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Implementing a Bystander Awareness Program on a University Campus

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IMPLEMENTING A BYSTANDER AWARENESS PROGRAM ON A UNIVERSITY
CAMPUS

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A doctoral project submitted in partial fulfillment
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THE GRADUATE COLLEGE

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ABSTRACT

Between 17% and 62% of college students experience some form of violence during their time at school. About 25% of female college students experience a sexual assault before graduating. One university had seen an increase in violence, including assaults and bias events. Administrators and nurses implemented a bystander awareness program to help alleviate this growing problem. Members of the college's residence life staff and its Greek organizations (fraternities and sororities) participated in the Step Up program, a prosocial training program to get people to intervene safely when witnessing acts of violence. Participants (N=236) completed surveys prior to the program, immediately after the program (N=197), and 60 days after the program concluded (N=27). Data were analyzed to determine success of the program and retention of the principles of the program. Immediately after the training, participants had a statistically significant increase in knowledge about ways to report witnessed violence. However, 60 days after the program, a greater proportion of participants reported being victimized personally by acts of violence in the previous two months than the proportion who had reported this before the program. Inference is limited because only 12% of those who took the pre-test completed the post-test. At the same time, a larger proportion reported witnessing fewer violent acts than the proportion reporting this before. Participants reported they were more likely to respond to acts of violence immediately after completing the program and again at 60 days after the program. Acts of violence decreased on campus in the four months after the program compared to the same period the year before. By providing a subset of students with the tools to identify and prevent violence, administrators and nurses may have contributed to decreasing incidents of violence on campus.

TABLE OF CONTENTS

DOCTORAL PROJECT APPROVAL.....	ii
ABSTRACT.....	iii
LIST OF TABLES.....	vi
CHAPTER 1: INTRODUCTION.....	1
Problem.....	4
Purpose.....	4
CHAPTER 2 REVIEW OF THE LITERATURE.....	5
Scope.....	8
CHAPTER 3: THEORY OF CHANGE.....	10
Objectives.....	10
Effects on the Healthcare System.....	11
CHAPTER 4: METHODOLOGY.....	12
Setting.....	12
Groups.....	12
Measures.....	12
Timeline.....	13
Method.....	13
CHAPTER 5: FINDINGS.....	17
Results.....	17
Discussion.....	25
Strengths.....	29
Limitations.....	29
Conclusion.....	30
APPENDIX A: PRETEST.....	32
APPENDIX B: POST PROGRAM ASSESMENT.....	38
APPENDIX C: 60-DAY POST-TEST.....	42
APPENDIX D: PARTICIPANTS' LIKELIHOOD OF RESPONDING TO.....	49

VIOLENCE

APPENDIX E: PARTICIPANTS' RESPONSES TO WITNESSING ACTS OF ... 53

VIOLENCE

REFERENCES..... 56

CURRICULUM VITAE.....60

LIST OF TABLES

Table 1	Mean Participant Age Measured in Years.....	17
Table 2	Academic Year of Students Who Participated in the Step Up Program.....	18
Table 3	Gender of the Students Who Participated in the Step Up Program...	18
Table 4	Sexual Orientation of Students Who Participated in the Step Up Program.....	19
Table 5	Extra-curricular Activities of Students Who Participated in the Step Up Program.....	19
Table 6	Place of Residence for Students Who Participated in the Step Up Program.....	20
Table 7	Participants' Familiarity with University's Reporting Procedures...	21
Table 8	Participants Who Reported Experiencing Violence Within the Year Before the Program or 60 Days After the Step Up Program.....	22
Table 9	Participants Who Reported Witnessing Violence Within the Year Before the Program or 60 Days After the Step Up Program.....	22
Table 10	University Conducts Code Violations and the Percentage of Change for Each Violation.....	24
Appendix D	Participants' Likelihood of Responding to Violence	49
Appendix E	Participants' Responses to Witnessing Acts of Violence.....	53

CHAPTER 1

INTRODUCTION

Today's college students live in a tumultuous environment, one filled with violence and fear for their safety. Recent violent events in schools such as the shootings and mass murders at schools in Connecticut and Texas have brought gun control and school safety to the forefront in the national debate. Gun control, however, is only one fear that students have when attending class. Acts of violence are commonplace in society and on university campuses and often go unnoticed and unreported.

University campuses are high-risk communities, according to Moynihan, Banyard, Arnold, Eckstein, and Stapleton (2010), and college students may become targets for aggression, assault, and other violent acts. Introducing bystander intervention programs to university campuses, nurses, administrators, students, and faculty can help students take a proactive approach to violence and decrease students' risks of being exposed to violence or being victims themselves. It was the goal of this project to implement such a program and help one university's students be safer.

According to Carr (2007), approximately 479,000 acts of violence are committed annually against college students between the ages of 18 and 24 in the United States. Approximately 15% to 20% of female students have experienced forced intercourse (Carr, 2007), 24% of female students have experienced rape or attempted rape (Foubert & Cremedy, 2007), and one in 14 male students has been physically assaulted or raped by an intimate partner (Carr, 2007). Furthermore, only 35% of violence against college students is reported to the proper authorities (Carr, 2007), and only 5% of completed or

attempted rapes or sexual assaults against female students are reported to police (Danis, 2006; Danis & Anderson, 2008).

Acts of violence against individuals can have long-lasting physical and psychological effects on the victims. It is hypothesized that just as victims of violence who do not attend college may call in sick or quit their jobs after a violent act, college students who are victims of violence may skip classes or drop out of school rather than have their abuse discovered (Danis & Anderson, 2008). This effect goes directly against the fundamental purpose and function of the university setting: to provide higher education in a safe environment. One way to reduce the violence is through bystander intervention programs. To prevent violence, Carr (2007) encourages bystander interventions and states: "Bystanders must feel safe, respected, and encouraged when coming forward to report suspicious activities" (p. 313). The approach that bystander intervention programs take is to assume that all participants can be potential witnesses to violence (Moynihan et al., 2010). Through these intervention programs, bystanders or potential witnesses are given the knowledge and tools to recognize violence and report the crimes to the proper authorities.

For the university selected for this project, violent acts are always a threat. With an enrollment of 18,402 students, there were 1,793 conduct code violations in 2010 (J. Collins, personal communication, February 20, 2012); 87% of those offenses were acts of violence ranging from tampering with university equipment to sexual harassment and stalking (J. Collins, personal communication, February 20, 2012). During the same year, 2,435 calls for assistance (K. Barrett, personal communication, January 31, 2012) came into university police with 76 arrests made for acts of violence (Office of Postsecondary

Education, 2011). Recently, the frequency of violent incidents had been increasing, culminating in bias events and threats against members of the Gay, Lesbian, Bisexual, and Transgender (GLBT) organization, blacks, and most recently the Muslim organization.

Despite comprising only a minority (approximately 20%) of the student population, resident students committed more acts of violence than those students who did not live on campus. In 2010, 1,560 conduct code violations were for acts of violence; of these conduct code violations, resident students committed 1,317 (J. Collins, personal communication, February 20, 2012). This may be a result of the amount of time they spend on campus versus commuter students or of the overall university environment.

The atmosphere of the surrounding neighborhood plays an additional role in the exposure students have to violence. Despite the university being in a quiet suburban area, located within 5 miles of the campus is a major urban city with a high rate of violence. This city, which has a population of 146,256, had 1,566 violent crimes in 2010, with 18 murders, 44 forcible rapes, 735 aggravated assaults, and 15 arsons (The Federal Bureau of Investigation, 2011). Many students frequent this area for nighttime and weekend entertainment and fun, potentially increasing their risk of being victims and their exposure to violence.

In an effort to reduce violence on the campus and give students a sense of safety, college health nurses and administrators implemented a bystander intervention program on campus. This program gives students the opportunity to be proactive in violence prevention and take an active stance against violence. With the threat of violence

minimized or eliminated, students can feel secure in their environment and continue with the task at hand: earning their degrees.

Problem

On the participating university campus violent crimes were increasing in frequency, affecting students, faculty, and staff, physically, emotionally, and psychologically. This situation created an environment of fear around campus, contrary to a learning environment. Resident students were at greatest risk of being victims or perpetrators by living on campus 24 hours a day. Students needed to feel connected and safe for their continued academic success and for their personal safety.

Purpose

The purpose of this project was to establish a bystander intervention program on a university campus. The program that was implemented, Step Up, educated students, faculty, and staff about what an act of violence is and presented strategies for preventing their occurrence (Bell, 2008). Bystander intervention programs teach skills to maximize the safety of bystanders. In addition, they provide tools and knowledge for the safe reporting of violent acts to the proper authorities during the pre-assault phase, during the act of violence, or immediately following it. By engaging members of the university community in violence awareness and creating potential witnesses through a bystander intervention program, administrators anticipated an increase in calls for assistance. Administrators further anticipated that with time and a proactive approach to stopping violent acts before they occur, there would be an overall reduction of violent acts.

CHAPTER II

REVIEW OF THE LITERATURE

A significant body of research evaluating the incidence of violence on university campuses has been done. Throughout the research, it is reported that university students are at high risk for exposure to violence or to be victims of violent crimes themselves (Moynihan et al., 2010). It is reported that between 17% and 62% of university students are victims of violent acts (Baker & Stith, 2008; Carr, 2007; Danis, 2006; Danis & Anderson, 2008; Forke, Myers, Catalozzi, & Schwarz, 2008; Leisring, 2009; McMahon & Farmer, 2009; Spencer & Bryant, 2000). One recent study estimated that between 20% and 25% of college women experience some form of sexual assault during their college years (Exner & Cummings, 2011). Exner and Cummings (2011), report that 8.2% of undergraduate males reported sexual victimization in the last six months.

Evidence also supports a lack of reporting of violence, both perpetration and victimization. Upwards of 24% of university students who are victims of violence fail to report the incident to the proper authorities (Carr, 2007; Sulkowski, 2011). Furthermore, if a woman is sexually assaulted, fewer than 5% would report the crime to police (Carr, 2007; Danis & Anderson, 2008). Reasons for not reporting the offense are numerous and include the following: the women thought the crime was too minor, they considered it to be a private matter, and they were not certain whether or not a crime had been committed (Carr, 2007). Victims are also confronted with feelings of guilt, shame, embarrassment, fear of retaliation, and fear of not being believed, increasing the reasons for not reporting (Danis & Anderson, 2008).

According to Sulkowski (2011), one reason students don't report offenses is that they lack a sense of connectedness, which leaves them feeling isolated, lonely, anxious, and depressed. Therefore, creating a positive, supportive environment becomes important in addressing campus violence (Sulkowski, 2011). By engaging student bystanders as witnesses, rather than as victims, nurses, and administrators can help students feel a sense of belonging and ownership of the problem.

Another reason violence does not get reported, specifically during the incident, is because of the theory of diffusion of responsibility (Baynard, 2008; Bell, 2008). Diffusion of responsibility is an assumption that witnesses make, when in a crowd, that someone else will do something or respond (Bell, 2008). Often bystanders will do nothing thinking the next person will take action, and ultimately nothing gets done.

Bystanders are often present during the pre-assault phase and can intervene or interrupt the act of violence if given the proper tools (McMahon, 2010). They may be afraid to speak up or report it for fear of becoming victims ("Taking on," 2009). Most helpful interventions are those directed not just toward bullies and victims but also toward the majority of bystanders who want to do the right thing but need advice and guidance to intervene properly (McMahon & Farmer, 2009; "Taking on," 2009). When questioned 88% of college students believed problems can be avoided with intervention, and 85% wanted to learn intervention skills so they can intervene when appropriate (Bell, 2008). Prevention research suggests that peer leaders are key to changing social norms and community behavior (McMahon & Farmer, 2009; Moynihan et al., 2010). Recruiting these leaders into bystander intervention programs can add a sense of community and change the social norm away from that of violence.

Few studies have looked at the success of bystander intervention programs. One study by Foubert and Cremedy (2007) demonstrated that 72% of participants in an intervention program reported that their attitudes had changed or predicted they would change as a result of attending a bystander intervention program. Bystander focus has positive impacts on attitudes and behaviors, and programs have increased bystander confidence and intention to engage in bystander behaviors (Moynihan et al., 2010). Banyard (2008) reported higher levels of willingness to engage in prosocial behaviors as a result of attending bystander intervention programs. Prosocial behaviors are any voluntary acts where the goal is helping or benefiting another person (Bell, 2008; Rutten, Schuengel, Dirks, Stams, Biesta, & Hoeksma, 2011).

Ten years ago, the World Health Assembly declared violence to be a global public health problem (Haegerich & Hall, 2011; Hegadoren, Lasiuk, & Coupland, 2006), with many victims suffering both short-term and long-term health complications (Coker, Smith, & Fadden, 2005). In 2000, 1.6 million individuals worldwide died as a result of violence, with men experiencing more traumatic events than women (Hegadoren et al., 2006). Despite not reporting their abuse to authorities, many abused victims seek care for injuries and other health issues related to the abuse (Peralta & Fleming, 2003). However, true estimates of the number of abuse victims and injuries and the cost to treat them are inaccurate since most victims fail to even report the violent act (Haegerich & Hall, 2011).

Long-term effects on health for the victims of violence are numerous, and studies have shown that the earlier in life, childhood and adolescence, the violent events occur, the more severe the health implications are, affecting faculties needed to successfully complete developmental tasks in other stages of life (Haegerich & Hall, 2011). Health

effects on victims of violence include depression, anxiety, antisocial personality disorders, poor self-esteem, sexual dysfunction, unhealthy eating, self-harm behaviors, and alcohol and drug abuse (Aspin, Reynolds, Lehavot, & Taiapa, 2009; Haegerich & Hall, 2011; Hegadoren et al., 2006). Victims of abuse often develop symptoms of post-traumatic stress disorder, with women being twice as likely to develop it as men (Hegadoren et al., 2006). Because of this, many victims also experience intense fear, helplessness, horror, and distrust in other people: living with debilitating shame and self-blame (Hegadoren et al., 2006).

Long-term physical effects are also numerous. Victims report developing ischemic heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease (Aspin et al., 2009; Coker et al., 2005; Hegadoren et al., 2006). Interpersonal violence has been shown to lead to disabilities indirectly through distress and adverse lifestyle or coping strategies (Coker et al., 2005).

Scope

The majority of violent incidents at the selected university where this intervention was instituted involved resident students. There are also a large number of Greek (fraternity and sorority) organizations on campus: traditionally considered high-risk groups. Therefore, initial implementation of the program was directed at these two groups; resident students and Greek organizations.

All dormitories on campus have employees that staff areas of the building to help maintain the safety and security of the residents. These employees are students at the university, which employs them as community assistants. Community assistants are

assigned a particular floor in the dormitory and are responsible for all activities and actions on that floor.

To reduce the potential for violence, students of the residential life department and Greek organizations, as part of their annual trainings, participated in a two-hour training program on bystander interventions. The expectation was that by educating these students on what a violent act is, how to identify a violent act, and what the precursor to a violent act is, they would be able to intervene sooner, thus potentially preventing the violence from occurring. Students were then given resources to contact in an emergency to summon assistance if needed.

CHAPTER 3

THEORY OF CHANGE

Utilizing the transtheoretical model for change, a bystander intervention program was implemented at the selected university. The model takes participants through a series of stages of change, starting with pre-contemplation (not intending to make changes), contemplation (considering a change), preparation (making small changes), action (actively engaging in a new behavior), and maintenance (sustaining the change over time) (Kritsonis, 2004; Prochaska, 2000; Prochaska, Prochaska, & Levesque, 2001). Benefits of this model include the ability to enter and leave the process at any stage and to re-enter at any point (Kritsonis, 2004). By developing stage-matched interventions, the implementer can make a greater impact on participants and increase the likelihood that individuals will progress to action (Prochaska et al., 2001).

Objectives

The objective of this project was to introduce a program that teaches bystanders to identify and safely intervene when witnessing acts of violence. The program provided bystanders with the tools to report the incident to the proper authorities before, during, or after the event. It also provided bystanders with the tools to develop the skills to act and become witnesses rather than victims. The program selected for this training was the Step Up program.

The focus of Step Up is based on the premise that problems are preventable (Bell, 2008). The program motivates participants to rise up to the occasion, get past the diffusion of responsibility, give their best when the situation demands it, and embrace the challenge of stopping or preventing violence (Bell, 2008). Program goals include

teaching participants to recognize why people do not intervene in the face of violence, to develop specific intervention skills to stop or prevent violence, to increase motivation and confidence to help, to empower participants to act on their values, and to create a safer, healthier, more caring environment (Bell, 2008).

One goal for this project was to decrease the rates of violence on campus from current levels, measured in the academic semester one year prior to the program, as compared to the first four months, or one academic semester, after the program was conducted. A second goal of the program was to increase the university's students' awareness of what violence is, how to identify ways to respond, and to identify the correct reporting mechanisms already in place. Finally, the investigators wanted to decrease the overall rates of violence perpetrated on the students themselves. To prevent these acts of violence the investigators focused on recognition and prevention strategies for violence, and indicators that a situation may be escalating.

Effects on the Healthcare System

As discussed above, preventing violence has numerous benefits, including improving personal safety; reducing visits to health care providers for treatment after an episode of interpersonal violence; and reducing or eliminating the physical, emotional, and psychological effects on individuals. By decreasing the number of violent events on campus, there is an expectation that students will feel safer, not be afraid to attend class, and get more out of their college experience. This could result in a decreased use of student health services.

CHAPTER 4

METHODOLOGY

Setting

The setting for this project was a university campus in northern New Jersey. Including the university's undergraduate and graduate programs, 18,402 students are enrolled at the university. Of these students, 4,300 of them are resident students. The campus is located about 10 miles from New York City in a suburban neighborhood. Several high crime areas are located within five miles of the campus.

Groups

The University Health Center (UHC) conducted and sponsored the implementation of the bystander intervention program, with support from its director and the vice president for student development and campus life. Partnerships have been developed between the UHC, the residential life department, the Greek council, and the deputy Title IX officer.

Measures

The investigator conducted evaluation of the success of the program by comparing results of surveys given to participants prior to the program (Appendix A), immediately following the program (Appendix B), and 60 days after completion of the program (Appendix C). The investigator also conducted data comparisons between reports of violence for the four-month period of the 2011 fall academic semester with the 2012 fall academic semester: the time period immediately following the initial program implementation.

The purpose of the surveys was to measure the participant's current level of exposure to violence, whether they have been victims of violence, how they might respond to a violent act, and how they feel others respond to violence. The pre-program survey and the 60-day post-program survey were identical tools to allow for comparisons between the periods before the program and after.

The post program assessment measured two main items; how the participant would respond to violence and do they know the reporting process at the university. These two items go directly to the impact made by the Step Up program and the success of the program. These are identical questions on both the pre-program survey and the post program assessment to allow for statistical analysis to be completed.

Timeline

Initial implementation and training began at the start of the fall 2012 academic semester. The implementation team, composed of the deputy Title IX officer and this investigator, trained the staff of the residential life department during the second week of August 2012 during their mandatory annual training, followed by the Greek council, one week later. Members of this council are the leaders chosen from all the Greek organizations on campus and meet regularly to make decisions regarding the functions of the organizations. Finally, all Greek organization members were required to attend training during the first two weeks of October 2012. All training and data collection were completed by January 1, 2013.

Method

Prior to beginning the project, approval was obtained from the Institutional Review Board at the University of Nevada, Las Vegas and the host university. After

review of established, research-based programs, the implementation team chose to utilize the Step Up program. Step Up is a program developed at the University of Arizona for use by its athletics program. Originally designed to teach student athletes about violence prevention, it has since been modified to include students of all types. The program covers a wide range of violence, including, but not limited to sexual assault, hazing, discrimination, and relationship abuse.

The program is offered to any university or school interested in developing the program on its campus. There are no copyright requirements because the program is available to anyone; handouts are available for download on the program's web site. Materials are also available to anyone wishing to implement the program through the Step Up web site at www.stepupprogram.org. This material includes strategies for implementation as well as any start up materials that may be required.

Periodic training is conducted at the University of Arizona for anyone who prefers real time instruction on implementing the program. Prior to implementing Step Up at the host university, both members of the implementation team, this investigator and the deputy Title IX officer, attended this on-site training. The purpose of this two-day training was to introduce prospective instructors to the Step Up program and to be available to answer any questions regarding implementation of the program. The vice president of the host university, along with the director of the UHC, selected the members of the implementation team.

The implementation team conducted initial training with the residential life department during their summer training. In preparation for the beginning of every academic year, the staff of the residential life department holds training sessions to

discuss the essentials of their jobs and the expectations placed on them. Training in the Step Up program occurred during this annual training program, which is mandatory. Since training is required for their jobs, informed consent to attend the training was not required. Consent for participation in the pretest, post program assessment and 60-day post surveys were required. Informed consent was explained and distributed to all participants by this investigator, prior to the program. Participants were asked to complete the consent prior to participating in the program evaluation.

Members of the Greek organizations were also required to attend mandatory training provided by their faculty advisors. The Step Up training was presented to these students during this required training session. Again, since Greek Life mandated participation in the program, consent was not obtained before presenting Step Up to the students. However, consent was required to participate in the program evaluation, and any person agreeing to participate was required to sign an informed consent prior to distribution of the surveys.

All survey tools used for the program were produced by the Step Up program and reproduced with permission of their authors. There are no data available regarding internal validity and reliability of the survey. No validation was performed on the survey prior to its use in this program.

After implementing the program, this investigator evaluated sustainability of the program based on the success of the initial training. Success of the program was determined based on results of an evaluation survey distributed to participants immediately after the program and 60 days after training. An email was sent to students with a link to the online post-test 60 days after completing the program. A reminder

email with the link was sent to participants midway through the survey period. Consent for this follow up survey was included in the original informed consent, and only participants who gave consent were sent the survey link. Data were analyzed using descriptive and analytic statistics using SPSS software.

CHAPTER 5
FINDINGS

Results

The program was conducted with participants representing the residential life staff and the various Greek organizations on campus. Only attendees that agreed to participate in this project were given surveys to complete. Any attendee that did not consent to project participation was not given surveys and was not accounted for in this paper. Students that gave consent and completed the surveys will be referred to as participants.

All participants were students of the university and between the ages of 19 and 25 (Table 1). The majority were members of the junior and senior classes with few freshmen or graduate students (Table 2). There was a three to one ratio of women to men in the program (Table 3). This ratio is not completely representative of the university as a whole, whose population is 60% female and 40% male.

Table 1

Mean Participant Age Measured in Years

Pre-test	Post Program Assessment	60-day Post-Test
N= 235	N= 197	N= 27
20.39	20.45	20.74

Table 2

Academic Year of Students Who Participated in the Step Up Program

	Pre-Test % N= 231	Post Program Assessment % N= 192	60-day Post-Test % N=27
Freshman	0.4	0.5	0
Sophomore	16.5	16.1	3.7
Junior	35.9	35.9	48.1
Senior	45.5	46.	44.4
Graduate	1.7	0.5	3.7

Table 3

Gender of Student Who Participated in the Step Up Program

	Pre-Test % N= 236	Post Program Assessment % N= 198	60-day Post-Test % N= 27
Female	76.3	76.8	85.2
Male	23.7	23.2	14.8

The vast majority of students classified themselves as being heterosexual versus gay, lesbian or bisexual (Table 4). There were more members of Greek organizations than resident life staff. Students also had the option of selecting other extra-curricular activities in which they participated (Table 5).

Table 4

Sexual Orientation of Students Who Participated in the Step Up Program

	Pre-Test % N= 236	Post Program Assessment N= 197	60-day Post-Test N= 27
Heterosexual	94.9	94.4	92.65
Gay	1.7	2.0	0%
Lesbian	0.8	0.5	3.7
Bisexual	2.5	3.0	3.7

Table 5

Extra-Curricular Activities of Students Who Participated in the Step Up Program

	Pre-Test % N= 235	Post Program Assessment % N= 197	60-day Post-Test % N= 27
Sorority/Fraternity	64.7	62.4	63.0
Intercollegiate	3.4	3.0	0
Sports			
Resident Life Staff	43.0	42.1	48.1
Sports Club	6.4	3.6	0
Student Government	4.7	4.6	0

More students lived on campus than any other population. For students who do not live on campus, the majority lived in off campus housing or their own apartments with the remainder living at home with their parents. One student on the pretest indicated

that he lived in a fraternity or sorority house. This seems unlikely since the university does not sponsor or have any Greek housing on or off campus (Table 6).

Table 6

Place of Residence for Students Who Participated in the Step Up Program

	Pre-Test % N= 235	Post Program Assessment % N= 195	60-day Post-Test % N= 27
House/Apt	21.7	22.1	18.5
Residence Hall	66.8	66.7	66.7
Fraternity/Sorority House	0.4	0	0
With Parents	11.1	11.3	14.8

To demonstrate knowledge gained during the program, students were asked if they knew the reporting process for their university. Comparing this question on the pretest results to the same question on the post program assessment and using a paired *t*-test, we saw a statistically significant increase in the percent of students who knew the reporting procedures at the university (Table 7).

Table 7

Participants' Familiarity with University's Reporting Procedures

	Pre-Test % N= 233	Post Program Assessment % N= 196	60-day Post-test % N= 25
Yes	54.9	82.7	76.0
No	45.1	17.3	24.0

Note. $p = .000$, $SD = .522$, 95% confidence level

Participants were questioned how they would likely respond should they witness a violent act. For each violent act, bullying, verbal abuse, hate crimes, hazing, physical assault, sexual assault, and stalking, participants were asked if they would join in, do nothing, talk to a non-student employee/call 911, enlist the help of a friend or other student, or try to stop it themselves. Immediately after taking the program, more students responded that they would try to stop it rather than by any other intervention. A small percentage of students reported that they would do nothing, for all acts of violence, after taking the program, as compared to prior to the program (Appendix D).

Participants reported experiencing more violence in the first 60 days after the program compared to prior to taking the program. Prior to the program, participants reported experiencing bullying, verbal abuse, hate crimes, hazing, physical assault, sexual assault, and stalking. In the first 60 days after the program, participants reported increased rates for the same crimes (Table 8). Consequently, there were reductions noted in the witnessing of violent acts prior to the program when compared with the first 60 days after the training. This reduction was noted for all acts of violence queried (Table 9).

Table 8

Participants Who Reported Experiencing Violence Within the Year Before the Program or 60 Days After the Step Up Program

	Pre-Test %	60-day Post-Test %
Bullying	14.1	22.2
Verbal Abuse	33.7	37.0
Hate Crimes	16.2	11.1
Hazing	5.2	0
Physical Assault	3.8	11.1
Sexual Assault	3.9	7.4
Stalking	9.0	3.7

Table 9

Participants Who Reported Witnessing Violence Within the Year Before the Program or 60 Days After the Step Up Program

	Pre-Test %	60-day Post-Test %
Bullying	49.2	30.7
Verbal Abuse	58.3	37.0
Hate Crimes	39.9	7.4
Hazing	25.6	28.5
Physical Assault	16.7	14.8
Sexual Assault	5.1	0
Stalking	11.6	7.4

When comparing pre-program results to the first 60 days after the program, there were noticeable differences in how students would intervene when witnessing a violent act. Prior to training, few students reported intervening when confronted with an act of violence. After training, there were increases in the percentages of intervention, specifically students were more likely to enlist the help of a friend or staff member rather than calling the police or trying to stop it themselves; this holds true for all types of violence reported (Appendix E).

When evaluating violence on campus, there were reductions in many types of violence. To look at rates of campus violence we evaluated conduct code violations as reported by the campus conduct officer. For the majority of conduct code violations for violent acts, there were reductions in the numbers of students involved. For those violations that did have an increase, these increases were small to moderate. Many of these crimes, such as sexual assaults, sexual harassment, and dating/relationship misconduct saw a decline of 100% (Table 10). One note is that despite making comparisons from one year to the next, the university was unexpectedly closed for one week during the 2012 semester as a result of a major hurricane that struck the area.

Table 10

University Conducts Code Violations and the Percentage of Change for Each Violation

	Sept 1– Dec 31, 2011	Sept 1 – Dec 31, 2012	
	N	N	% change
Abuse of the conduct system	62	40	-36
Dating/relationship misconduct	2	0	-100
Destruction of property	8	4	-50
Disruptive conduct	27	61	126
Drug violations – general	30	19	-37
Drug violations – possession	22	18	-18
Forcible or unauthorized entry	10	11	10
Harassment – general	13	2	-85
Harassment – sexual	1	0	-100
Infliction of bodily harm	8	3	-63
Residence hall – illegal substances	20	12	-40
Safety – general	9	12	33
Sexual misconduct	1	0	-100
Theft	16	3	-81
Threat of bodily harm	1	2	100
Violations of local, state or federal law	85	65	-24

Discussion

When evaluating survey results, the investigator noted a significant decline in responses of 60-day post program surveys as compared to the pre-test and post program assessment. The likelihood of non-response bias is high, with only 88% of students who completed the pre-test failing to take the post-test. Additionally, recall bias is likely because participants were asked to report memories over time periods of varying length. Pretests results were measured over the year prior to the program whereas the 60-day post program survey was for the first 60 days after the initial training. Therefore as a result of this small sample size and several types of bias, the results are not representative of the population and difficult to generalize. Participants' increase in knowledge of university reporting procedures indicates the Step Up program was successful in teaching participants how to respond in the case of violence. Since safety is also a concern of the program, knowing how to report a violent act becomes important, so that participants can remain safe, not just in general but also if they were to report a crime.

One expectation that the investigator had before the initiation of the program was that there would be an increase in the number of reported acts of violence due to heightened awareness. It was speculated that violence was occurring prior to the program but not being reported. As one brings awareness to a topic, people develop a keen eye for the problem that creates a heightened sense of awareness (Baynard, 2008; Moynihan et al., 2010) and thereby increasing reporting rates.

To evaluate the goal of getting students to recognize and respond to violence or an escalating situation, participants were asked how they would respond to witnessed or experienced acts of violence. Prior to taking the Step Up program, the vast majority of

participants indicated that they would respond in some manner; however, many participants responded that they would not intervene at all. Since taking the program, the proportion of participants that would not do anything decreased for all areas of violence, meeting the investigators goal.

When asked how they were most likely to respond to an act of violence, students were more likely to call 911 or get an employee to help before taking the Step Up program. Immediately following the training, students' reactions in general were to take charge and try to stop it themselves. This indicates that students understood the need and importance of reacting to violence and would be willing to do something about it: a goal of the Step Up program.

When evaluating results from two months after the program, despite the small number of responses, participants were more likely to call 911 or get the help of an employee or friend to help stop the incident rather than personally intervening. A potential explanation for this is as time passes, participants were able to analyze the knowledge gained during the program and plan safer methods of intervention, rather than putting themselves in further harm. Despite the decrease in the participants' willingness to intervene directly, it is still a positive response and a shift away from doing nothing, which many participants answered prior to the program.

If violent acts against students occurred shortly after the training took place, participants may have been more likely to take care of it on their own, rather than reporting it to school authorities. This assumption is derived from the large proportion of participants reporting that they would try to stop the violence on their own. Participants

may have felt a heightened sense of empowerment immediately following the program, which could be an explanation for this phenomenon.

Another explanation for the lower numbers of violence acts reported to campus officials is the lack of data about to whom the reports were made when they occurred. If students witnessed or experienced a violent act, did they call campus police versus telling a faculty or staff member? If they reported it to a faculty or staff member, did that person then report the event to school officials; i.e., campus police or administration? This poses the question, do faculty and staff members know what to do in the event of a violent act and should training be conducted to target this population?

Prior to the program beginning, one goal of the investigator was to target residential students. As noted above, more acts of violence involved residential students than any other population in the year prior to the program. Two-thirds of program participants were residential students, living on campus. By targeting this high-risk group, the investigator potentially limited this risk and helped influence the overall reduction in violence on campus.

In the two-month program follow up, proportionally fewer students reported witnessing every type of violence queried. During the Step Up program, students are taught to recognize the signs of an escalating problem and act on it before the situation becomes out of control. These actions can be calling 911, involving a friend, faculty, or staff member, or intervening on their own. Now that students are more likely to identify situations early, our goal of stopping violence may have been met, since participants are responding as the situation escalates, rather than waiting until the action occurs.

Safety is a key component to the Step Up training. Students are encouraged to stop or prevent violence but to do it in a safe manner. There is a natural tendency to want to respond, specifically in the immediate post-training period. As time elapses, the skills taught during the program take over, and students become more likely to use safer methods to stopping violence. When asked how they would respond to violent acts, participants were more likely to try to stop it for acts that are of a less violent nature, such as bullying and hazing, than for more violent crimes such as sexual or physical assaults.

Demonstrating retention of the information presented during the program, a larger proportion of students reported being more likely to respond to violence, in the 60-day post program period than they did before. Although this response shifted away from trying to stop it on their own to calling for assistance, it demonstrates an active learning process and a change in overall attitudes towards violence and attempting to stop it. It does, however, cause question to what other skills can be taught or developed to further increase the rate of response and move those who won't respond to at a minimum, making a call for help.

In developing the project, the investigator utilized the transtheoretical model for change. This model brings participants from a pre-contemplation, to contemplation, to action, to change, to maintenance stage of change. Since training was mandatory for all participants, there was no way to gauge their stage of change. Therefore, participants in the pre-contemplation phase may not have been ready or willing to make a change at the point when training occurred. One suggestion to continue moving students forward, from pre-contemplation through maintenance, would be to continue the training through intermittent reminders, retraining, or words of encouragement sent to participants.

Another way to help maintain the current rate of change and to encourage new growth, further training and support is needed for both students and staff. Change is a process that requires effort to sustain it. One way to continue this process would be to establish a multidisciplinary team to take over and continue the Step Up training. This approach leads to better development of ideas and provides support for continual training.

Strengths

A major strength of the program was the support and cooperation that the investigators had from the university administrators. Investigators would never have been able to implement the program without the support of the residence life and Greek leadership. Additionally, after training completed, administrators were quick to realize problems exist and take corrective action.

Another strength of the program was the evidence-based Step Up program. Step Up has been in widespread use now for approximately 5 years and has been adopted by numerous universities throughout the country. Having the investigators trained in the program by its designers adds to the benefits related to Step Up.

Limitations

There are several limitations with this project. Students were selected to participate in the program by a convenience method. Since training for all participants was mandatory, the investigators had a captive audience from which to solicit participants; however, these participants may not have been ready for change and lacked motivation to participate. This could be a reason for such a low response to the 60-day post-program survey.

Another limitation to the project was the program was given only to members of Greek organizations and staff of the residence life department. These two groups reflect a very narrow spectrum of the university as a whole. Further evaluation should be conducted using other representative bodies of the university. Despite this limitation, the investigators did meet its goal of targeting residential students, since two-thirds of program participants were resident students.

An additional limitation is the inability to perform statistical analysis between pre-test results and 60-day post-test results. Participants were not asked to provide their unique ID number when completing the 60-day post-test, and therefore there was no means to match surveys for analysis. Should this study be repeated, participants should complete their unique ID number on all surveys to allow for data comparison. Also, the investigator should offer an incentive to boost participation after two months.

Conclusion

Violence prevention is a multifaceted task that requires support and guidance from an entire university community. At one university where violence was on the rise, administrators, nurses, faculty, and staff, recognized the need to improve safety for the entire community. To help combat this increase in violence, the Step Up program was introduced to select groups of students of the university. Short-term data does suggest that there is change occurring on the campus and violence is being reduced, but training and interventions need to continue to help solidify this trend.

To have a successful change, a new culture needs to be established. This culture cannot occur in the short term but needs to develop over time. By continuing to instill safety into the minds of the students you help continue this change. This project

demonstrated that the movement to safety and violence reduction is possible. With continued growth and development, one university can stop violence from occurring, making it a safe, fun place to get an education.

When implementing change, the Doctor of Nursing Practice (DNP) is a prime candidate to fill the role as change agent. The DNP has the ability and knowledge to assess, plan, implement, and evaluate needed change and to do so as part of a multidisciplinary team. The DNP has the skills to move these teams forward to implement positive outcomes for the benefit of the population they serve. This project, implemented by the DNP candidate, demonstrates all of these principles and ultimately achieved many of the program goals, making students safer than they were before.

APPENDIX A: PRETEST

Bystander Intervention Training Pretest

INSTRUCTIONS TO STUDY PARTICIPANTS

During the course of this research study, we will be collecting data from you two times today. We must have a way to link your information while preserving your anonymity. You will use the following instructions to create a unique identifier, known only to you, that you can recall easily. Your code will consist of four numbers followed by two letters.

Creating your unique identifier: _____

In the first space enter the **month you were born**, expressed as a two-digit number. For example, if you were born in January you would put '01'

In the second space enter the **middle two digits** of your social security number. If you cannot remember your social security number, enter '99'.

In the next space enter the first letter of your **mother's first name**.

In the last space enter the first letter of your **father's first name**.



Example: I was born in June, my social security number is 490-54-9441, my mother's name is Mary and my father's name is Peter. My study code is: 06 54 M P.

Please enter your code in the space provided on each of the surveys attached.

Enter your unique identifier here: _____

Bystander Intervention Training Pretest

1. Have you experienced/been the victim of any of the following within the past 12 months?

	No	Yes	If yes, on campus	If yes, off campus
Bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional/Verbal abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hate Crimes/Discrimination (race/ethnicity, gender, religion, sexual orientation, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Assault/Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stalking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. If you have experienced/been the victim of any of the following within the past 12 months, was alcohol involved (you may check more than one box per type of violence)?

	No	The victim used alcohol	Don't know about victim's alcohol use	The perpetrator used alcohol	Don't know about the perpetrator's alcohol use
Bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional/Verbal Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hate Crimes/Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Assault/Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stalking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Bystander Intervention Training Pretest

3. Have you witnessed any of the following within the past 12 months (if yes please answer all columns)?

	No	Yes	If yes, on campus?	If yes, off campus?
Bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional/Verbal Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hate Crimes/Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Assault/Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stalking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. In general, how often do you think SOMEONE ACTUALLY DOES SOMETHING to intervene when the following occur (check one column for each type of violence)?

	Never	Rarely	Sometimes	Frequently	Almost always
Bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional/Verbal Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hate Crimes/Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Assault/Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stalking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Bystander Intervention Training Pretest

5. If you observed the following, how are you most likely to respond? Please check what you are most likely to do for each situation?

	Join in	Do nothing	Talk to a non-student campus employee/call 911	Enlist help from a friend or other student	Try to stop it
Bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional/Verbal Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hate Crimes/Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Assault/Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stalking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Have you ever intervened when witnessing one of the following? Please check all that apply for each type of violence.

	Made an official report	Talked to a non-student campus employee	Talked to a friend or other student	Tried to stop it	Not applicable, have not witnessed
Bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional/Verbal Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hate Crimes/Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Assault/Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stalking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Bystander Intervention Training Pretest

7. For any situation in which you have intervened, please explain WHY you chose to intervene (check all that apply).

- It was the right thing to do
- So the person wouldn't get into trouble
- So the situation wouldn't escalate
- Someone needed help
- It was easy to help
- Because others expected me to help
- I would want someone to help me in that situation
- I related to the person's experience

8. Briefly describe bystander interventions.

9. Are you familiar with reporting procedures if you witness interpersonal violence on the Montclair State University campus?

- Yes
- No



Bystander Intervention Training Pretest

10. Please describe appropriate reporting procedures.

11. Gender identification

- Male Female Transgender

12. Age: _____

13. Affiliation with Montclair State University (Check all that apply)

- Freshman Faculty
 Sophomore Staff
 Junior Administrator
 Senior Graduate/Professional Student
 Other (Please specify): _____



14. Which best describes you?

- Gay Lesbian Bisexual Heterosexual

15. Which of the following do you participate in (Check all that apply)?

- Social fraternity/sorority Intercollegiate sports Residence life staff
 Sports club Student government Other student club/org.
Other (Please specify): _____

16. Current place of residence

- House/Apt./Etc. Residence Hall Frat/Sorority House With Parent/Relative

APPENDIX B: POST PROGRAM ASSESSMENT

Bystander Intervention Training Posttest

INSTRUCTIONS TO STUDY PARTICIPANTS

During the course of this research study, we will be collecting data from you two times today. We must have a way to link your information while preserving your anonymity. You will use the following instructions to create a unique identifier, known only to you, that you can recall easily. Your code will consist of four numbers followed by two letters.

Creating your unique identifier: _____

In the first space enter the **month you were born**, expressed as a two-digit number. For example, if you were born in January you would put '01'

In the second space enter the **middle two digits** of your social security number. If you cannot remember your social security number, enter '99'.

In the next space enter the first letter of your **mother's first name**.

In the last space enter the first letter of your **father's first name**.



Example: I was born in June, my social security number is 490-54-9441, my mother's name is Mary and my father's name is Peter. My study code is: 06 54 M P.

Please enter your code in the space provided on each of the surveys attached.

Enter your unique identifier here: _____

Bystander Intervention Training Posttest

1. If you observed the following, how are you most likely to respond? Please check what you would most likely do for each situation.

	Join in	Do Nothing	Talk to a non-student campus employ-	Enlist help from a friend or other stu-	Try to stop it
Bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional/Verbal Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hate Crimes/Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Assault/Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stalking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Briefly describe bystander interventions.



3. Are you familiar with reporting procedures if you witness interpersonal violence on the campus of Montclair State University?

Yes

No

Bystander Intervention Training Posttest

4. Please describe appropriate reporting procedures.

5. Pick the 3 most useful concepts in the STEP UP training.

- The 5 steps (notice the event; interpret it as a problem; assume responsibility; know how to help; implement the help)
- The power of conformity
- The SEE Model (Safe; Early; Effective)
- Perspective taking (i.e., picture of old lady/young lady)
- Strategies for effective helping
- Other

Other (please specify)

6. Pick the 3 most effective training methods in the STEP UP training.

- Videos
- Slides with program content
- Discussion of scenarios
- Clickers
- Role playing
- Other

Other (please specify)



Bystander Intervention Training Posttest

7. Gender identification

Male

Female

Transgender

8. Age: _____

9. Affiliation with Montclair State University (Check all that apply)

Freshman

Faculty

Sophomore

Staff

Junior

Administrator

Senior

Graduate/Professional Student

Other (Please specify):

10. Which best describes you?

Gay

Lesbian

Bisexual

Heterosexual

11. Which of the following do you participate in (Check all that apply)?

Social fraternity/sorority

Intercollegiate sports

Residence life staff

Sports club

Student government

Other student club/org.

Other (Please specify):

12. Current place of residence

House/Apt./Etc.

Residence Hall

Frat/Sorority House

With Parent/Relative



APPENDIX C: 60-DAY POST-TEST

Bystander Intervention Training 60 Day Posttest

Thank you for your willingness to answer a few questions about the Step Up Bystander Intervention training you have completed. Your feedback will help us to evaluate the efficacy of the program. Your responses will be entered into a database with no links to your email or IP address nor your identifying information, this guaranteeing your anonymity. We appreciate your honest answers!

This survey will take approximately 5—10 minutes to complete and you can skip questions if you do not feel comfortable responding.

If you have any questions, please call Robert Vadovic at (973)839-1920. By participating in the survey, you are giving permission for the principle investigator to use your survey responses for program development and evaluation. Thank you.



Bystander Intervention Training 60 Day Posttest

1. Have you experienced/been the victim of any of the following within the past 60 days (If yes please answer all columns)?

	No	Yes	If yes, on campus	If yes, off campus
Bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional/Verbal abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hate Crimes/Discrimination (race/ethnicity, gender, religion, sexual orientation, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Assault/Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stalking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. If you have experienced/been the victim of any of the following within the past 60 days, was alcohol involved (you may check more than one box per type of violence)?

	No	The victim used alcohol	Don't know about victim's alcohol use	The perpetrator used alcohol	Don't know about the perpetrator's alcohol use
Bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional/Verbal Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hate Crimes/Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Assault/Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stalking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Bystander Intervention Training 60 Day Posttest

3. Have you witnessed any of the following within the past 60 days (if yes please answer all columns)?

	No	Yes	If yes, on campus?	If yes, off campus?
Bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional/Verbal Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hate Crimes/Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Assault/Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stalking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. In general, how often do you think SOMEONE ACTUALLY DOES SOMETHING to intervene when the following occur (check one column for each type of violence)?

	Never	Rarely	Sometimes	Frequently	Almost always
Bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional/Verbal Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hate Crimes/Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Assault/Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stalking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Bystander Intervention Training 60 Day Posttest

5. If you observed the following, how are you most likely to respond? Please check what you are most likely to do for each situation?

	Join in	Do nothing	Talk to a non-student campus employee/call 911	Enlist help from a friend or other student	Try to stop it
Bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional/Verbal Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hate Crimes/Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Assault/Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stalking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Have you ever intervened when witnessing one of the following? Please check all that apply for each type of violence.

	Made an official report	Talked to a non-student campus em-	Talked to a friend or other student	Tried to stop it	Not applicable, have not witnessed
Bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional/Verbal Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hate Crimes/Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Assault/Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stalking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Bystander Intervention Training 60 Day Posttest

7. For any situation in which you have intervened, please explain WHY you chose to intervene (check all that apply).

- It was the right thing to do
- So the person wouldn't get into trouble
- So the situation wouldn't escalate
- Someone needed help
- It was easy to help
- Because others expected me to help
- I would want someone to help me in that situation
- I related to the person's experience

8. Briefly describe bystander interventions.

9. Are you familiar with reporting procedures if you witness interpersonal violence on the Montclair State University campus?

- Yes
- No



Bystander Intervention Training 60 Day Posttest

10. Please describe appropriate reporting procedures.



11. Gender identification

- Male Female Transgender

12. Age: _____

13. Affiliation with Montclair State University (Check all that apply)

- Freshman Faculty
 Sophomore Staff
 Junior Administrator
 Senior Graduate/Professional Student
 Other (Please specify): _____

14. Which best describes you?

- Gay Lesbian Bisexual Heterosexual

15. Which of the following do you participate in (Check all that apply)?

- Social fraternity/sorority Intercollegiate sports Residence life staff
 Sports club Student government Other student club/org.
Other (Please specify): _____

16. Current place of residence

- House/Apt./Etc. Residence Hall Frat/Sorority House With Parent/Relative

Bystander Intervention Training 60 Day Posttest

On behalf of the Step Up program thank you very much for participating in this important project. Best of luck in your future endeavors.

Below is a list of Campus Resources for you should you need any further information or assistance.

Montclair State University

University Health Center 973-655-3459	Counseling and Psychological Services 973-655-5211
University Police Department 973-655-5222	Be-A-Hawk-Eye Text "E-Tips" to 67283

Step Up Program!

www.stepupprogram.org



APPENDIX D: PARTICIPANTS' LIKELIHOOD OF RESPONDING TO ACTS OF
VIOLENCE

	Pre-test %	Post Program Assessment %	60-day Post-test %
Bullying			
	N = 234	N= 193	N = 26
Join in	1.3	1.6	0
Do Nothing	9.4	1.0	3.8
Talk to a nonstudent employee/call 911	11.1	9.8	19.2
Enlist help from a friend or other student	16.2	13.0	34.6
Try to stop it	62.0	74.6	42.3
Verbal Abuse			
	N = 234	N = 196	N = 27
Join in	0.9	2.0	0
Do nothing	8.1	1.0	7.4
Talk to a nonstudent employee/call 911	12.4	13.8	25.9
Enlist help from a friend or other student	16.2	13.3	33.3
Try to stop it	62.4	69.9	33.3

	Pre-test %	Post Program Assessment %	60-day Post-test %
Hate Crimes			
	N = 231	N = 193	N = 23
Join in	0.4	2.6	0
Do nothing	9.1	1.6	8.7
Talk to a nonstudent employee/call 911	42.0	36.8	56.6
Enlist help from a friend or other student	13.4	10.9	17.4
Try to stop it	35.1	48.2	14.8
Hazing			
	N = 232	N = 196	N = 25
Join in	0.9	1.0	0
Do nothing	25.4	2.6	12.0
Talk to a nonstudent employee/call 911	30.2	41.3	56.0
Enlist help from a friend or other student	13.8	12.8	12.0
Try to stop it	29.7	42.3	20.0

	Pre-test %	Post Program Assessment %	60-day Post-test %
Physical Assault			
	N = 233	N = 194	N = 27
Join in	0.4	1.0	0
Do nothing	4.3	0.5	3.7
Talk to a nonstudent employee/call 911	50.6	43.4	74.1
Enlist help from a friend or other student	12.0	12.4	11.1
Try to stop it	32.6	42.8	11.1
Sexual Assault			
	N = 235	N = 195	N = 26
Join in	0.4	1.0	0
Do nothing	3.4	0	3.8
Talk to a nonstudent employee/call 911	54.5	45.6	73.1
Enlist help from a friend or other student	7.2	10.3	11.5
Try to stop it	34.5	43.1	11.5

	Pre-test %	Post Program Assessment %	60-day Post-test %
	Stalking		
	N = 235	N = 193	N = 26
Join in	0.9	1.0	0
Do nothing	15.3	1.6	3.8
Talk to a nonstudent employee/call 911	48.5	47.2	69.2
Enlist help from a friend or other student	12.3	12.4	15.4
Try to stop it	23.0	37.8	11.5

APPENDIX E: PARTICIPANTS' RESPONSES TO WITNESSING ACTS OF
VIOLENCE

	Pre-test %			60-day Post-test %		
	Yes	No	Never Witnessed	Yes	No	Never Witnessed
<hr/> Make an official report <hr/>						
Bullying	5.7	71.3	23.0	4.0	72.0	24.0
Verbal Abuse	4.4	76.8	18.9	7.4	63.0	29.6
Hate Crimes	5.3	45.8	48.9	4.0	40.0	56.0
Hazing	4.0	39.2	56.8	0	44.4	55.6
Physical Assault	4.0	36.6	59.5	14.8	22.2	63.0
Sexual Assault	3.9	23.2	72.8	0	22.2	77.8
Stalking	2.2	25.1	72.7	7.4	22.2	70.4

	Pre-test %			60-day Post-test %		
	Yes	No	Never	Yes	No	Never
	Witnessed			Witnessed		
Talked to a non-student campus employee						
Bullying	4.8	71.7	23.5	32.0	44.0	24.0
Verbal Abuse	5.7	70.9	23.3	25.9	44.4	29.6
Hate Crimes	11.1	40.0	48.9	28.0	16.0	56.0
Hazing	7.5	35.7	56.8	14.8	29.6	55.6
Physical Assault	5.8	34.5	59.7	25.9	11.1	63.0
Sexual Assault	4.8	22.4	72.8	11.1	11.1	77.8
Stalking	4.4	22.9	72.7	18.5	11.1	70.4
Talked to a friend or other student						
Bullying	25.2	51.3	23.5	44.0	32.0	24.0
Verbal Abuse	29.1	47.6	23.3	40.7	29.6	29.6
Hate Crimes	24.0	27.1	48.9	24.0	20.0	56.0
Hazing	22.5	20.7	56.8	37.0	7.4	55.6
Physical Assault	17.7	22.6	59.7	18.5	18.5	63.0
Sexual Assault	12.7	14.5	72.8	18.5	3.7	77.8
Stalking	11.5	15.9	72.7	14.8	14.8	70.4

	Pre-test %			60-day Post-test %		
	Yes	No	Never Witnessed	Yes	No	Never Witnessed
Tried to stop it						
Bullying	56.8	19.8	23.6	38.5	38.5	23.1
Verbal Abuse	47.1	29.5	23.3	33.3	37.0	29.6
Hate Crimes	17.3	33.8	48.9	4.0	40.0	56.0
Hazing	14.1	29.1	56.8	3.7	40.7	55.6
Physical Assault	18.6	21.7	59.7	3.7	33.3	63.0
Sexual Assault	8.8	18.4	72.8	3.7	18.5	77.8
Stalking	11.0	16.7	72.7	3.7	25.9	70.4

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Haskell, NJ 07420

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Profile:

I am a highly motivated individual with a keen eye for detail. I am looking for an opportunity to prove my worth and advance my career. I consider myself to be an effective team player with excellent leadership skills and an analytical approach to the solving of problems. My experience in patient care is extensive and covers a wide array of clinical areas.

Employment:

Kean University, Union, NJ
Health Services

1/2013-Present

Position: Managing Assistant Director/Nurse Practitioner
Duties: Responsible for day to day management of the health center, including patient care, community outreach, campus programming, implementing new programs, policy and procedure development, and implementing an EMR

Montclair State University, Montclair, NJ **08/2011 – Present**
The College of Education and Human Services

Position: Adjunct Professor
Duties: Educate students in medical terminology.
Write and implement a teaching plan for the semester, including delivering lectures and creative ways to aid in student learning
Write and administer tests to evaluate the student's progress through the course
Use Blackboard for grade entry, student communication and provide continuous asynchronous discussions to enhance the students learning
Communicate with the dean regarding student issues and progress
Submit grades using online tools provided by the university

Logistics Health Incorporated, LaCrosse, WI **09/2010 - Present**

Position: Nurse Practitioner
Duties: Perform periodic health assessments on members of the armed forces, including pre-deployment, post-deployment and annual health assessments.
Monitor service members for issues regarding injuries and mental health including but not limited to depression, substance abuse and post-traumatic stress.
Record findings and submit for military review.

Montclair State University, Montclair, NJ
University Health Center

10/2010 – 12/2012

Position: Nurse Practitioner

Duties: Exam, diagnose and treat students of the university presenting to the health center. Complaints range from well visits & preventative medicine to sick visits.
Provide patient centered education regarding health and wellness, diagnosis, and management of their health issues.
Write and modify current policies and procedures for the health center based on evidence based best practices.
Implement the Step Up Program, a bystander awareness program to prevent interpersonal violence.
Participant on the Coalition against violence, a community based program to prevent violence in the community.
Participant on the universities Mental Health Task Force, a committee committed to promoting health and safety for all university students.
GLBTQ safe space representative.
Precept nurse practitioner students in their clinical rotations for their degrees.
Arraigned for a practice agreement to be established between the health center
And Seton Hall University to facilitate students and their education.
Assist with data entry for immunizations

Joseph K. Hyon, DO, Park Ridge, NJ

10/2007 – 10/2010

Position: Nurse Practitioner

Duties: Exam and treat adult patients presenting to the office for evaluation.
Perform assessments on patients in the acute care and sub-acute settings; including history and physicals, daily progress notes, ordering and interpreting tests, ordering consults, and discharging patients to home or other appropriate facilities.
Provide educational material to patients based on diagnosis.
Provide physical and emotional support to patients and their families.
Precept nurse practitioner students in their clinical rotations for their degrees.
Complete all charting in an EMR system
All hospital documentation completed with an EMR
Utilized PACS system for x-rays, and computer interfaces to access patient labs, radiology reports, etc. to provide effective patient care

Holy Name School of Nursing, Teaneck, NJ 08/2007 – 06/2008

Position: Adjunct Professor of Nursing
Duties: Responsible for instructing senior nursing students basic nursing care including but not limited to pathophysiology of diseases, safe medication administration, and patient education on Medical/Surgical units, Telemetry, and Intensive Care.
Lecture on various topics of adult health and nursing.
Mentor and advise students regarding their performance and career options.

Lifestar Response Inc., Totowa, NJ 09/2004 – 10/2008

Position: Critical Care Transport Nurse
Duties: Provide critical care to patients needing transport between acute and sub-acute care facilities.
Perform patient assessments, manage critical care infusions, ventilators and balloon pumps in preparation for transport.
Provide cardiac monitoring for all patients.

**Chilton Memorial Hospital, Pompton Plains, NJ 02/2007 – 01/2008
Emergency Department**

Position: Staff Nurse
Duties: Assess, triage, and treat incoming patients to the emergency department.
Coordinate care between physicians, nurses and other departments of the hospital to ensure optimal patient care.
Perform other duties essential to patient care; including but not limited to establishing IVs, starting and titrating drips, ventilator and cardiac monitoring.

**Nyack Hospital, Nyack, NY 02/2005 – 02/2007
Emergency Department**

Position: Assistant Nurse Manager
Duties: Assist in the day to day management of the emergency department with an annual volume of approximately 35,000 patients and over 100 FTEs.
Manage staff for the emergency department, express care and pediatric emergency department.
Assist with managing the budget and cost containment.
Coordinated and wrote schedules for the nursing staff, administrative staff and patient care assistants, to provide 24 hour coverage for the department, including computer entry and coordination with the department of nursing.
Handle patient and family complaints, staff problems and any other issues that may have occurred.
Managed a patient tracking system to capture data in an effort to decrease wait times in the ED
Coordinated patient care between the ED and other hospital units to maximize efficiency and throughput.

Holy Name Hospital, Teaneck, NJ 8/2001 – 2/2005
Emergency Department and Intensive Care Unit

Position: Staff Nurse
Duties: Assess, triage, and treat incoming patients to the emergency department.
Coordinate care between physicians, nurses and other departments of the hospital to ensure optimal patient care.
Perform other duties essential to patient care; including but not limited to establishing IVs, starting and titrating drips, ventilator and cardiac monitoring, wound care, and documentation.
Act as charge nurse for the department.
Chairman of the department education committee.
Organized training seminars of trauma resuscitation, OB/GYN emergencies, and pediatric emergencies.
Oriented new staff to the unit.

Licenses and Certifications: American Academy of Nurse Practitioners, Board certified as an Adult Nurse Practitioner. Certification # A0807168.
Advanced Practice Nurse, New Jersey Board of Nursing
Adult Nurse Practitioner, New York Department of Education
Registered Professional Nurse, New Jersey Board of Nursing
Registered Professional Nurse, New York Department of Education
Certified Emergency Nurse, Emergency Nurses Association
Step Up Bystander Intervention Program Qualified instructor
Green Dot Bystander Intervention Program Certified instructor
BLS CPR, Dysrhythmia, Hemodynamic monitoring, IV therapy certified
12 lead ECG interpretation
Eagle Scout, Boy Scouts of America

Education:

University of Nevada, Las Vegas
Expected Graduation May 2013
Doctor of Nursing Practice
Doctoral Project – “Implementing a Bystander Intervention Program on a University Campus”

Seton Hall University, South Orange, NJ
05/2007 Masters of Science in Nursing, Acute Care Nurse Practitioner

St. Peter’s College, Jersey City, NJ
05/2003 Bachelor of Science in Nursing

St. Peter’s College, Jersey City, NJ
05/2001 Associates in Applied Science

Holy Name Hospital School of Nursing, Teaneck, NJ
06/2001 Diploma of Nursing

Professional Associations: Member, American Academy of Nurse Practitioners
Member, New Jersey State Nurses Association
Member, Forum for Advanced Practice Nurses of the New Jersey State Nurses Association
Member, Sigma Theta Tau, International Honour Society of Nursing, Gamma Nu Chapter
Member, American College Health Association

Volunteer Work: Closter Volunteer Ambulance and Rescue Corps, Inc., Closter, NJ
1991 to Present
Life Member
Past Captain, Lieutenant, and President

Closter Elks Club, Closter, NJ
2003 to Present
Member

American Red Cross, Hackensack, NJ
1989 to 2011
Instructor in CPR, First Aid, Defibrillation, and Lifeguard Training

Phoenix Critical Incident Stress Debriefing Team, Westwood, NJ
1996 to 2010
Member and Past Assistant Director