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Are the Bystanders Okay? Exploring the Impact of Bystander Behavior for Self-directed Violence

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A B S T R A C T

Purpose: The purpose of this study was to understand the range of emotions reported by youth bystanders, as well as the reactions they received from the at-risk individual engaging in self-directed violence.
Methods: A national sample of 1,031 youth and young adults (aged 13–23 years) was recruited online between November 27, 2020 and December 4, 2020. Sixty-two percent (n = 638) reported intervening with someone engaging in self-directed violence and comprise the analytical sample. Suicidal ideation, nonsuicidal self-injury, and suicide attempts were examined separately.
Results: One in five (21.9%) who engaged in bystanding behavior with someone attempting suicide felt really good about their helping; 42.9% said they felt somewhat good. About half (51%) said that the at-risk person responded negatively, however. Similar percentages were noted for bystanders of people with suicidal ideation and nonsuicidal self-injury. Singularly positive responses from the at-risk person were associated with increased odds of the bystander feeling somewhat/really good about their decision to help and feeling like what they did really helped. For every additional type of bystander behavior, the odds of feeling good about helping increased. Bystander behaviors most consistently associated with increased odds of feeling good about helping were "encouraging the person to talk to their family" and "telling the person they were important to them."
Conclusions: Future research should work to better understand what forms of bystander behavior are most successful at protecting at-risk individuals, how one's perceptions of their bystander behavior change over time, and how effective forms of helping relate to how they are perceived.

IMPLICATIONS AND CONTRIBUTION

Many adolescents and young adults report exposure to other people's self-directed violence and also trying to intervene, with positive and negative results. Prevention programs should include discussions about experiences with SDV intervention and provide skill building exercises to help bystanders withstand negative impacts.

In 2019, 1,482 youth, aged 13–17 years (7.12 per 100,000), and 3,305 young adults, aged 18–22 years (15.42 per 100,000), died by suicide, and 97,882 (470.40 per 100,000) and 81,693 (381.15 per 100,000), respectively, had a nonfatal self-harm injury [1]. Because suicide and nonsuicidal self-injury (NSSI), described broadly as self-directed violence (SDV), are relatively common, many young people know someone struggling with SDV. Indeed, 18% of adolescents nationally have had a friend who attempted suicide [2], and 9% had a schoolmate die by suicide [3] in a 12-month period. Among college students, 52% knew someone who had engaged in either suicidal behavior or NSSI in their lifetime [4].

These data have led some to conclude that peers may be a good source of SDV intervention [5–8]. Called "gatekeepers," these individuals have the ability to connect the distressed individual with resources that might help mitigate the crisis.

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Similarly, in other areas of research, like peer violence prevention, the term "bystander" is used to describe individuals who witness or notice risk and may step in to help. Gatekeeper training has focused on knowledge about suicide, beliefs and attitudes about prevention, reluctance/stigma, and self-efficacy to intervene [9]. Yet, data suggest that current gatekeeper interventions, at least those that train adults to identify and refer youth experiencing suicidality, have been shown to be ineffective in preventing youth suicide [10]. At the same time, few studies gather information about the effects of intervening on the bystanders themselves. Perhaps these interventions produce unintended consequences such as personal SDV risk or psychological distress among these young bystanders [11].

Indeed, research on interpersonal violence indicates that feelings of the bystander and reactions of the at-risk person are related to a number of variables including relationship between the bystander and the individual, efficacy, social norms around helping, and type of action taken [12]. Banyard et al. [13] found that reactions of others impacted a bystander's own feelings about the intervention. Feeling more positive and less negative was associated with future intent to be a bystander and with greater confidence in one's ability to effectively intervene. Some bystanders experienced negative effects as well, including traumatic stress symptoms [14], negative responses from others [15], and personal experiences with violence at the hands of the perpetrator [16]. Research also shows that contextual factors, such as the number of types of helping strategies used or the different types of situations (e.g., dating violence vs. sexual violence), affect bystander feelings and reactions from others [15,17,18]. This suggests it is important to study a range of types of instances of SDV, including suicide attempts, ideation, and NSSI, separately. Furthermore, given the different rates of suicide attempts, ideation, and NSSI, it seems important to assess these separately to determine how similar and different the bystanding experiences might be. The following research questions will be addressed in the present study to being to fill some of the gaps in knowledge around bystanding behaviors for SDV:

Research Question 1. How do bystanders of different types of SDV incidents (i.e., suicide attempts, suicidal ideation, NSSI) feel about helping these at-risk individuals? What were the reactions the bystanders received from the individuals they tried to help?

Research Question 2. How do different helping behaviors relate to bystanders' feelings about how well their intervention went?

Research Question 3. How does the at-risk individual's response to the helping (e.g., negative), the total number of ways one tried to help, social norms for SDV helping, and access to resources relate to bystanders' feelings about helping?

Methods

Exploring Your YOU-niverse is a series of independent online national surveys of youth and young adults that queried a broad range of health behaviors and peer relationships. This most recent survey was designed to understand exposure to SDV. A sample of 1,031 youth and young adults (aged 13–23 years) was recruited between November 27, 2020 and December 4, 2020 nationally, via social media. To promote a diverse sample, demographic quotas were identified for the final sample, including an oversample of sexual and gender minority participants. A total of 1,031 participants completed the entire survey, of which 83.1% reported some life exposure to SDV. Of these, 74.5% (n = 638) did something to try and help (i.e., bystander behavior) [19]. The analytic sample for the present study consists of these 638 participants who reported engaging in bystander behavior in response to SDV exposure (those who were exposed to SDV and did not intervene were not included). Demographic characteristics of this analytic sample are shown in Table 1. The protocol was reviewed and approved by Pearl IRB.

Participants were recruited through study ads (i.e., advertisements) on Facebook and Instagram. We included ads for all youth in our study age range (13–23 years), as well as targeted ads for sexual and gender minority young people. Ads encouraged individuals to 'have their voice heard' and 'make a difference,' for example. Survey aims were not mentioned to reduce self-selection bias based on one's interest in or experience with SDV. Youth who were interested clicked on the ad and were linked to a secure website. This first page provided a study description and eligibility questions. Those who were eligible (i.e., 13–23 years of age, living in the United States, English speaking) were then asked to read and provide informed assent/consent before continuing to the main survey. Ineligible youth were directed to a web page that included links to general resources for youth (e.g., https://youngwomenshealth.org).

A waiver of caregiver permission was granted for those younger than 18 years of age because requiring caregiver consent could potentially place youth in situations where their sexual experiences and/or sexual attraction could be unintentionally disclosed to their caregivers. Survey responses that suggested the respondent might be in a harmful situation were re-contacted by a clinical member of the research team, trained in remote crisis counseling, whose responsibility was to provide targeted

Table 1
Participant characteristics of SDV bystanders

Characteristic	SDV bystanders (n = 638) n (%)[a]
Age	
13–17 years	422 (66.1)
18–23 years	216 (33.9)
Race[b]	
White	505 (79.1)
Black	45 (7.1)
Asian	50 (7.8)
Native American	20 (3.1)
Mixed race	70 (11.0)
Hispanic/Latino ethnicity	114 (17.9)
Sexual identity	
Heterosexual	248 (38.9)
Sexual minority	390 (61.1)
Gender identity	
Cisgender male	255 (40.2)
Cisgender female	250 (39.4)
Gender minority	130 (20.5)
Family income	
Higher than average	120 (18.8)
Similar to average	326 (51.1)
Lower than average	150 (23.5)
Not sure	42 (6.6)
Status in school	
Middle school (6–8 grade)	89 (13.9)
High school (9–12 grade)	365 (57.2)
High school graduate (not enrolled)	42 (6.6)
Dropped out	11 (1.7)
Higher education (trade or college)	131 (20.5)

SDV = self-directed violence.
[a] Numbers that do not add to the column total are due to missing data.
[b] Multiple responses possible.

referrals. Participants were given a $5 Amazon gift card incentive for completing the survey.

Measures

Exposure to SDV. Participants were asked about exposure to other people's suicide attempts, suicidal ideation, and NSSI [20,21]:

(1) "Has someone close to you ever tried to kill him or herself on purpose (like by shooting or cutting him or herself, or taking too many pills or drugs)?" (suicide attempt/suicide),
(2) "Now thinking of situations where someone was thinking about, considering, or planning to kill themselves. Has someone close to you ever thought about killing themselves but did not make an attempt?" (suicidal ideation), and
(3) "Now thinking of situations where someone was hurting themselves on purpose without wanting to die, like cutting or burning. Has someone close to you ever hurt themselves on purpose without wanting to die, as far as you know?" (NSSI)

Unsure responses were conservatively coded as zero

Bystander behavior. An affirmative response to each of the abovementioned questions engendered a series of follow-up questions about a specific at-risk individual. If participants reported knowing more than one person who had engaged in each of these three types of SDV, they were asked to answer questions about the most recent person with whom they interacted. Given potential overlap between the three types of SDV for any one individual, those participants who indicated exposure to more than one type of SDV (e.g., attempted suicide or suicidal ideation) were asked before the follow-up questions about the second and third types of SDV exposure: "Is this person the same person you told us about earlier?" If yes, we asked, "Is there someone different you can tell us about?" If there was no one different they were skipped to the next section of the survey.

Each type of SDV exposure had the same follow-up questions. Participants were asked, "What, if anything, did you do to try and help this person." They were reminded that "there are no right or wrong answers and it is not always possible to help." Nine specific response options, adapted from Aldrich and Wyman [22,23], were provided (e.g., I talked to a friend about my worries). Respondents also were given an open-ended response option to describe their experiences. We also created a total count of the number of types of bystander behaviors per type of SDV incident. Many participants reported multiple bystander behaviors within one incident: among youth exposures to suicide attempt, the average number of behaviors was 5.70 (standard deviation [SD] = 1.92); for suicidal ideation, it was 5.61 (SD = 1.67), and for NSSI, it was 5.49 (SD = 1.84) [19].

Bystander outcomes. Participants who said they had engaged in at least one of the nine helping behaviors or provided an open-end response were then asked (1) how much they felt what they did helped (not at all, somewhat, a lot) and (2) how trying to help the person made them feel [(1) really good–(4) really bad]. Those who reported (1) feeling somewhat or really good about helping and (2) feeling like what they did helped a lot were compared with all others. Because of survey time constraints, each of these two bystander outcomes were asked once for each of the three types of SDV incidents, where applicable, irrespective of the number of behaviors reported within the SDV incident.

Next, participants were asked how the at-risk person reacted to their intervention. Twelve options, adapted from work on bystander consequences related to interpersonal violence [13,24], were offered (e.g., feeling angry, thankful, annoyed). Participants could endorse multiple responses. Responses were coded as any positive response (vs. no positive) and any negative response (vs. no negative) for each type of SDV incident. We also looked at overlap in types of response within each type of SDV incident: no positive or negative response (i.e., "I do not know" answers), positive only, negative only, and both positive and negative.

Social norms for helping. Those experiencing SDV were modified from the study by Aldrich et al. [22]. Participants were asked to rate how much they agree that their closest friends think eight specific helping behaviors are good ideas (e.g., telling the person they matter). The response options ranged from (1) strongly disagree to (4) strongly agree. Items were summed, and then, the average score was calculated ($\alpha = .75$).

Bystander resources. Given the common practice in gatekeeper training to encourage the bystander to contact someone for advice [25,26], we created a question that asked, "Do you have someone you can go to for advice if you are worried about a friend or family member hurting themselves on purpose?" We also asked whether they knew of a specific place, like a hotline or crisis center, that they could share with someone they thought may want to hurt themselves on purpose. Items were coded as yes (1) versus no/not sure (0).

Demographic characteristics. Age was a continuous variable ranging from 13–23 years. Self-reported household income comprised three answer choices: lower than average, about average, and higher than average. Those who indicated their family income was "lower than average" were compared with all other youth. Youth reported their race (entered singly as white vs. all other, black/African-American vs. all other, and mixed race vs. all other) and ethnicity (coded as Hispanic vs. other). Gender was measured as cisgender male, cisgender female, and gender minority (i.e., transgender, gender queer, nonbinary, pangender, not sure, and other). Sexual identity included the following answer choices: heterosexual, gay, lesbian, bisexual, questioning, queer, pansexual, asexual, other, or unsure. Responses were coded as any sexual minority (1) versus exclusively heterosexual (0). We also asked the "highest grade finished in school."

The full survey instrument is available on request.

Data analysis

We first provide percentages for two types of impact for each of three SDV incidents (i.e., suicide attempt, suicidal ideation, and NSSI): (1) how trying to help made them feel and (2) how much what they did helped the person. We also report percentages for how the at-risk person reacted to being helped. Given multiple reactions could be endorsed within any one incident, overlap between the different responses received from the at-risk individual is provided for each type of SDV and grouped in the

Table 2
Impact of being a bystander by type of SDV incident

	Suicide attempt bystander behavior (n = 198) n (%)	Suicide ideation bystander behavior (n = 462) n (%)	NSSI bystander behavior (n = 243) n (%)
How trying to help made you feel			
Really bad	17 (8.6)	22 (4.8)	13 (5.3)
Somewhat bad	34 (17.2)	74 (16.0)	41 (16.9)
Somewhat good	84 (42.4)	231 (50.0)	117 (48.1)
Really good	43 (21.7)	103 (22.3)	49 (20.2)
Decline to answer/missing	20 (10.1)	32 (6.9)	23 (9.5)
How much you felt what you did helped person			
Not at all	23 (11.6)	28 (6.1)	28 (11.5)
Somewhat	106 (53.5)	256 (55.4)	151 (62.1)
A lot	67 (33.8)	165 (35.7)	59 (24.3)
Decline to answer	2 (1.0)	13 (2.8)	5 (2.1)
How SDV person reacted to being helped [a]			
Any positive	102 (51.5)	281 (60.8)	112 (46.1)
Happy	42 (21.2)	93 (20.1)	33 (13.6)
Thankful	87 (43.9)	228 (49.3)	89 (36.6)
Relieved	43 (21.7)	161 (34.9)	64 (26.3)
Any negative	122 (61.6)	269 (58.2)	138 (56.8)
Angry	26 (13.1)	53 (11.5)	20 (8.2)
Annoyed	37 (18.7)	60 (13.0)	33 (13.6)
Sad	47 (23.7)	125 (27.1)	58 (23.9)
Upset	55 (27.8)	93 (20.1)	40 (16.5)
Afraid	45 (22.7)	103 (22.3)	36 (14.8)
Ashamed	53 (26.8)	111 (24.0)	57 (23.5)
Embarrassed	59 (29.8)	108 (23.4)	77 (31.7)
I do not know	57 (28.8)	112 (24.2)	72 (29.6)

NSSI = nonsuicidal self-injury; SDV = self-directed violence.
[a] Multiple responses were possible.

following way: neither negative nor positive, negative only, positive only, both positive and negative. Then, using logistic regressions, we calculated the adjusted odds of feeling good about helping overall and feeling like what they did really helped overall, given each specific bystander behavior reported within an incident. This process was conducted separately for each SDV type. Finally, we estimated logistic regression models, one for each type of SDV, examining how one's appraisal of the at-risk person's reaction to being helped (neither positive nor negative [reference category], negative, positive, or both) related to one's odds of feeling somewhat/really good about helping and then again for feeling like what they did really helped. For these six regression models, we also included social norms for helping someone who is engaging in SDV, the number of bystander behaviors reported, and access to resources (e.g., having a person to turn to for advice). All models are adjusted for demographic characteristics.

Results

Impact of SDV bystander behavior by type of SDV incident

Participants reported a range of personal feelings about their intervention, as well as a variety of ways they perceived the at-risk individual to react (Table 2). Overall, many participants said that trying to help made them feel really or somewhat good. For example, 21.9% of those exposed to suicide attempts said their helping made them feel really good; 42.9% said it made them feel somewhat good. Similar percentages were noted for those exposed to suicidal ideation and NSSI. A smaller but notable percentage said that helping made them feel somewhat or really bad, 17.3% or 8.7%, respectively, among those exposed to suicide attempts. Approximately one in three young people felt what they did helped the other person a lot. Smaller percentages said it did not help at all.

Participants reported a wide range of perceived reactions by the at-risk person (Table 2). Among participants who helped in response to a suicide attempt, 51.5% identified at least one positive reaction (e.g., thankful) and 61.6%, a negative reaction (e.g., angry). Slightly more youth reported at least one positive response in relation to exposure to suicidal ideation (60.8%) and slightly less for NSSI (46.1%). Reports of any negative response were similar across all types. Importantly, participants frequently reported both positive and negative responses with an SDV incident (See Figure 1).

How different bystander behaviors related to feeling good about helping overall and feeling like what they did really helped overall

The bystander behaviors most consistently associated with increased odds of feeling good about helping were "encouraging the person to talk to their family" and "telling the person they were important to them" (Table 3). This was true across each type of SDV exposure. Total number of ways the bystander tried to help also was significantly related to increased odds of feeling good across all three types of SDV exposure.

The at-risk individual's responses and the bystander's odds of feeling good about helping and feeling like what they did really helped

Compared with participants who said the at-risk individual had neither a positive nor negative response, those receiving only a positive response had significantly increased odds of feeling somewhat/really good about helping for both suicidal ideation and NSSI incidents even after adjusting for underlying differences in demographic characteristics, social norms to help

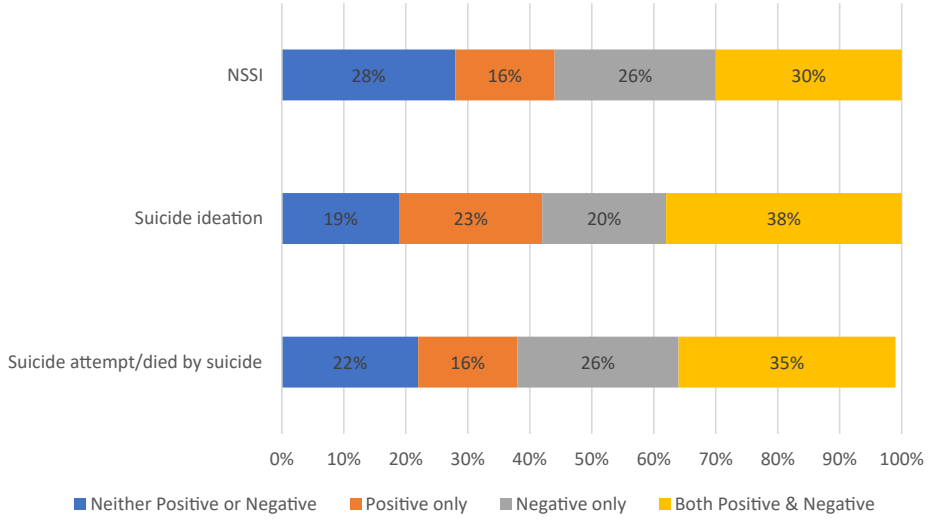

Figure 1. Overlap between positive and negative responses from the at-risk individual to the participant's helping.

others, the number of bystander behaviors reported, and having access to resources. Odds ratios were significant but attenuated for participants who reported both positive and negative responses (Table 4). For all types of SDV, as the number of different ways one tried to help increased, the relative odds of feeling good about helping increased. Those who had someone to turn to for advice were significantly more likely to feel good about helping someone at risk for suicidal ideation; this was not noted for bystanders who intervened with those experiencing NSSI or suicide attempts, however. Neither knowing a place to get help nor social norms for helping someone engaging in SDV behavior was related to feeling good about one's helping behavior. Findings were similar for feeling like one's actions really helped the at-risk person.

Discussion

Findings from this national study indicate that youth exposed to another person's SDV have a mixture of feelings about trying to intervene. Although many reported feeling good about what they did and felt like what they did helped the at-risk person, this was not a universal result: between 20%–25% of bystanders felt somewhat or really bad about their efforts, and about one in 10 did not feel like what they did helped the person at all. It also was not uncommon to perceive both positive and negative responses from the at-risk individual. This is consistent with previous findings related to bystanders to interpersonal violence [13,15]. Expectations need to be matched with mental health resources and concrete referrals for people who subsequently find themselves in a situation where they are a bystander. Interventions need to be sure that they provide resources not just for where the bystander can refer the at-risk person, but also where they can access support if they need it themselves.

The most robust and consistent predictors of a bystander's appraisal of their efforts were perceived responses from the at-risk person. Bystanders who were met with positive responses were more likely to feel positive about their efforts, and

Table 3
Adjusted odds of positive outcomes given different bystander behaviors across three SDV situations

	Felt somewhat/really good about helping			Felt like what they did really helped		
	Suicide attempt (aOR)	Suicide ideation (aOR)	NSSI (aOR)	Suicide attempt (aOR)	Suicide ideation (aOR)	NSSI (aOR)
Talked to an adult for help and advice about someone who is suicidal	1.06	1.35	1.70	2.25**	1.51*	3.90***
Talked to a friend about my worries	2.13*	1.36	2.11*	1.71	1.64*	1.88
Contacted a crisis hotline for help	.73	1.53	2.25	2.50*	1.75	3.43**
Gave the person time to get better	3.05**	1.29	1.72	1.69	.64	1.49
Told the person I was worried about them	1.52	1.31	2.83*	.93	3.57**	4.99*
Encouraged the person to talk to their family	3.93***	1.59*	2.09**	1.87	1.64**	2.30**
Encouraged the person to contact a hotline	1.28	1.96**	1.16	2.60**	1.52*	1.71
Encouraged the person to get counseling	1.46	1.60*	1.53	1.68	1.47	1.69
Told the person they are important to me	5.27**	3.03**	7.42***	8.57*	3.56*	—[a]
Helped in some other way	1.52	1.25	.99	2.27*	2.67***	2.81*
Number of different ways tried to help	1.35***	1.30***	1.35***	1.44**	1.34***	1.61***

Note. All behaviors were dichotomized as yes/no. Adjusted odds ratios (aOR) adjust for youth age, race, ethnicity, sexual identity, gender identity, and household income. NSSI = nonsuicidal self-injury; SDV = self-directed violence.
***$p \leq .001$; **$p \leq .01$; *$p \leq .05$.
[a] The variable predicts failure perfectly.

Table 4
Logistic regressions of the associations between SDV person's reaction to the helping and other correlates with feeling somewhat/really good about helping (outcome) by type of SDV

Variable	Felt somewhat/really good about helping					
	Suicide attempt (n = 198)		Suicide ideation (n = 462)		NSSI (n = 243)	
	aOR (95% CI)	*p* value	aOR (95% CI)	*p* value	aOR (95% CI)	*p* value
Reaction to the helping						
Neither positive nor negative	(ref)		(ref)		(ref)	
Negative only	.33 (.13, 0.88)	.03	.76 (.39, 1.46)	.41	.82 (.37, 1.78)	.61
Positive only	3.18 (.94, 10.75)	.06	6.55 (2.95, 14.56)	<.001	5.79 (1.85, 18.09)	.003
Both positive and negative	2.30 (.89, 5.96)	.09	2.61 (1.38, 4.93)	.003	3.11 (1.32, 7.35)	.01
Total number of types of bystander behavior	1.27 (1.04, 1.55)	.02	1.23 (1.05, 1.45)	.009	1.31 (1.10, 1.56)	.003
Resources						
Having person to turn to for advice	.97 (.41, 2.28)	.94	2.09 (1.24, 3.53)	.006	1.27 (.63, 2.56)	.49
Know of a place to get help	.67 (.31, 1.44)	.30	1.15 (.71, 1.88)	.57	.91 (.47, 1.77)	.78
Social norms for SDV helping	1.08 (.99, 1.19)	.10	.98 (.92, 1.05)	.54	1.04 (.95, 1.13)	.38
	Felt like what they did really helped					
Reaction to the helping						
Neither positive nor negative	(ref)		(ref)		(ref)	
Negative only	1.01 (.33, 3.03)	.99	1.28 (.56, 2.93)	.56	1.45 (.48, 4.42)	.51
Positive only	4.37 (1.37, 13.88)	.01	6.35 (2.99, 13.47)	<.001	4.97 (1.59, 15.52)	.006
Both positive and negative	1.82 (.68, 4.83)	.23	3.84 (1.87, 7.86)	<.001	2.63 (.97, 7.10)	.06
Total number of types of bystander behavior	1.42 (1.15, 1.76)	.001	1.24 (1.07, 1.43)	.004	1.58 (1.27, 1.97)	<.001
Resources						
Having a person to turn to for advice	.43 (.18, 1.04)	.06	1.18 (.72, 1.95)	.51	.86 (.39, 1.87)	.70
Know of a place to get help	1.36 (.63, 2.93)	.44	1.30 (.82, 2.08)	.27	1.06 (.51, 2.19)	.88
Social norms for SDV helping	1.01 (.92, 1.11)	.86	1.01 (.95, 1.07)	.71	1.06 (.96, 1.17)	.24

All models adjust for youth age, race, ethnicity, sexual identity, gender identity, and household income. Ref = reference category.
Note. All behaviors were dichotomized as yes/no unless otherwise noted.
aOR = adjusted odds ratio; CI = confidence interval; NSSI = nonsuicidal self-injury; SDV = self-directed violence.

sometimes, bystanders who were met with negative responses were less likely to feel good about the interaction. While not surprising, this highlights the importance of giving potential bystanders not only realistic ways in which they can intervene, but also those which are more likely to engender a positive response from the at-risk person.

Beyond strategies, the way in which one communicates with the at-risk person is associated with perceived reactions. Bystanders who said they told the at-risk person they were important to the bystander were significantly more likely to also report feeling positive about how things went for all three types of SDV. This may be because this message conveys a personal connection and focuses on something positive about the at-risk person. Bystander interventions should include role playing to give young people opportunities to practice these communication skills and the provision of resources and experience, in a controlled setting, with both positive and negative responses so that they are better able to process either.

Across SDV situations, behaviors related to encouraging the person to connect with family were significantly related to positive feelings. This is consistent with research on gatekeeper trainings, including the Sources of Strength program, which encourages youth to connect at-risk peers to help and resources [23]. On the other hand, both passively giving the at-risk person time to get better and involving professional third parties (i.e., calling a crisis hotline, encouraging the person to seek counseling) were not associated with positive bystander feelings. This suggests that although connecting with resources is a key part of gatekeeper training, it may be a form of helping that elicits mixed responses. We need to know more about what happens when and if young people follow through on seeking support from trusted adults or hotlines.

It is also notable that a greater number of different ways a person intervened were associated with higher odds of feeling good about helping and feeling like what one did helped a lot. This supports existing prevention literature that indicates it is not about doing one right thing but about having a broad toolkit of strategies. [18] Bystander interventions should encourage people to try more than one thing when helping.

Limitations

Although the sample is national, it is not nationally representative. Recruitment of participants occurred via social media, which might bias the sample toward those with a stronger online presence. In addition, the present study focused on bystander feelings. Future research using longitudinal designs should assess a wider range of potential impacts of providing help. Larger samples would enable investigation of whether particular characteristics of SDV situations (e.g., perceived closeness to the at-risk individual) may be associated with different impacts. Finally, although we aligned impact and responses to types of SDV intervention, we were unable to tether these to individual bystander behaviors. Future research could better understand these more detailed relationships.

The present study is one of the first to examine the impact of young bystanders intervening with people experiencing three different types of SDV. Findings suggest that many bystanders experience positive emotions from helping and receive positive responses. Youth also report negative emotions and reactions, however, and these need to be acknowledged. Prevention programs should include discussions about experiences with SDV intervention and provide skill building to address negative impacts.

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