012); Freshmen > Seniors (p=.043)

h. Didn't know HOW to intervene (% who indicated yes):

	All	Male	Female	Fresh	Soph	Junior	Senior
1. Someone who has had too much to drink.	24.0	15.7	26.6	31.0	18.7	23.4	22.0
2. Hazing	18.8	11.4	21.2	28.7	17.6	18.8	4.0
3. Someone being taken advantage of sexually	20.5	11.4	23.4	21.8	25.3	17.2	14.0
4. Verbal mistreatment/harassment based on gender, race, class, sexual orientation, etc.	20.2	7.1	24.3	23.0	13.2	29.7	16.0

2. Freshmen > Seniors (p=.000); Sophomores > Seniors (p=.021); Juniors > Seniors (p=.017)
3. Males < Females (p=.030)
4. Males < Females (p=.002); Sophomores < Juniors (p=.011)

i. Lack of confidence to intervene (% who indicated yes):

	All	Male	Female	Fresh	Soph	Junior	Senior
1. Someone who has had too much to drink.	10.6	7.1	11.7	16.1	9.9	7.8	6.0
2. Hazing	7.5	4.3	8.6	12.6	5.5	6.3	4.0
3. Someone being taken advantage of sexually	8.2	4.3	9.5	13.8	7.7	6.3	2.0
4. Verbal mistreatment/harassment based on gender, race, class, sexual orientation, etc.	11.6	4.3	14.0	17.2	9.9	12.5	4.0

3. Freshmen > Seniors (p=.023)
4. Males < Females (p=.028); Freshmen > Seniors (p=.024)

j. It was none of my business (% who indicated yes):

	All	Male	Female	Fresh	Soph	Junior	Senior
1. Someone who has had too much to drink.	37.0	27.1	40.1	42.5	38.5	32.8	30.0
2. Hazing	18.8	11.4	21.2	21.8	19.8	14.1	18.0
3. Someone being taken advantage of sexually	12.0	5.7	14.0	16.1	9.9	10.9	10.0
4. Verbal mistreatment/harassment based on gender, race, class, sexual orientation, etc.	16.8	22.9	14.9	14.9	19.8	18.8	12.0

1. Males < Females (p=.050)

k. Fear of retaliation (% who indicated yes):

	All	Male	Female	Fresh	Soph	Junior	Senior
1. Someone who has had too much to drink.	14.4	11.4	15.3	17.2	8.8	18.8	14.0
2. Hazing	9.2	8.6	9.5	9.2	8.8	12.5	6.0
3. Someone being taken advantage of sexually	10.6	7.1	11.7	12.6	6.6	12.5	12.0
4. Verbal mistreatment/harassment based on gender, race, class, sexual orientation, etc.	16.8	10.0	18.9	16.1	12.1	20.3	22.0

14. I believe if someone had stepped up and intervened, a negative situation/outcome could have been avoided (% indicated occasionally to almost every time):

	All	Male	Female	Fresh	Soph	Junior	Senior
a. Someone who has had too much to drink.	84.3	80.0	85.6	80.7	81.3	88.7	92.1
b. Hazing	74.2	73.3	74.5	69.9	76.3	74.5	78.9
c. Someone being taken advantage of sexually	87.6	91.5	86.3	85.4	87.3	88.0	92.1
d. Verbal mistreatment/harassment based on gender, race, class, sexual orientation, etc.	88.0	86.4	88.5	86.7	86.3	92.0	89.5

15. I feel I have the skills to intervene in the following situations (% indicated agree or strongly agree):

	All	Male	Female	Fresh	Soph	Junior	Senior
a. Someone who has had too much to drink.	90.0	88.3	90.5	91.9	83.8	89.1	100.0
b. Hazing	63.2	74.6	59.8	54.7	68.4	58.2	78.9
c. Someone being taken advantage of sexually	77.6	90.0	73.9	75.6	81.3	72.7	81.6
d. Verbal mistreatment/harassment based on gender, race, class, sexual orientation, etc.	83.5	86.7	82.6	81.4	85.9	79.6	89.2

a. Sophomores < Seniors (p=.008); Juniors < Seniors (p=.035)

b. Males > Females (p=.039); Freshmen < Seniors (p=.010); Juniors < Seniors (p=.037)

c. Males > Females (p=.009)

16. I would like to learn skills to intervene when the following incidents occur (% indicated agree or strongly agree):

	All	Male	Female	Fresh	Soph	Junior	Senior
a. Someone who has had too much to drink.	75.7	55.9	81.6	78.3	72.5	79.6	71.1
b. Hazing	74.6	52.5	81.2	73.8	77.5	77.8	65.8
c. Someone being taken advantage of sexually	85.5	69.5	90.4	86.9	83.8	88.9	81.6
d. Verbal mistreatment/harassment based on gender, race, class, sexual orientation, etc.	83.6	67.8	88.3	86.9	80.0	87.0	78.9

For all four items, Males < Females (p=.000)

17. With regard to these issues, have you ever done something to intervene that was successful? If yes, please describe the situation and what you did.

A total of 96 examples were provided (6 of these general comments rather than about a specific incident). The majority of the comments were about drinking (73) with 4 about hazing, 13 about someone being taken advantage of sexually and 6 about mistreatment/harassment. Note that some students mentioned several issues, thus this totals to more than 96.

For those who mentioned when someone has too much to drink, the most frequent types of intervention included:

	#
Encourage them to stop drinking (or took their drink away)	36
Stayed with them to insure that they would be alright	23
Made sure they had a safe ride or took them home	17
Gave them food or other beverages to reduce intoxication	10
Talked to them about their concern for them	6
Removed them from the situation	6
Took their keys	5

One individual mentioned that he/she had spoken to the coach regarding concern for a teammate's drinking.

18. If you have intervened in any of these situations, please explain WHY you chose to intervene (Check ALL responses that apply to EACH situation):

a. To preserve the reputation of the team (% who indicated yes):

	All	Male	Female	Fresh	Soph	Junior	Senior
1. Someone who has had too much to drink.	41.1	25.7	45.9	43.7	39.6	34.4	48.0
2. Hazing	14.0	11.4	14.9	13.8	12.1	14.1	18.0
3. Someone being taken advantage of sexually	12.0	12.9	11.7	14.9	9.9	12.5	10.0
4. Verbal mistreatment/harassment based on gender, race, class, sexual orientation, etc.	16.4	17.1	16.2	17.2	17.6	20.3	8.0

1. Males < Females (p=.003)

b. It was the right thing to do (% who indicated yes):

	All	Male	Female	Fresh	Soph	Junior	Senior
1. Someone who has had too much to drink.	59.9	54.3	61.7	63.2	58.2	57.8	60.0
2. Hazing	18.5	15.7	19.4	20.7	16.5	20.3	16.0
3. Someone being taken advantage of sexually	33.2	37.1	32.0	42.5	24.2	35.9	30.0
4 .Verbal mistreatment/harassment based on gender, race, class, sexual orientation, etc.	42.1	37.1	43.7	47.1	34.1	53.1	34.0

3. Freshmen > Sophomores (p=.009)

4. Sophomores < Juniors (p=.018); Juniors > Seniors (p=.042)

c. So a teammate wouldn't get in trouble with the coach (% who indicated yes):

	All	Male	Female	Fresh	Soph	Junior	Senior
1. Someone who has had too much to drink.	39.0	38.6	39.2	40.2	37.4	35.9	44.0
2. Hazing	11.3	8.6	12.2	11.5	11.0	9.4	14.0
3. Someone being taken advantage of sexually	5.5	7.1	5.0	5.7	5.5	4.7	6.0
4 .Verbal mistreatment/harassment based on gender, race, class, sexual orientation, etc.	8.2	7.1	8.6	11.5	6.6	9.4	4.0

d. So the situation wouldn't escalate (% who indicated yes):

	All	Male	Female	Fresh	Soph	Junior	Senior
1. Someone who has had too much to drink.	47.6	38.6	50.5	55.2	41.8	45.3	48.0
2. Hazing	14.0	10.0	15.3	14.9	11.0	12.5	20.0
3. Someone being taken advantage of sexually	21.2	21.4	21.2	31.0	17.6	18.8	14.0
4 .Verbal mistreatment/harassment based on gender, race, class, sexual orientation, etc.	24.7	32.9	22.1	31.0	19.8	32.8	12.0

3. Freshmen > Sophomores (p=.036); Freshmen > Seniors (p=.026)

4. Freshmen > Seniors (p=.012); Juniors > Seniors (p=.009)

13

e. Someone needed help (% who indicated yes):

	All	Male	Female	Fresh	Soph	Junior	Senior
1. Someone who has had too much to drink.	52.7	51.4	53.2	57.5	52.7	46.9	52.0
2. Hazing	10.3	7.1	11.3	11.5	11.0	7.8	10.0
3. Someone being taken advantage of sexually	27.1	22.9	28.4	34.5	24.2	25.0	22.0
4 .Verbal mistreatment/harassment based on gender, race, class, sexual orientation, etc.	26.7	27.1	26.6	31.0	20.9	34.4	20.0

f. It was easy to help (% who indicated yes):

	All	Male	Female	Fresh	Soph	Junior	Senior
1. Someone who has had too much to drink.	37.0	37.1	36.9	37.9	37.4	43.8	26.0
2. Hazing	3.4	5.7	2.7	1.1	5.5	1.6	6.0
3. Someone being taken advantage of sexually	7.5	10.0	6.8	8.0	6.6	10.9	4.0
4 .Verbal mistreatment/harassment based on gender, race, class, sexual orientation, etc.	14.0	15.7	13.5	18.4	8.8	21.9	6.0

1. Juniors > Seniors (p=.050)

4. Freshmen > Seniors (p=.043); Sophomores < Juniors (p=.022); Juniors > Seniors (p=.018)

g. Because others expected me to (% who indicated yes):

	All	Male	Female	Fresh	Soph	Junior	Senior
1. Someone who has had too much to drink.	17.5	12.9	18.9	14.9	17.6	17.2	22.0
2. Hazing	5.1	4.3	5.4	4.6	5.5	4.7	6.0
3. Someone being taken advantage of sexually	8.6	15.7	6.3	9.2	9.9	7.8	6.0
4 .Verbal mistreatment/harassment based on gender, race, class, sexual orientation, etc.	9.2	11.4	8.6	9.2	6.6	14.1	8.0

3. Males > Females (p=.014)

14

h. It makes me feel good to help (% who indicated yes):

	All	Male	Female	Fresh	Soph	Junior	Senior
1. Someone who has had too much to drink.	39.7	28.6	43.2	43.7	41.8	29.7	42.0
2. Hazing	9.9	10.0	9.9	11.5	8.8	6.3	14.0
3. Someone being taken advantage of sexually	17.8	17.1	18.0	21.8	17.6	15.6	14.0
4 .Verbal mistreatment/harassment based on gender, race, class, sexual orientation, etc.	21.6	18.6	22.5	24.1	16.5	29.7	16.0

1. Males < Females (p=.029)

4. Sophomores < Juniors (p=.050)

i. I would want someone to help me in that situation (% who indicated yes):

	All	Male	Female	Fresh	Soph	Junior	Senior
1. Someone who has had too much to drink.	50.7	41.4	53.6	52.9	45.1	54.7	52.0
2. Hazing	15.1	14.3	15.3	16.1	11.0	14.1	22.0
3. Someone being taken advantage of sexually	26.0	20.0	27.9	31.0	23.1	26.6	22.0
4 .Verbal mistreatment/harassment based on gender, race, class, sexual orientation, etc.	28.8	25.7	29.7	32.2	22.0	37.5	24.0

4. Sophomores < Juniors (p=.035)

j. I related to the person's experience (% who indicated yes):

	All	Male	Female	Fresh	Soph	Junior	Senior
1. Someone who has had too much to drink.	28.8	32.9	27.5	29.9	31.9	28.1	22.0
2. Hazing	3.4	7.1	2.3	2.3	3.3	1.6	8.0
3. Someone being taken advantage of sexually	8.6	7.1	9.0	11.5	9.9	6.3	4.0
4 .Verbal mistreatment/harassment based on gender, race, class, sexual orientation, etc.	15.8	18.6	14.9	14.9	14.3	21.9	12.0

2. Males > Females (p=.050)

15

k. To impress others (% who indicated yes):

	All	Male	Female	Fresh	Soph	Junior	Senior
1. Someone who has had too much to drink.	3.4	1.3	3.2	3.4	2.2	4.7	4.0
2. Hazing	.7	2.9	0	0	1.1	0	2.0
3. Someone being taken advantage of sexually	1.7	1.4	1.8	0	4.4	1.6	0
4 .Verbal mistreatment/harassment based on gender, race, class, sexual orientation, etc.	3.4	1.4	4.1	2.3	4.4	6.3	0

2. Males > Females (p=.011)

3. Freshmen < Sophomores (p=.048)

1. I think teammates should look out for each other (% who indicated yes):

	All	Male	Female	Fresh	Soph	Junior	Senior
1. Someone who has had too much to drink.	59.2	55.7	60.4	64.4	52.7	59.4	62.0
2. Hazing	19.5	15.7	20.7	21.8	13.2	21.9	24.0
3. Someone being taken advantage of sexually	25.0	24.3	25.2	31.0	18.7	29.7	20.0
4 .Verbal mistreatment/harassment based on gender, race, class, sexual orientation, etc.	29.1	28.6	29.3	31.0	22.0	42.2	22.0

4. Sophomores < Juniors (p=.007); Juniors > Seniors (p=.023)

16

## SUMMARY OF DATA:

Most student athletes consider themselves to be leaders (91.2%) and think others see them as role models for peers (90.8%) and younger students (97.2%) and, to a lesser extent, as leaders in social settings (79.8%). The vast majority feels they need to set an example with their own behaviors (97.5%) and 66.5% (80.4% of seniors) feel it is their responsibility to intervene when they notice a problem.

Almost all respondents indicated they had witnessed someone who has had too much to drink at least once in the school year (97.7%) with the average number of times being weekly. Two-thirds indicated they had witnessed mistreatment/harassment and approximately half had witnessed hazing (average number of times for both of these was once). One-third had witnessed someone being taken advantage sexually (average was none). There were no differences on the basis of class or gender.

Students were most bothered when they observed mistreatment/harassment (96.6%; average response extreme amount) and someone being taken advantage sexually (99.2%; average response extreme amount) followed by hazing (80.2%; average response of somewhat). Over half (61.3%; average response of somewhat) were bothered by observing someone who has had too much to drink (75.0% of seniors). Females were bothered more than males regarding hazing and mistreatment/harassment. This same pattern occurred for perceptions of general students and student athletes. Individuals reported being bothered more than they think other student athletes are bothered and they think student athletes are bothered more than general students.

Situations of mistreatment/harassment and someone who has had too much to drink made students uncomfortable (74.0% and 74.8% respectively; average number of times was several times/semester for both). About half were uncomfortable with hazing and seeing someone being taken advantage of sexually (49.0% [average times was 0] and 56.2% [average times was once] respectively). Most had witnessed someone who had too much too drink and were concerned about safety (93.5%; average number of times was several times/semester). About half were also worried about safety regarding mistreatment/harassment (average times was once).

When asked how often someone actually does something in each of the four situations, three-fourths indicated this was true for all behaviors but hazing (51.2%). The average response was occasionally for all behaviors except when someone is being taken advantage of sexually (average response was frequently). The vast majority felt that something should be done in each of the situations (from 88.9% for hazing to 99.2% for when someone is being taken advantage of sexually). The average response for when someone has too much to drink and hazing was frequently; the average response for when someone is being taken advantage of sexually and mistreatment/harassment was almost always.

Few indicated that they would join in, regardless of the behavior they were observing. Students were more likely to try to stop someone when they had too much to drink (44.5%) and when there was verbal mistreatment/harassment (52.7%). About one-third would talk to a friend, teammate or other student about all situations except mistreatment/harassment (20.2%).

When asked why they did not intervene when they witnessed these four situations, “assumed it wasn’t a problem” was the most frequent response for when someone had too much to drink (48.6%) and hazing (25.0%). The most frequent reason for not intervening when someone was being taken advantage of sexually was “didn’t know how to intervene (20.5%).” For mistreatment/harassment, the most frequent responses were “felt involvement could put their safety at risk (21.2%)” and “didn’t know how to intervene (20.2%).”

A majority indicated that if someone had intervened in each of the four situations a negative situation/outcome could have been avoided (from 74.2% for hazing to 88.0% for mistreatment/harassment). The average frequency for when someone had too much to drink and hazing was occasionally while the average was frequently for the other two situations.

Most felt they had the skills to intervene when someone had too much to drink (90.0%) and when there was mistreatment/harassment (83.5%). About three-quarter felt they had the skills to intervene when someone was being taken advantage of sexually and about two thirds felt they had the skills to intervene in hazing. A majority indicated that they would like to learn skills to intervene (from 74.6% for hazing to 85.5% for when someone is being taken advantage of sexually). For all four situations, females were significantly more likely to be interested in learning new skills than males. There were no differences on the basis of class.

When asked why they intervened, the most frequent responses for when someone had too much to drink were: It was the right thing to do (59.9%); “I think teammates should look out for each other (59.2%)”; “someone needed help (52.7%)” and “I would want someone to help me in that situation (50.7%).” For hazing, the most common reasons were: “I think teammates should look out for each other (19.5%)” and “I would want someone to help me in that situation (15.1%).” The most common reasons for intervening when someone is being taken advantage of sexually were: “It was the right thing to do (33.2%)”; “someone needed help (27.1%)” and “I would want someone to help me in that situation (26.0%).” For mistreatment/harassment, the most common reasons were: “It was the right thing to do (42.1%)”; “I think teammates should look out for each other (29.1%)” and “I would want someone to help me in that situation (28.8%).”

Overall, most students are witnessing each of the four situations and are bothered by these incidents. Most feel that others are bothered and more should be done to intervene. While many feel they have some skills to intervene and report doing so (especially when someone has had too much to drink), many (over three-quarters) also expressed interest in learning new skills for intervening in these situations. This data supports the need for bystander training for the student athlete population.

# APPENDIX D

## 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.

**Group Think** – 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 E

## 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



# APPENDIX F

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

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

# APPENDIX G

## 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.

*Please refer to **Strategies for Effective Helping, Section C**, for further information.*



# APPENDIX H

## KITTY GENOVESE 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 I

## 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 inflict 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.

# APPENDIX J

## STEP UP! Post Test and Evaluation

1. **The bystander effect refers to the finding that:**
  - a. bystanders will be more likely to help when they feel they are competent to do so.
  - b. the greater the number of bystanders, the less likely individuals are to help.
  - c. people in crowds are distracted, so they don't interpret emergencies correctly.
  - d. witnesses to an emergency are more likely to help victims similar to them.
2. **According to the presentation, the first step in deciding to help in an emergency is:**
  - a. pluralistic ignorance.
  - b. noticing the event.
  - c. knowing what to do.
  - d. taking responsibility.
3. **The phenomenon in which each bystander's sense of responsibility to help decreases as the number of witnesses increases best defines:**
  - a. diffusion of responsibility.
  - b. pluralistic ignorance.
  - c. failure to help.
  - d. inadequate preparation.
4. **Using the stage model of the decisions bystanders make before helping (or not helping) in an emergency, which of the following is NOT one of the stages in the model?**
  - a. notice the event
  - b. altruism
  - c. assuming responsibility
  - d. implementing the help
5. **When we conform to others' behaviors or attitudes because we believe that their interpretations of an ambiguous situation are more accurate than ours, \_\_\_\_\_ has occurred.**
  - a. educated conformity
  - b. normative social influence
  - c. informational social influence
  - d. unintended social influence

6. When people conform in attitudes or behaviors in order to be accepted and liked by others, social psychologists say that \_\_\_\_\_ has occurred.
- a. contagion
  - b. informational social influence
  - c. social approval
  - d. normative social influence
7. The S.E.E. model stands for
- a. Super, Easy, Effective
  - b. Safe, Early, Effective
  - c. Superb, Excellent, Efficient
  - d. Splendid, Extraordinary, Essential
8. Perspective Taking is when you:
- a. Imagine how a person thinks/feels
  - b. Imagine being in the same situation
  - c. Imagine you are the other person
  - d. All of the above
9. Value Based Decisions take into account which of the following (mark all that apply):
- a. Immediate Costs/Benefits
  - b. Long term Costs/Benefits
  - c. Others that might be affected (teammates, coaches, university, etc.)
  - d. Getting others to STOP AND THINK
  - e. All of the above
10. The most effective interventions come from which Intervention “Style”?
- a. Fox
  - b. Teddy Bear
  - c. Owl
  - d. Turtle
  - e. Shark

**The BEST thing about STEP UP! training was:**

**The thing that most needs improvement is:**



**I would recommend STEP UP! training to others:**

YES \_\_\_\_\_ NO \_\_\_\_\_

**The following parts of the training were effective:**

**PowerPoint Presentation (Part 1)**

YES \_\_\_\_\_ NO \_\_\_\_\_

**Videos**

YES \_\_\_\_\_ NO \_\_\_\_\_

**Scenarios/Discussion (Part 2)**

YES \_\_\_\_\_ NO \_\_\_\_\_

**Other Comments:**

***THANK YOU FOR YOUR PARTICIPATION IN STEP UP!***

***Please cover up the answers if the Post-Test will be used for hard copies.***

Answers to Post Test	
1. Correct Answer: B	6. Correct Answer: D
2. Correct Answer: B	7. Correct Answer: B
3. Correct Answer: A	8. Correct Answer: D
4. Correct Answer: B	9. Correct Answer: E
5. Correct Answer: C	10. Correct Answer: C



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