

SAFE-ACTIONS

Bystander Intervention Framework



EngenderHealth

Gender-Based Violence and The Need for Bystander Interventions

Gender-based violence (GBV) is a serious violation of human rights and a life-threatening health and protection issue (UNHCR n.d.). Approximately 30% of women globally have experienced GBV at least once in their lives, excluding incidences of sexual harassment (WHO 2021); this percentage soars to a staggering 70% in humanitarian settings (Barclay, Higelin, and Bungcaras 2016). GBV encompasses various forms of violence including child marriage, domestic violence and intimate partner violence, female genital mutilation and cutting, honor killings, sexual harassment, and more. Intimate partner violence is the most widely reported form of GBV, with significant regional variations, including rates as high as 49% in Oceania and 44% in Sub-Saharan Africa compared to the 26% global average (Sardinha et al. 2022).



Photo credit: Sala Lewis

Bystander Interventions: Types and Programs

Bystander intervention programs are emerging as a promising approach to prevent and respond to GBV. Bystanders, also known as observers or witnesses, generally encompass individuals who are neither the perpetrator nor survivor (or victim) in the act of GBV. Bystander interventions are actions that individuals can take when they witness (either hear or see) or learn of GBV occurring. Local communities and universities in high-income countries are currently implementing bystander intervention programs to address sexual violence (Jouriles et al. 2018; Park and Kim 2023). Organizations and programs are implementing similar interventions in low- and middle-income countries, although frequently without the “bystander intervention” label, due to varying levels of awareness and definitions of related terms. For example, while bystander interventions are commonly understood to mean a person acting at the moment they witness violence occurring, some stakeholders argue that bystanders can intervene at various times, including before, during, and after GBV occurs (McMahon and Banyard 2012). See Table 1 for descriptions and examples of the different opportunities for bystander interventions.

Table 1. Bystander Intervention Opportunities*

Opportunity	Time of Intervention	Illustrative Interventions
Proactive	When there is no GBV	<ul style="list-style-type: none"> Learning about different types of GBV and bystander interventions Joining a youth group working to raise awareness about GBV Volunteering at a community organization supporting survivors
Primary Prevention	Before GBV occurs	<ul style="list-style-type: none"> Correcting peers who think women “deserve to be raped” because of their appearance, occupation, or for any other reason Ensuring a friend is able to reach their car or home safely, for instance after dark or while intoxicated or otherwise impaired Contacting the appropriate authority if you learn of a planned child marriage in your village
Secondary Prevention	During GBV	<ul style="list-style-type: none"> Calling out a friend or colleague when they make a sexist joke Telephoning the police for help upon witnessing an assault Ringling a neighbor’s doorbell to interrupt an assault
Tertiary Prevention	After GBV occurs	<ul style="list-style-type: none"> Referring a neighbor you witnessed being assaulted to a community organization providing comprehensive GBV care and support Accompanying a friend who discloses experiencing sexual abuse to a health clinic, police station, and/or other resources for survivors Reporting a case of child abuse that you learn of to the authorities

* Adapted from McMahon and Banyard 2012.

Effectiveness of Bystander Intervention Programs

The effectiveness of bystander intervention programs to date has varied. Studies have shown that interventions targeting intrapersonal and interpersonal factors have demonstrated more success in high-income countries than in low- and middle-income countries (Park and Kim 2023). This may be due to such programs being poorly adapted to different contexts, lack of structured evaluations, and inconsistencies in what is considered a bystander intervention program in different settings. The effectiveness of bystander intervention programs that target communal and societal factors are harder to evaluate because bystander interventions may not be the main focus of programming and because of a lack of measurable indicators. However, [Start, Awareness, Support, and Action \(SASA!\)](#) in Uganda, [Harass Map](#) in Egypt, and [Bell Bajao](#) in India are a few initiatives that have shown promise in increasing positive bystander behaviors at community and social levels (see text box).

SASA! Approach: Raising Voice's evidence-based community mobilization approach to prevent violence against women that incorporates elements of bystander intervention in their overall programming.

HarassMap: An organization that utilized anonymous sexual harassment reporting as a tool to generate more awareness and encourage individuals and institutions to collectively stand against sexual harassment.

Bell Bajao Campaign: A cultural and media campaign by Breakthrough India to encourage men and boys to act against domestic violence against women by ringing the doorbell.

Literature Review Findings

While bystander intervention programs offer unique and sustainable ways of addressing GBV at the community level, we have identified several gaps in the literature regarding these programs. Specifically, many studies focused on programs implemented in low- and middle-income countries reveal a failure to categorize activities as bystander interventions, potentially because of the lack of agreed upon recognition of the different opportunities for bystanders to intervene. This makes it difficult to understand why bystanders are not intervening and to measure the effectiveness of bystander interventions in these settings. Additionally, there are few studies on the repercussions bystanders face and how bystanders can keep themselves safe.

Key Informant Interviews Findings

To address the gaps in existing literature, EngenderHealth conducted key informant interviews (KIIs) focusing on the nature of bystander interventions, challenges and successes of bystander intervention programs, and backlash against bystanders in a selection of underrepresented countries. Using a purposive sampling strategy, we invited key informants to participate in virtual, semi-structured interviews. We conducted 14 online KIIs with technical experts (42.9%) and implementing program directors (57.1%) from civil society organizations; 71.4% of informants were female and 28.6% were male. Representatives from eight countries participated in the KIIs: Cote d'Ivoire, Egypt, Ethiopia, India, South Africa, Sri Lanka, Tanzania, and the United States.

Bystander and Bystander Intervention Definitions

The interviews revealed a lack of consensus regarding the definitions of “bystander” and “bystander intervention” in the context of GBV. Some informants were unfamiliar with the terms but understood the concepts. Many informants agreed that bystanders are individuals who are not directly involved in GBV but capable of acting; however, there were different opinions on whether professionals (such as healthcare workers and police officers) should be considered bystanders. Informants also shared different notions around how bystanders can also be implicated in violence and could potentially be survivors themselves. This highlights the need to engage with local communities to identify and clarify local terminology and to explore the concept of bystanders as survivors.

Bystander Intervention Programs and Frameworks

Almost every informant reported having been involved in a program or organization that included bystander interventions. The KIIs further provided insights on the widespread use of bystander intervention programs that may not specifically use the “bystander intervention” terminology and that are often integrated into larger GBV prevention programs. These findings suggest that bystander intervention programs do not have to be standalone initiatives and may work better as components integrated within existing programs. Additionally, while many informants reported not using a framework or tool kit, many who did use a framework referred to [Right to Be's 5Ds of Bystander Intervention](#), which focuses on five different methods in intervention: distract, delegate, document, delay, and direct.

Survivor-Centered Approaches for Bystander Interventions

Many informants stated that supporting survivors is complex and context-dependent. Several informants highlighted the importance of bystanders establishing boundaries for their actions and focusing on offering support to the survivor while maintaining the bystander's and survivor's safety as well as the survivor's autonomy. Overall, the KIIs revealed that using a survivor-centered approach and emphasizing providing guidance rather than imposing a particular course of action can better protect both bystanders and survivors.

Threats and Protections for Bystanders

Informants noted that fear for one's safety is a prominent reason why bystanders do not intervene. Further, many informants mentioned having heard about or personally experiencing negative consequences for intervening. The backlash ranged in severity from peer teasing (for instance, men being called "feminists") to bystanders becoming subject to violence themselves. Many informants noted lacking strategies for bystander self-protection, and some referred to centering intersectionality and the 5Ds of intervention, during these discussions. There were also suggestions around addressing gaps in policies, laws, and law enforcement practices related to supporting and protecting bystanders and survivors as well as ideas for general cultural shifts that could help create environments that would enable bystanders to feel safe intervening.

Bystander Interventions and Intersectionality

Several informants discussed the need to consider intersectionality when designing bystander intervention initiatives. A few informants mentioned using an intersectional lens to understand how a bystander's identity (for example, age, ethnicity, gender, race, and/or religion) can influence their actions and the consequences they risk when intervening. Some informants mentioned the importance of creating safe spaces for bystanders to reflect on their experiences to better understand different strategies and consequences faced by different identities. Discussions around intersectionality also led to examples of creative and subtle interventions. Further, informants emphasized the importance of tailoring bystander intervention education and training and stressed the need for using an intersectional lens to better understand why bystanders may not intervene and to support bystanders in mitigating potential backlash. Informants agreed that rather than prescribing a rigid set of actions, bystander intervention programs should encourage individuals to consider their own unique social realities and creatively intervene through different opportunities. These findings suggest that organizations and programs can better protect GBV survivors and bystanders by encouraging assessments of different situations, using creative interventions informed by local contexts and social identities, and integrating feedback mechanisms.

SAFE-ACTIONS Bystander Intervention Framework

The KIIs created a more holistic understanding of bystander interventions globally but also revealed critical gaps in strategies and frameworks to encourage bystander interventions while protecting bystander safety. EngenderHealth developed the SAFE-ACTIONS framework to fill these gaps. SAFE-ACTIONS is a bystander intervention framework that incorporates elements of intersectionality, safety, and creativity and builds upon the learnings from [Right to Be's 5Ds of Bystander Intervention](#) as well as [Creative Interventions Toolkit](#), [EngenderHealth's Do No Harm Framework](#), and [University of New Hampshire's ABCs Approach of Bystander Intervention](#) (as incorporated into [Soteria Solutions' Bringing in the Bystander® program](#)).

The SAFE-ACTIONS framework aims to equip bystanders with the necessary tools to ensure their safety and that of survivors while working on GBV-related issues. The framework aims to support individuals who are involved in GBV prevention and/or response in their professional capacities as well as others who may encounter instances of violence in their communities as part of their everyday interactions. The framework relies on the existence of programs or organizations that are already engaged in GBV prevention and that have identified the need for bystander training as part of their program objectives (for instance, as part of ongoing GBV awareness training for youth champions or community outreach workers). While individuals who are not affiliated with any program or organization may use this framework, this framework recognizes that organizations and programs often possess the resources and means to incite change at individual and community levels.

The SAFE-ACTIONS framework categorizes bystander engagement strategies into three distinct phases: pre-engagement, engagement, and post-engagement. Each letter of the framework name represents an actionable step designed to support bystanders in safely acting when witnessing or learning about potential, ongoing, or past incidences of GBV. See Table 2 on the following page for a summary description of each step.

Table 2. SAFE-ACTIONS Phases and Steps

Pre-Engagement		
S	Safety Plan Identification	Identify people, places, and services that bystanders can direct survivors to and that bystanders can use in the case of a crisis. Establish communication channels within the organization or program for bystanders to safely share their experiences.
A	Awareness of Violence, Bystanders, and Bystander Interventions	Identify local terminology to properly address violence, define who is a bystander, and clarify what role bystanders can play in your organization or program.
F	Focus on Survivor-Centered Approaches	Help bystanders respect the survivor-centered principles of autonomy, choice, confidentiality, and safety when choosing to intervene. Help bystanders recognize and overcome personal biases to support acting without discrimination.
E	Explore Opportunities for Intervention and Create Action Plans	Work with bystanders to explore the different opportunities in which they can intervene. Help create actions plans using the 5Ds method (distract, delegate, document, delay, and direct) and taking into consideration bystanders' individual abilities, identities, and situations.
Engagement		
A	Assess the Situation and Recognize the Risk of Intervening	Help bystanders recognize the different signs of violence and assess the situation, surroundings, and safety risks before choosing if and how to intervene.
C	Creatively Intervene Using the 5Ds and Action Plan	Empower bystanders to use the 5D's and the established action plans to think of subtle and creative ways to disrupt potential or ongoing violence.
T	Take Care of Bystanders and Survivors	Ensure bystanders always prioritize their safety and that of the survivor when intervening, including by discontinuing interventions, as needed.
Post-Engagement		
I	Incorporate Debriefing and Reflection	Allow bystanders to reflect on their experiences, including on why they did or did not intervene and the strategies they employed, through debriefs with support groups within the organization or program.
O	Outline and Document Best Practices	After debriefing and listening to others, document what strategies work best for different individuals and different situations.
N	Nurture and Refine Strategies	Work with bystanders to refine action plans and improve organizational or program strategies.
S	Share Insights to Promote Change	Share insights within the organization or program to create change at the community and social levels.

Pre-Engagement Considerations

The pre-engagement phase will likely be the longest of all the stages. When establishing a safety plan, consider existing formal support services (such as helplines, one-stop centers, and legal services) and informal networks of support (including family, friends, and neighbors). In addition, identify groups and create safe spaces within the organization or program where bystanders can share experiences, resources, and advice on bystander interventions.

Discuss the following questions to inform bystander intervention organizational strategies or programs:

- Who are bystanders? For instance, do healthcare workers and/or police officers count as bystanders?
- Can bystanders be GBV survivors themselves?
- Can bystanders be affected by witnessing or learning about violence?
- Are there different terms to explain different forms of violence in the local language? If so, are these terms understood correctly across the community?

Respecting the autonomy and prioritizing the safety of the survivor, maintaining confidentiality, and considering cultural contexts are core aspects of a survivor-centered approach. Instead of prescribing exactly what a survivor-centered approach looks like, it is important to focus on supporting the survivor as it makes the most sense in the specific context and situation. Consider how initiatives and interactions can center survivors as well as respect the boundaries of bystanders. Recognize the importance of respecting the autonomy and choices of survivors but also of respecting local laws and policies, especially around minors. For example, statutory rape laws may require anyone who learns about an instance of child sexual abuse to submit a formal report.

When creating action plans, think of proactive, primary preventative, secondary preventative, and tertiary preventative opportunities in which bystanders can intervene in (refer to Table 1 for examples). Think about how bystanders' different identities (such as age, ethnicity, gender, race, and religion), experiences (including previous experience intervening in or experiencing GBV), and abilities may influence how they might intervene. Consider the potential backlash bystanders may face for intervening as well as any legal and social protections within the community. For instance, are there laws that protect witnesses or bystanders? How are perpetrators held accountable? Are there social norms around “minding your own business”?

Engagement Considerations

In the event of potential violence, bystanders need to be able to recognize the type of violence and evaluate the situation, including the surroundings, the survivor's condition and immediate safety concerns, and any potential consequences that may result from intervening, including potential safety risks to the bystander. Support bystanders in assessing situations before acting and using the 5Ds method and established action plans to guide their actions. For example, bystanders may *document* an incident, *delay* action and focus on caring for the survivor after an act of violence has occurred, *delegate* action by engaging others (such as family or friends) to help diffuse the situation, *distract* a perpetrator, or *directly* intervene. Remember: prioritizing the safety of the survivor and the bystander are both important. No one should feel pressured to intervene, and anyone who does intervene should be prepared to disengage if the situation escalates.

Post-Engagement Considerations

The post-engagement phase is an iterative processes, documenting and discussing the experience and refining intervention strategies in revised action plans—thereby returning to the pre-engagement phase. Establishing and using safe communication channels for bystanders to share experiences with support groups and obtain feedback is important at this phase. This includes creating spaces for bystanders to discuss why they did or did not intervene, how they intervened (if they did), what they could do differently in the future, and/or they can do now. Sharing these insights can help bystanders move forward as well as help inform how organizations or programs can create safer environments in which bystanders feel capable of intervening. It is important to recognize that violence may still be occurring during this phase and these discussions. For instance, a bystander may learn of a child marriage and attempt to intervene but may be unsuccessful in preventing the marriage.

While the SAFE-ACTIONS Bystander Intervention Framework focuses primarily on individual bystander interventions, these feedback mechanisms can also help organizations and programs identify external factors that may help or hinder bystanders intervening, such as laws and policies or cultural and social norms. This information can help inform future activities, including future partnerships, to address these influencing factors. For example, there may be need for an awareness campaign around the dangers of victim blaming or clarifying what constitutes sexual harassment and ensuring community members understand it is a form of GBV.

Concluding Remarks

The SAFE-ACTIONS Framework lays out general steps to consider during pre-engagement, engagement, and post-engagement to support and protect survivors and bystanders from unintended harm and backlash. This framework is informed by existing literature, KIIs, available frameworks and approaches, and best practices from other nongovernmental organizations implementing similar initiatives. This framework is intended to serve as a guide and is suggestive rather prescriptive in its guidance. We encourage others who use this framework to share feedback and experiences to inform the global learning community.

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