

**Year 3 Public Description of Work for
Action Collaborative on Preventing Sexual Harassment in Higher Education**

University of Southern California

**Bystander Intervention for Gender and Power-Based Harm: A Train
the Trainer Model for Academic Medical Centers**

Relevant Rubric Area(s): *Bystander Intervention Programs*

Description of Work:

Academic medical centers house several relationships where power differential exist. Faculty-staff, faculty-trainees, scientists-students, clinician-patient are relationships that are vulnerable to harm. During the 2021-2022 academic year, the USC Relationship and Sexual Violence Prevention and Services (RSVP) trained KSOM faculty and staff members (Upstander Facilitators) of the Center for Gender Equity in Medicine and Science (GEMS) on Bystander Intervention curriculum for instances of sexual harassment in an academic medical setting. Using a train-the-trainer model, these Upstander Facilitators are now ready to provide *KSOM Bystander Intervention for Sexual Harassment*, a 90-minute workshop designed to address social norms that play a significant role in perpetration of harm. The curriculum is based on evidence that bystander/upstander training is highly effective in changing community norms, shifting attitudes, and increasing prevention. This curriculum was honed and intentionally developed and tailored for the KSOM campus specifically, with the recognition that having the training delivered by members of the KSOM community who are the peers of participants would only seek to enhance the participants' receptivity to the content, and, thereby, the overall effectiveness of the workshop. At the conclusion of the workshop, participants will learn definitions of and how to recognize sexual harassment and sexual assault. They will also identify barriers to intervention and actions that can be taken to overcome them. They will also be able to identify KSOM, and broader University, resources and reporting options.

Training Goals

A key component of this training is that it will discourage "victim blaming." It will also seek to break the silence around sexual violence—a critical strategy in prevention. Too often, a survivor who seeks to disclose to someone is met with blaming language and questions, such as "How could YOU let this happen?" or "Why didn't YOU say anything?" When bystanders become upstanders and active participants in these types of situations, the responsibility shifts away from survivors or "victims" and toward the whole community, including friends, families, and

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colleagues. The questions then become, “How could WE let this happen in our community?” and “How can WE learn to say something?”

With more bystander/upstander intervention, society’s collective responsibility takes on a new and vital role. Studies show that social norms can play a significant role in violence prevention, especially in communities such as college campuses (Banyard et al., 2004). Just as Mothers Against Drunk Driving (MADD), for example, shifted social norms in our society with their slogan, “Friends don’t let friends drive drunk,” a similar shift is also possible for sexual violence: “Friends don’t let friends hurt others.”

In previous decades, rape prevention programs focused almost exclusively on the dynamic of men as perpetrators and women as victims of sexual violence. Child sexual abuse programs began as programs teaching children to say “no” and teaching adults to listen. The bystander approach shifts this framing and engages adults as agents of change – individuals become equals in prevention regardless of their gender identity. In support of this promising practice, the Centers for Disease Control and Prevention has funded a number of sites to develop programs to shift the responsibility of preventing child sexual abuse to the adults.

Evidence-Based Training

Bystander/upstander intervention is a model of sexual violence prevention based on evidence that community norms play a significant role in the perpetration of violence, especially on college campuses (Schwartz & DeKeseredy 1997; 2000). Educating members of college communities about the realities of sexual assault and equipping them with tools to identify and prevent rape can help create important cultural shifts away from perpetuating and towards preventing assault and harassment.

USC’s Relationship and Sexual Violence Prevention and Service’s Bystander Intervention training is based on the Bringing in the Bystander® program. Bringing in the Bystander® has been evaluated and found to be effective in shifting attitudes, cultivating senses of bystander responsibility, and increasing likelihood of participants intervening across a wide range of colleges and communities. Research comparing results from rural, residential, urban and commuter colleges showed significant changes in bystander attitudes after participating in the Bringing in the Bystander program (Cares, Banyard, Moynihan, Williams, Potter, & Stapleton, 2014).

These results were echoed in a study of sorority women who also expressed greater willingness

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and confidence to intervene and sense of responsibility as a bystander after participating in the program (Moynihan, Banyard, Arnold, Eckstein, & Stapleton, 2011). Bringing in the Bystander was again found effective when administered to collegiate athletes and U.S. military personnel (Moynihan, Banyard, Arnold, Eckstein, & Stapleton 2010; Potter & Moynihan 2011). Internal evaluations have shown Bringing in the Bystander to be effective when presented to both single gender and co-ed groups.

As noted above, the Upstander Facilitators have been trained in these skillsets, modified for KSOM's unique academic medical campus and culture. The next round of trainings at KSOM, conducted by the Upstander Facilitators, is being prepared to launch in the upcoming 2022-2023 academic year. All departments will be offered trainings by these facilitators, resulting in a total of approximately 20 trainings/workshops. This train-the-training program model, as well as the delivered trainings/workshops, will be evaluated after the conclusion of the program in spring 2023 to determine its effectiveness in both preventing situations from occurring and in supporting survivors, and the data will be used to inform the program's build out for the future.

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