

Introduction

- Increasingly, researchers and prevention practitioners are recognizing the important role that bystanders can play in reducing sexual violence (SV) within their community.¹⁻²
- However, little SV research has focused on SV within small towns, despite evidence that these smaller micropolitan and rural communities experience similar, if not elevated, rates of violence.³⁻⁴
- Additionally, few studies examine community-level factors within these smaller towns that may influence individuals' decisions to help or not.²
 - Collective Efficacy** is a measure of social cohesion and connection among the community to support members and prevent/address problems.
 - Injunctive Norms** measure community members' perception of whether people "should" take action to help individuals in SV situations.
 - Descriptive Norms** measure community members' perception of whether people actually do take action when confronted with situations of SV.
- We sought to examine both individual and community-level correlates of collective efficacy within four small New England communities.

Method

Sampling Procedure

- Surveys were designed and mailed in coordination with the UNH Survey Center, using the Tailored Design Method.⁵
- Four waves of mailings were sent to random sample of 7,444 eligible households across four New England communities
 - Communities were previously identified as part of a larger study being conducted by the researchers.
- 1,708 were returned with at least one question answered, an overall response rate of 23%
- The 1st, 2nd, and 4th mailing included a cover letter survey invitation, a survey packet, a postage-paid return envelope, and a \$1 bill incentive (incentive only in 1st mailing). The 3rd mailing was only a reminder postcard about the survey.

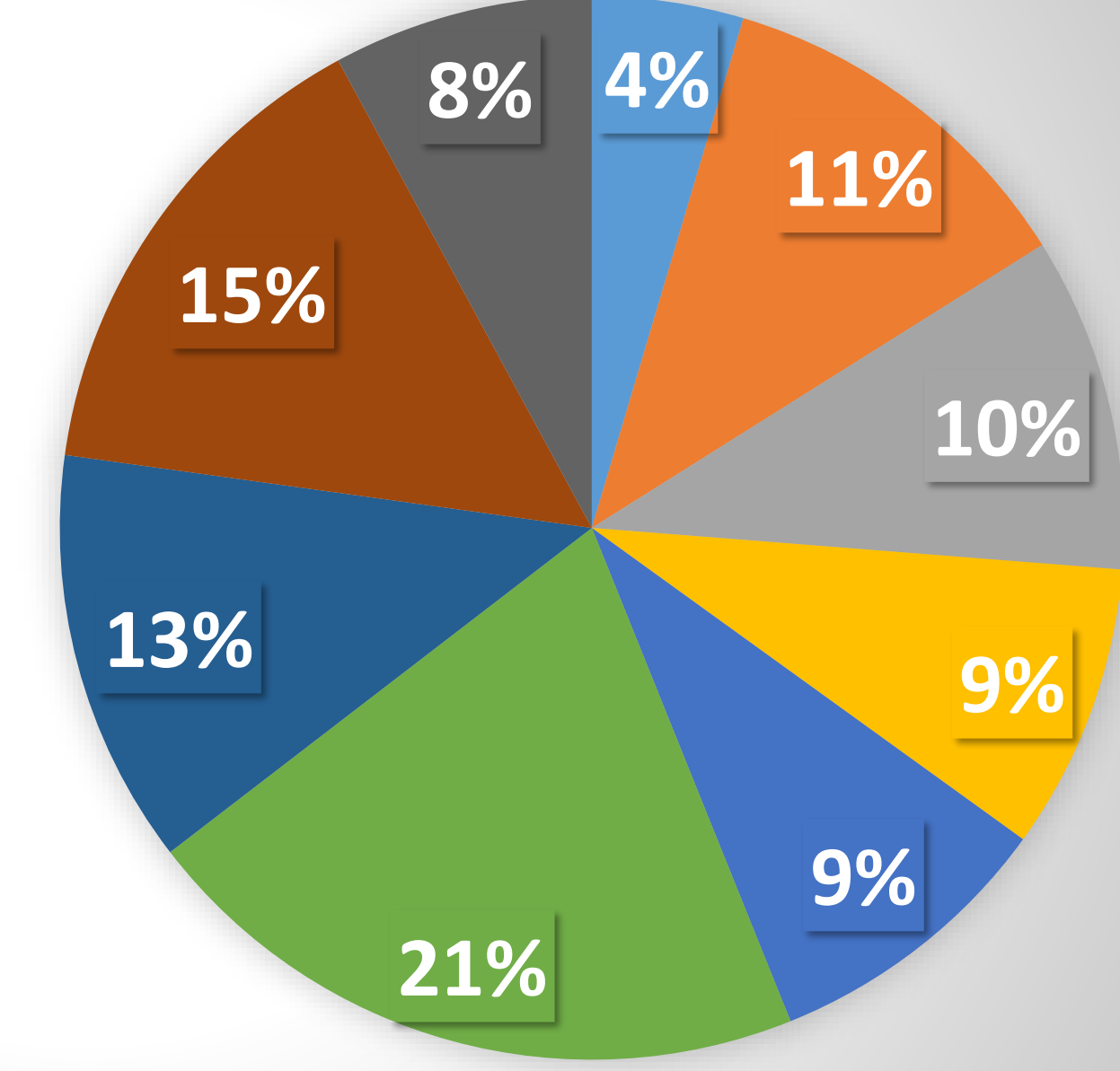
Method (cont.)

Participants & Demographics

- 1,692 total sample living in the U.S. New England area
- 4 towns, ranging from 388-455 participants per town
- 62% female
- 94% White & Non-Hispanic
- 72% had been in a romantic relationship in the past year
- Mean Age = 56.06, SD = 18.17, Range = 18 to 97
- Mean Time Lived in Town = 23.66, SD = 21.74, Range .08 to 97

Annual Household Income

- Less than \$10,000
- \$10,000 - 20,999
- \$21,000 - 30,999
- \$31,000 - 40,999
- \$41,000 - 50,999
- \$51,000 - 75,999
- \$76,000 - 100,999
- \$100,000 - 150,999
- \$151,000 or more



Measures

- Demographics/Town Data
- Collective Efficacy⁶
- Injunctive Norms⁷
- Descriptive Norms⁷

Results

- What do SV helping norms and collective efficacy to prevent SV look like in micropolitan/rural communities?

Community-Level Characteristics	Mean	SD	Range
Descriptive Helping Norms*	2.79	0.42	1 to 4
Injunctive Helping Norms*	3.34	0.47	1 to 4
Collective Efficacy**	2.84	0.42	1 to 4
Town Population***	37,752	30,761	9,000 to 90,000
Town Land Area (Sq. Miles)***	26.66	24.47	4 to 70
Town Population Density***	1,622	359.25	900 to 2,000

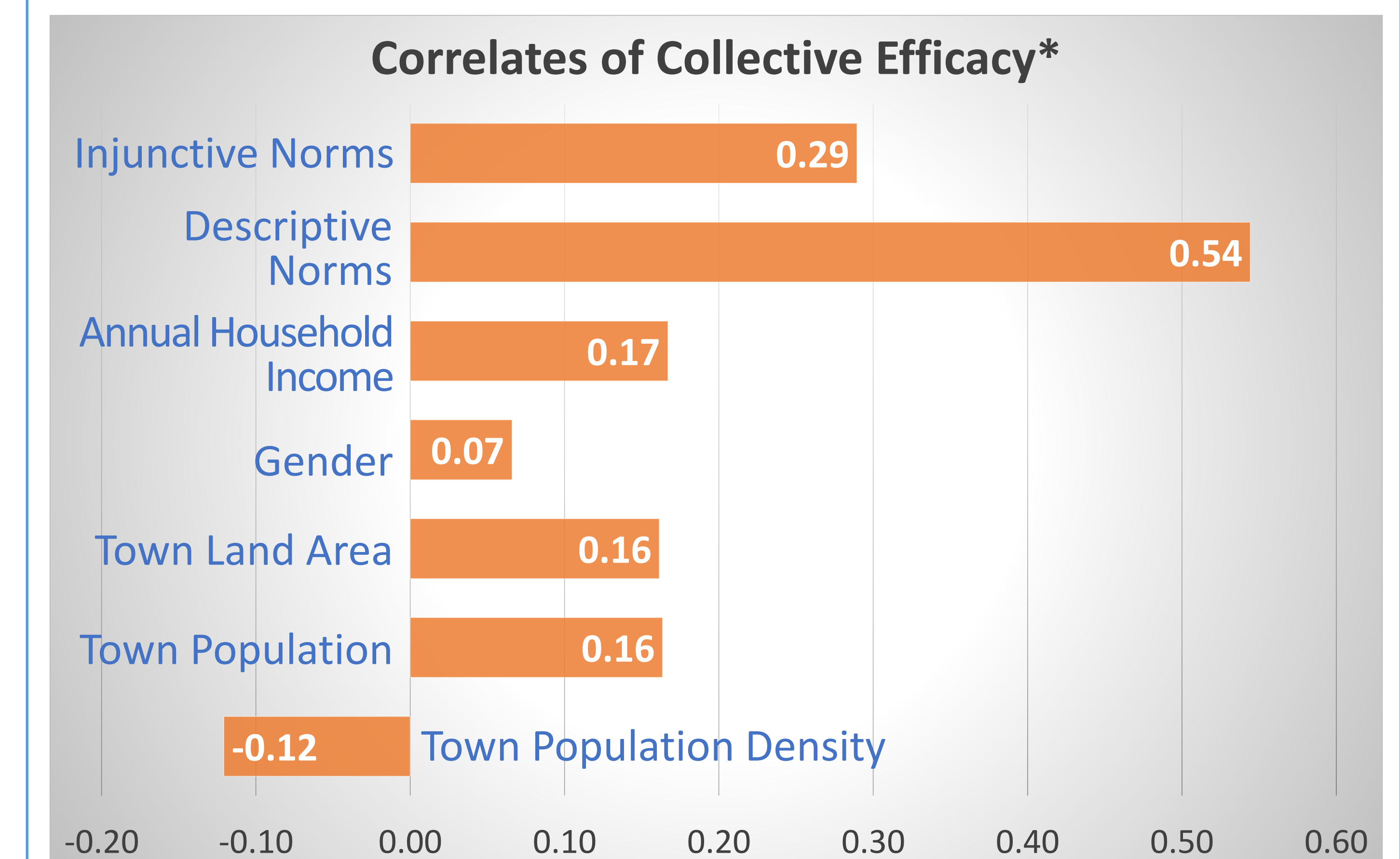
*Higher values = more support for approval of helping.

**Higher values = greater perceived social cohesion/connection

***Community characteristics are from the 2010 U.S. Census Bureau data, via <https://www.census.gov/quickfacts/table>. Some values that have been rounded to ensure communities cannot be identified from this metadata.

Results (cont.)

- What are the relationships between collective efficacy and individual-level and community-level factors?



*All correlations displayed are significant at $p < 0.01$

- Age, race, ethnicity, time lived in town, and relationship status were not significantly correlated with collective efficacy.
- More positive perceptions of SV helping norms were moderate-weakly related to greater perceived collective efficacy.
- Town characteristics, while significant, were only weakly correlated with collective efficacy. Geographically larger towns and more populated towns were related to greater collective efficacy, however people from densely populated towns reported lower collective efficacy.

Future Directions

- Additional community-level variables beyond basic size and space characteristics should be explored.
- Multivariate analysis should be used to examine intercorrelations and effects between individual-/community-level factors and SV collective efficacy.

References

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