5-1-2016

Consequences of the Bystander Effect in Relation to Bullying, Underage Alcohol Consumption, and Suicide/Suicidal Ideation

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A Capstone Project submitted in partial fulfillment of the

requirements for the Master of Science Degree in

Counselor Education at

Winona State University

Spring 2016

Abstract

Bystander effect is a phenomenon in which the presence of others hinders an individual's helping behavior. Bystander effect can occur in situations involving bullying, underage consumption of alcohol and suicide or suicidal ideation. Young people only intervene 19% of the time in a bullying situation, even though it has been found to be effective within ten seconds, 57% of the time (Center for Disease and Prevention, 2014). School Counselors can help students intervene, as well as implement various prevention and intervention programs and strategies such as Signs of Suicide (SOS), Olweus Bullying Prevention Program (OBPP), and Bully-Proofing Your School (BPYP) to help create a safe school environment.

The phenomenon in which the presence of others hinders an individual's helping behavior is known as the bystander effect. Bystander effect can occur within multiple areas such as bullying, underage consumption of alcohol, and suicide or suicidal ideation, and across various age levels. These issues often affect teenagers nationwide and on a large scale. Of students in grade 9-12 across the nation, 19.6% reported being bullied on school property and 14.8% of students being bullied electronically (Center for Disease and Prevention, 2014). Reports also state 66.2% of students in grades 9-12 have had at least one drink of alcohol in their life (Center for Disease and Prevention, 2014). Finally, 29.9% of students had felt sad or hopeless every day for two or more weeks, 17% seriously considered attempting suicide, 13.6% made suicide plans, and 8% of students attempted suicide (Center for Disease and Prevention, 2014).

Bullying typically involves three groups of people: the bully, the victim and the "caring majority" or bystanders (Garrity, Jens, & Porter, 1997). Bullying can have long-term effects for the bully in addition to the victim including anti-social behaviors such as vandalism, truancy and drug use (Bowllan, 2011). Youth in the caring majority make up 85% of students and can have a powerful voice among their peers (Garrity, Jens & Porter, 1997). These students must create the climate of the school and shift the power balance from the bullies to the silent majority by having the knowledge and skills to intervene and the help the victim (Garrity, Jens & Porter, 1997). Peers are present during 88% of bullying cases, yet individuals intervene only 19% of the time (Hawkins, Pepler, & Craig, 2001). However, when peers did intervene they were effective in stopping the bullying within ten seconds 57% of the time (Hawkins, Pepler, & Craig, 2001). When bystanders do not intervene, bullies can gain the attention they crave that is given to them by being surrounded by a group of their peers who support their actions by doing nothing

(Aldrich, 2015). That is, when peers passively standby they can inadvertently encourage the behavior and deem it acceptable.

Alcohol consumption, and possibility of alcohol poisoning is also a problem that peers can help to address. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) indicates, of adolescents ages 12-14 who drank alcohol, 94% got it for free with many having access through family members or find it at home. With such high accessibility to alcohol, young people can easily consume underage or share with peers. Alcohol is the most commonly used drug among high school aged students. The percentage of young people who consume alcohol increases with age with 35.4% of 10th grade students and 48.6% of 12th grade students reporting alcohol use (Burrow-Sanchez & Lopez, 2009). The escalation in drinking from 10th to 12th grade suggests that juniors and seniors in high school are more vulnerable to the risks associated with drinking making the transition between these two years and important time for prevention and intervention efforts (Doumas, Esp, Turrisi, & Schottelkorb, 2014). One explanation for the risky behavior is the increase in independence, strengthening of peer relationships, and decision making regarding substance use that is associated with greater autonomy (Doumas, Esp, Turrisi, & Schottelkorb, 2014).

Suicide becomes a measureable public health problem once children reach middle school (Schilling, Lawless, Buchanan, & Aseltine, 2014). According to the American Foundation for Suicide Prevention (2016), many suicide attempts go unreported or untreated. The stigma surrounding suicide leads to underreporting which results in fewer individuals getting the help they need. Suicide is the second leading cause of death among young people ages 10-24 and every day there are 5,400 suicide attempts by young people in grades 7-12 (Youth Risk Behavioral Surveillance System, 2013). According to the Youth Risk Behavioral Surveillance

System (YRBS), four out of five teenagers who attempt suicide have given clear warning signs. School-based programs for helping students who have suicidal ideation may face challenges of reduced help-seeking behaviors by young people due to uncertainty about confidentiality (Aseltine & DeMartino, 2004). With the uncertainty of confidentiality and talking with a counselor or school personnel, emotionally troubled adolescents seek help from friends and siblings (Aseltine & DeMartino, 2004). Peers and siblings who are being utilized as supports for these students need to be adequately equipped to recognize the signs of suicidal ideation and the proper steps and actions that can be taken in order to intervene.

In each of these types of situations, if bystanders do not intervene, then the behaviors will continue and could become more severe. Thus, it is important to understand bystander effect within the three areas of bullying, underage alcohol consumption and suicide or suicidal ideation, and to provide intervention strategies to reduce bullying, underage alcohol use, and suicide. School counselors who work with youth populations need to be aware of the bystander effect, and work to increase students' knowledge and skill set to be able to intervene. In addition, school counselors need to provide students with the tools and information on how and to whom to report a situation so that it does not escalate and young people can get the help they need. Therefore, this literature review is an examination of bystander effect and the psychological processes one encounters before deciding to intervene, as well as a discussion of implications, prevention and intervention efforts for school counselors. This includes how school counselors can provide the tools and knowledge to help students be active bystanders using evidence-based programs and strategies.

Review of Literature

The bystander effect is a social psychological phenomenon in which the presence of others hinders an individual's helping behaviors (White & Malkowski, 2014). In order to intervene, a bystander must go through five stages. They must first notice the event, interpret the event as an emergency, develop a feeling of personal emergency, decide how to help, and choose to act (Leone, Parrott, Swartout, & Tharp, 2016). Bystanders may be ineffective at helping because of barriers such as confidence to perform various behaviors required to intervene.

Abbate and Boca (2014) discuss three psychological processes that may explain a bystander's tendency to obstruct one another's responsiveness in emergencies. The first process is diffusion of responsibility, which leads to reducing psychological costs associated with nonintervention. When others are present, the costs are shared, resulting in reduced probability of intervention. The second process is evaluation apprehension, or the notion that people may have a fear of being judged or fear of making a mistake when intervening in public creating the impression of inadequacy. Social influence and pluralistic ignorance is the third process that recognizes when a helping situation is ambiguous, people look to one another to interpret the severity of it. If people are idly standing by, would-be helpers presume the situation may not be an actual emergency (Abbate & Boca, 2014).

Bystander Effect and Bullying

The simple presence of peer witnesses can enable reoccurring behaviors of bullying. When there are at least four peers present during a bullying episode, bystanders spend a majority of the time simply watching and passively reinforcing the behavior (Howard, Landau & Pryor, 2014). When peers idly stand by in these situations, they are sending messages of approval to the bully. The behavior of peer bystanders can vary, as some individuals will assist the bully, some will support the victim, while others will remain passive bystanders (Howard, Landau &

Pryor, 2014). There is a decreased likelihood an individual will intervene if there is the perception that other bystanders are present and an even less chance if the bystander is younger and an adult is present (Howard, Landau & Pryor, 2014).

The relationship to the victim or the bully can play a crucial role in how a bystander responds. High prosocial children tend to be "other-directed" and focus more on the recipient's welfare than the reputation of the helper. With the focus on the victim's needs, high prosocial children are more prone to help regardless of the bystander context. In contrast, low prosocial children tend to focus more on the reputation and are more inclined to help in the presence of friends compared to when there are no other bystanders present (Sierksma, Thus & Verkuyten, 2014). Peers, particularly those within the same friendship group, have a major influence over children. Children are sensitive to social cues, making it important to them to make a good impression when their friends are present. Children are more likely to help when friends of the helper are present than when not, or when there are no bystanders (Sierksma, Thus & Verkuyten, 2014; Levine & Crowther, 2008).

Individuals who are the recipient of bullying often experience social exclusion from peers. Social exclusion can have psychological consequences including detrimental effects on a student's academic performance, self-esteem and pro-social behavior (Abbott & Cameron, 2014). Social norms and peer group identification can have a forceful effect on children's behavior. Children's beliefs and social norms can influence responses to intervene or take on a bystander role. Reactions to behaviors of other bystanders can be influenced by an individual's perceptions of norms that support bullying as an acceptable behavior (Abbott & Cameron, 2014).

Gender roles. In addition to relationship to either the victim or the bully, gender differences and stereotypes are present in bystander situations and willingness to intervene.

Traditional male gender norms encourage bystander behaviors that may be viewed as heroic and within distinct dimensions of traditional masculinity (Leone, Parrott, Swartout & Tharp, 2016). These dimensions reflect the expectation that men be tough and more prone to aggressive behavior. Adherence to the toughness norms of traditional masculinity are directly and indirectly associated with bystander decision-making (Leone, Parrott, Swartout & Tharp, 2016).

In addition, men are more likely to intervene in emergencies when doing so highlights their physical strength or competence compared to women who are more likely to help friends and family or someone who has a personal or emotional problem (White & Malkowski, 2014). When heterogeneous groups are present, men are most likely to intervene when they are the only male in a group of women; whereas, women are more likely to intervene when there is a group of women compared to when alone (Levine & Crowther, 2008).

Assertive bystanders. Assertive bystanders are witnesses who challenge the behavior and comfort victims (Abbott & Cameron, 2014). Assertive bystander behavior may be an effective way to intervene in situations and give support to the individual in need. Abbott and Cameron (2014) identified predictors of assertive bystander intentions including: a) intergroup contact, or the meaningful interaction between members of different social groups, b) empathy, which is the ability to experience the same feelings as those of another person in response to a particular situations, c) cultural openness, being the extent to which an individual is open to and interested in the similarities and differences between their own and other groups, and d) in-group bias, which is a strong favoritism toward members of an individual's own group as opposed to members of other groups. Identifying individuals who are perceived to have the predictors of assertive bystander intentions, may allow for a higher rate of bystander intervention by creating a

greater sense of "we-ness." This in turn has the potential for reducing bias and encouraging

helping behavior.

Bystander Effect and Underage Alcohol Consumption

Alcohol consumption remains a leading contributor to injury and death with

approximately 5,000 individuals under the age of 21 dying each year as a result of drinking

(Hong, Beaudoin, & Johnson, 2013). Alcohol related deaths are a result of vehicle crashes,

homicides, suicides and other injuries such as drowning and falls. Those who binge drink during

adolescence are at a greater risk for developing alcohol dependence during adulthood, with the

average first use of alcohol at 14 years old (Hong, Beaudoin, & Johnson, 2013). Adolescent

patterns in alcohol consumption may be explained by social norms when youth are particularly

vulnerable to peer influences during middle adolescence where the influence of peers becomes

increasing important to determine socially acceptable behaviors.

College students also are at risk for bystander effect when consuming alcohol. College

students have a unique environment that provides close-knit communities that can help reduce

bystander effect, as well as promote a positive campus climate. However, social acceptance is

also important. Individuals who decide to intervene may want to help, but will most likely weigh

their goals for helping, such as wanting to influence another person's behavior, against wanting

to avoid embarrassing themselves if their help is not needed (White & Malkowski, 2014).

Bystander Effect and Suicide/ Suicidal Ideation

Suicide among young adults is a problem in the US as it is the second leading cause of

death for people aged 18-24 years old, the third leading cause of death in 15-17 year olds, and

the fourth leading cause of death in 10-14 year olds (Koller & Weist, 2014; Aldrich, 2015). The

prevalence of suicidal ideation, planning, and attempts is significantly higher among young

adults where 15.8% of 9-12 graders contemplate suicide and 12.8% make a suicide plan (Koller

& Weist, 2014; Aldrich, 2015). Suicide is a particular concern for college students where one in

ten students consider suicide (Aldrich, 2015). Due to this high statistic, priorities around early

identification, prevention and intervention efforts are important not only for college campuses,

but for high schools as well (Koller & Weist, 2014).

Individuals may attempt or complete suicide for various reasons. Increased suicide

attempts typically occur among females: individuals with mental health, substance abuse, and

health problems; those with family discord, history of abuse, and other negative life events; as

well as factors such as major life transitions, sexual orientation, lack of mental health insurance,

and media portrayal of suicides (Aldrich, 2015; Koller & Weist, 2014). While there are several

factors and reasons one may attempt, complete, or think about suicide, students may avoid

prevention resources available to them to help them cope with problems in living. A student that

is suicidal may avoid available resources such as mental health services due to the associated

stigmas, as well as skepticism about the effectiveness of treatment or the perception they do not

need help (Aldrich, 2015).

The associated stigmas surrounding suicide and mental health services are not only

present in the mind of the individual who is suicidal or having suicidal ideation, but also with

bystanders, friends, and potential individuals who could intervene. Some individuals may choose

not to intervene because of the social stigma attached to suicide, or the potential negative impact

of damaging a friendship in the process of intervening (Aldrich, 2015). If an individual believes

intervening will cause the individual with suicidal ideation to become angry or upset, they might

decide not to offer help. In contrast, if the individual thinks the intervening behavior will be welcomed with gratitude and appreciation, they are more prone to assist.

Implications for School Counselors

To be able to implement effective prevention and intervention efforts, counselors need to grasp and develop an understanding of what leads to the bystander effect among students of all ages. Several evidence-based strategies have been found to be effective when addressing issues of bullying, underage consumption of alcohol, and suicide/suicidal ideation. These include: the Olweus Bullying Prevention Program (OBPP), Bully-Proofing Your School (BPYS), safe school ambassadors, Signs of Suicide (SOS), and educating students of the risks, signs, and symptoms, as well as proper actions to take for peer intervention.

Bullying Interventions. Assertive bystanders are more likely to intervene when they had high interpersonal characteristics of empathy, cultural openness, and reduced in-group bias. Targeting these characteristics could potentially counter intergroup social exclusion within a school setting (Abbott & Cameron, 2014). The role of perceived peer pressure has the most effect on whether or not an individual defends the victim. If students believe that their peers expect them to intervene, they were more likely to defend the victim regardless if they felt any personal responsibility to intervene.

Counselors can educate elementary aged students to be active, positive bystanders through classroom lessons and active participation in positive bystander scenarios. The skills learned through these lessons at a young age, can be carried into middle and high school students as well. In addition, counselors can develop programs for safe school ambassadors, peer advocates, or model after a preexisting program. Programs such as safe school ambassadors train

students to identify, prevent and respond to student aggression and mistreatment and act as

proactive, helpful bystanders (Pack, White, Raczynski & Wang, 2011). Ambassadors are trained

to interrupt mistreatment as it occurs, prevent mistreatment from happening by discouraging

peers from committing hurtful or violent acts, supporting students who have been mistreated,

obtaining adult help when situations are too complex or dangerous for them to handle by

themselves (Pack, White, Raczynski & Wang, 2011).

In addition to safe school ambassadors, other programs such as the Olweus Bullying

Prevention Program and Bully-Proofing Your School (BPYS) are available. The Olweus

Bullying Prevention Program (OBPP) is a comprehensive, school-wide program that was

designed to reduce bullying, prevent the development of new bullying situations, and improve

peer relationships at school (Limber, 2011). OBPP is based on four principles in which adults at

school should: a) show warmth and interest in their students, b) set firm limits to unacceptable

behavior, c) use consistent, nonphysical, non-hostile negative consequences for violation of

rules, and d) act as authorities and positive role models (Limber, 2011). OBPP is a nationally

recognized "Best Practice" model program by the US Department of Juvenile Justice and the

Substance Abuse Mental Health Services Administration (SAMHSA) and provides interventions

at multiple levels including individual, classroom, school-wide, and community (Bowllan, 2011).

Research on this program has suggested a significant reduction of the incidence of

bullying in schools, and is particularly successful with 7th grade females (Bowllan, 2011).

Females in 7th grade reported 34.4% decrease in being bullied, 17.8% increase in being talked to

by a teacher about bullying others (Shilling et al., 2014). Students were not the only population

that saw positive results due to OBPP. Teachers who received the OBPP intervention for at least

one year reported an increase of 23.3% in counteracting bullying, 30.1% increase in talking to

their class about bulling and a 29.4% increase of the school providing clearer rules regarding

bullying (Bowllan, 2011).

Bully-Proofing Your School is a nationally recognized school safety program

implemented throughout the United States and Canada (National Center for School Engagement,

2012). BPYS can be a key component in the creation of a safe and caring school environment,

promoting attendance and achievement in school (National Center for School Engagement).

BPYS equips students with the skills they need to change the overall climate of the school to

reduce school violence (Garrity, Jens, & Porter, 1997). Bully proofing schools promotes adult

advocacy, encourages safe environments and increases awareness to bullying behavior. Research

states that three outcomes occur when utilizing the BPYS program: teachers find it eases their

discipline load and produces a happier group of students who readily take ownership of the

program, many elementary school aged bullies become positive leaders in their peer groups as

they shift power from being the bully to being caring and helping others, and classroom

interventions sparks moral development of all students (Garrity, Jens, & Porter, 1997).

Underage consumption of alcohol. Students, who consume alcohol, whether they are

underage or over 21 years old, can utilize protective strategies to help reduce risks around

alcohol use. Counselors can inform students of risks associated with drinking underage,

however, they can also educate students and equip them with strategies of how to intervene when

alcohol use is occurring. Behaviors such as offering non-alcoholic drinks early in the night or

ensuring that a friend gets home safely are just a few ways individuals can be taught to intervene

(White & Malkowski, 2014). Counselors who deliver bystander intervention approaches seek to

establish a sense of responsibility among students to ensure each other's safety. Executing

protective behaviors endorsed by individuals to avoid problems with alcohol can keep students

accountable, and help keep one another safe (White & Malkowski, 2014). The most promising

evidence-based intervention for this age group is a 12-session motivational skills decision

making program based on motivational interviewing, a client-centered approach designed to

elicit behavioral change through exploring and resolving ambivalence (Doumas, Esp, Turrisi, &

Schottelkorb, 2014). School based interventions have advantages including the combination of

personal, social, and academic factors that affect a student's life and substance use choices.

Students report one of the individuals they would talk to about a substance use problem is their

counselor (Burrow-Sanchez & Lopez, 2009). Counselors can also assist the student with

identification of a problem and refer to appropriate resources. The research suggests an

intervention based on a motivation skills decision-making model is associated with reductions in

substance use. Furthermore, researchers also report that teacher-delivered cognitive-behavioral

programs targeting personal factors, such as maladaptive coping strategies, sensation seeking,

and hopelessness are effective in reducing alcohol use among high school students (Doumas,

Esp, Turrisi, & Schottelkorb, 2014).

     Suicide/suicidal ideation. The most prevalent reasons for suicidal thoughts are related

to family problems, feeling bullied, and grief or loss in teens (Koller & Weist, 2014).

Encouraging students to intervene when someone they know is suicidal is a necessary step to

decrease the number of individuals who attempt and die by suicide each year (Aldrich, 2015).

School counselors play a vital role in understanding students' beliefs about intervening as well as

their willingness to intervene to understand how to focus prevention efforts. Typically, school

counselors are an integral part of school based suicide prevention and crisis management. This is

an important role because counselors often receive referrals from other adults in the school when

a student is thought to be experiencing a suicidal crisis (Cappuzzi, 2002). In order to effectively

facilitate prevention efforts, counselors need to be able to recognize the signs and symptoms such as behavioral and verbal cues. One role the counselor has in facilitating suicide prevention efforts is to deliver classroom presentations to middle and high school students including causes, myths and symptoms as well as information about how to get help through the school. At the elementary level, the focus should be on building student resiliency and developing skills to overcome the precursors that may lead to higher rates of suicidal ideation later on in life (Cappuzzi, 2002). Targeting and promoting peer support is important; students are more likely to seek help and emotional support from friends than from resources such as mental health professionals that sometimes come with a stigma. Aldrich (2015) found that 2/3 of students with suicidal thoughts confided in a friend, and the most frequent source of referrals to counseling came from peers.

Peer influence can be a highly influential, powerful tool and asset counselors have to help provide support to other students. Counselors can empower individuals to be peer supports within their school, to provide individuals with a positive support and resource. One evidence-based program is Signs of Suicide or SOS. SOS is a suicide prevention program identified by the Substance Abuse and Mental Health Services Administration's (SAMHSA's) National Registry of Evidence-based Programs and Practices. SOS is a two-day program that uses both educational training and screening in its design to provide students with information and resources to help a friend seek help if they confide in them (Koller & Weist, 2014). The educational training involved with SOS often focuses on supporting adults, such as teachers, counselors, and school staff, to effectively identify youth in crisis and refer them to the appropriate school or community mental health resource (Koller & Weist, 2014).

Conclusion

Bystander effect can have severe consequences for those involved, but school counselors can help by implementing specific strategies for youth aimed at each of these adolescent issues. Through classroom lessons, school-wide interventions, and being a readily available resource, school counselors can provide students with tools and resources they need to be active, positive bystanders. Several school- wide programs such as Olweus Bullying Prevention Program, Bully-Proofing Your Schools, and Signs of Suicide have been researched and shown to be effective tools to implement. When these types of prevention and intervention measures are in place, schools can provide youth with a safe, welcoming environment for everyone. Finally, when staff, administrators, and other school personnel are well-informed, they too can be additional resources to help students intervene. When school counselors work collaboratively with students, parents, and other school personnel, the potential for increasing bystander support and reducing bullying, alcohol tragedies, and suicides has the potential to be greatly improved.

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