

Associations Between Sexual Objectification and Bystander Efficacy: The Mediating Role of Barriers to Bystander Intervention

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This study examined whether sexual objectification (i.e., reducing someone to a sex object via a disproportionate focus on appearance and sexual characteristics) was associated with decreased confidence in future bystander intervention to reduce the risk for sexual violence (i.e., bystander efficacy) through several barriers to intervention: *failing to notice the event*, *failing to identify the situation as risky*, and *failing to take responsibility*. Participants were 1,021 undergraduates ($n = 309$ men; $n = 712$ women) who completed self-report measures. Because men frequently perpetrate objectification, whereas women often experience objectification, complementary models were tested with objectification perpetration in men and objectification experiences in women. As expected, for men, each barrier mediated negative associations between objectification perpetration and bystander efficacy. Unexpectedly, for women, each barrier mediated positive associations between objectification experiences and bystander efficacy. Findings underscore important gender differences in associations between sexual objectification and bystander efficacy, as well as potential benefits of helping bystanders recognize the risk for sexual violence and assume responsibility for intervening.

Keywords: bystander intervention; college students; victimization; sexual assault/rape

Sexual violence is a pervasive societal problem, including on college campuses. A systematic review of prevalence rates indicates that between 1.8% and 34% of college women report that they have experienced unwanted sexual activity since entering college, with most studies finding rates over 20% (Fedina et al., 2018). Furthermore,

between 0.5% and 8.4% of college women report that they have experienced rape (Fedina et al., 2018). Sexual victimization increases the risk for negative mental health outcomes, including depression (Eisenberg et al., 2016) and posttraumatic stress disorder (Brown et al., 2009). Given these adverse consequences, interventions to prevent the occurrence of sexual violence are crucial. One prevalent type of intervention that has been heralded as an effective means of reducing rates of sexual violence and adopted on many university campuses (Bush et al., 2020; Jouriles et al., 2018) involves mobilizing third-party individuals (i.e., bystanders) to respond in ways that will reduce the risk for sexual violence. These bystander actions could include addressing rape-supportive comments, directly intervening in a risky scenario (e.g., separating the perpetrator and victim), or providing support to a potential victim (e.g., asking someone who looks uncomfortable if they need help). As outlined in Latané and Darley's (1970) classic model, several steps must occur for a bystander to take such actions, including: (a) noticing the event, (b) identifying the situation as risky, (c) taking responsibility for intervening upon the situation, (d) deciding how to help, and (e) taking action to intervene. If a bystander is unable to enact any of these sequential steps, they would be unlikely to intervene in a risky scenario. Demonstrating these difficulties, bystanders are frequently present before or during sexual assault but often fail to intervene to prevent sexual risk from escalating (e.g., rates of intervention ranging from 15%–58% during bystander opportunities; Haikalis et al., 2018). Moreover, some work indicates that, compared to women, men are less likely to intervene (Banyard, 2008) and use different strategies (e.g., confronting the perpetrator instead of the victim; Bennett et al., 2017). These low rates of intervention highlight the importance of understanding factors that hinder the process of bystander intervention as a means of reducing sexual violence.

SEXUAL OBJECTIFICATION AND BYSTANDER INTERVENTION

Recent evidence and theory point to sexual objectification as a factor that might be related to bystander efficacy (i.e., confidence in future intervention to reduce the risk for sexual violence). Sexual objectification involves reducing someone to a sex object. When a person is sexually objectified, there is a disproportionate focus on their appearance that is concentrated primarily on their sexual characteristics (Frederickson & Roberts, 1997). Common behaviors associated with objectification include gazing at sexual body parts, making evaluative body comments, and unwanted advances (e.g., touching someone's sexual body parts against their will). Although both men and women engage in objectifying behaviors and experience objectification from others, men are more likely to engage in objectification than women (Gervais et al., 2018), whereas women are more likely to experience objectification compared to men (Davidson et al., 2013; Kozee et al., 2007). Sexual objectification is theorized to provide a foundation for more severe forms of violence, including sexual assault, by facilitating social norms about the acceptability of aggressive behavior toward women (Gervais & Eagan, 2017). Consistent with this, greater objectification has been associated with sexual assault perpetration in men (Gervais et al., 2014), while objectification experiences are linked with increased risk of sexual assault victimization in women (Franz et al., 2016). The current study extends these findings by examining whether and why objectification perpetration and experiences are also associated with inhibited bystander efficacy among men and women.

Sexual Objectification and Bystander Efficacy Among Men

Objectification theory posits that women are frequently reduced to their sexual body parts and functions in the media and interpersonal interactions (Fredrickson & Roberts, 1997; Roberts et al., 2018). As a result, many men engage in objectification and perceive women as commodified objects to be used for sexual purposes (Gervais & Eagan, 2017). Consequently, men focus on women's sexual appeal, rather than on the characteristics that make them human (Haslam, 2006). Women's physical features, particularly sexual body parts, are often the most proximal target of attention (e.g., gazes), whereas less attention is focused on humanizing physical characteristics, such as their faces (Gervais et al., 2013). Illustrating the consequences of this disproportionate and dehumanizing focus, participants rate women in objectified photos as being less deserving of moral concern, experiencing fewer mental and internal states (e.g., emotions and thoughts), and more responsible for sexual assault victimization than women in non-sexualized images (Loughnan et al., 2013). Applied to the context of bystander behavior, men who sexually objectify women more often may perceive and respond to sexual risk scenarios differently than those who are less likely to engage in objectification. If men perceive women as tools for use toward sexual gain, then they may be less likely to intervene on behalf of women. For instance, men may be less likely to view intervention behaviors as warranted if the situation is consistent with their primary focus on women's sexual function. In this way, an objectified view of women may undermine men's bystander efficacy as it may be more challenging for men to report confidence in their ability to help women when women are viewed as objects rather than people.

Sexual Objectification and Bystander Efficacy Among Women

In addition to the possibility that men are less confident in their ability to intervene as a bystander when they report more objectifying behaviors, it is also plausible that women who experience objectification more often are less confident they could engage in bystander action. According to objectification theory (Fredrickson & Roberts, 1997), the experience of sexual objectification has many harmful effects for women, including several that could impede bystander efficacy. For instance, in a laboratory-based study, women who were videotaped from the neck down when interacting with a man who they were told was another participant spoke less than women who were filmed from the neck up or were not filmed at all (Saguy et al., 2010), suggesting that objectification led women to minimize their own presence. Similarly, women who report more frequent experiences of having their bodies evaluated by others report less sexual assertiveness with male sexual partners (Franz et al., 2016). One possibility may be that women who come to consider their worth in terms of their sexual function to men are less likely to act in ways that might challenge gender norms (e.g., women should be submissive). Supporting this are findings that women who report a more objectified view of themselves are less likely to engage in gender-based social activism, such as attending protests related to women's rights (Calogero, 2013). Similar difficulties associated with being objectified may also undermine bystander intervention in response to sexual risk situations. For example, women who view themselves as a sexualized object, by virtue of experiencing objectification, may feel less able to engage in certain strategies to reduce sexual risk on behalf of others, such as directly intervening with the perpetrator or asking others to help. Women who have experienced high levels of objectification may also be more hesitant to intervene

as bystanders due to concerns that they will again become the target of objectification themselves or even risk injury (Weitzman et al., 2020). It should be noted that prior work on associations between bystander outcomes and related constructs, such as sexual assault history, has been mixed (Bridges et al., 2021; Kistler et al., 2022; Woods et al., 2022). Nevertheless, findings from studies of sexual objectification coalesce to suggest that more experiences of sexual objectification are related to diminished bystander efficacy.

BARRIERS AS AN INTERVENING MECHANISM BETWEEN OBJECTIFICATION AND BYSTANDER EFFICACY

In addition to the direct linkages theorized above, it is likely that sexual objectification perpetration (for men) and objectification experiences (for women) are indirectly associated with bystander efficacy through known barriers to intervention. Latané and Darley's (1970) theoretical model of bystander intervention has been applied to understand possible reasons individuals fail to act in emergency situations, including responses to sexual risk (Burn, 2009). Corresponding to each step in Latané and Darley's (1970) model, these reasons include: (a) *failing to notice* the event due to distraction or self-focus, (b) *failing to identify the situation as risky* due to lack of knowledge or situational ambiguity, (c) *failing to take responsibility* due to factors such as perceived victim worthiness, diffusion of responsibility to others, and relationships between the perpetrator, victim, and bystander, (d) *failing to intervene due to a skills deficit*, and (e) *failing to intervene due to audience inhibition* (Burn, 2009). Because individuals must overcome each of these barriers to intervene successfully, it is essential to understand factors that could exacerbate these barriers and, in turn, inhibit bystander confidence.

Sexual Objectification and Barriers to Intervention Among Men

Each of these barriers has been negatively associated with actual intervention behaviors for sexual risk (Burn, 2009), and several of these barriers may also be predicted by increased sexual objectification. For example, men who engage in high levels of sexual objectification may *fail to notice* possible cues of sexual risk when they are focused primarily on themselves and their sexual desires. If men notice sexual risk, they may *fail to identify* the behavior as problematic as a result of perceiving the woman as a sexual object or having engaged in similar behaviors themselves. Men who report more objectification may view objectifying and sexually aggressive behaviors such as unwanted sexual advances as acceptable, given their focus on women's sexual utility to men. Lastly, among men who notice and identify a situation as sexually risky, those high in objectification perpetration may *take less responsibility* for action due to attributions about victim worthiness and responsibility based on perceptions of the woman as an object, rather than as a person deserving of moral treatment (Burn, 2009; Loughnan et al., 2013). Here, men who report engaging in objectification more frequently may not believe it is their responsibility to intervene on behalf of someone who they perceive as "less human" than themselves or someone who is responsible for their own objectifying treatment.

Sexual Objectification and Barriers to Intervention Among Women

Similarly, women who have experienced high levels of objectification may be less likely to *notice sexual risk* cues due to increased self-objectification in the form of body surveillance

(Franz et al., 2016). Women may be monitoring and evaluating their own bodies to the extent that they could miss cues in their environment, such as someone who appears uncomfortable or is being pursued when she is too intoxicated to consent. After noticing a potential cue, women may be less likely to *identify situations as risky* when many of these behaviors have become normalized for them due to their own frequent objectification experiences. Women who are often objectified frequently report minimizing objectification and its adverse consequences (e.g., brushing or laughing it off) in order to protect themselves and avoid becoming upset (Moffitt & Szymanski, 2011), which could extend to minimization of other risky scenarios. Such findings would align with prior work indicating women who have experienced sexual assault are less confident in their ability to notice and identify sexual risk (Kistler et al., 2022). Lastly, after noticing and identifying a situation as risky, women may view themselves as *less responsible* for taking action as a bystander to the degree that they perceive themselves as an object, given that objectification experiences have been linked to decreased perceptions of oneself as someone who can take effective action (Roberts et al., 2018). These findings suggest that objectification can inhibit women's beliefs they can be efficacious in intervening to change others' behavior, which may dampen perceived responsibility to engage in helping behavior.

THE CURRENT STUDY

The present study provides a novel integration of objectification theory (Fredrickson & Roberts, 1997) and the bystander intervention model (Latané & Darley, 1970). First, we investigated whether objectification is related to bystander efficacy among men and women. We expected that greater frequency of objectifying behaviors (men) and greater experiences of objectification (women) would each be associated with lower confidence in future bystander intervention. Next, to examine possible pathways explaining these relations, we tested whether barriers to intervention mediate associations between objectification and bystander efficacy across men and women. Based on prior research and theory, we expected that increased *failing to notice*, *failing to identify as risky*, and *failing to take responsibility* barriers would each mediate associations between greater objectification perpetration and lower bystander efficacy in men. Finally, we hypothesized that greater experiences of objectification would be associated with decreased bystander efficacy through increased *failing to notice*, *failing to identify as risky*, and *failing to take responsibility* barriers among women.

METHODS

Participants

Participants were 1,021 undergraduate students ($n = 309$ men; $n = 712$ women) from a large Midwestern university who participated in a two-part study examining the use of virtual reality technology for assessing bystander behavior in response to sexual risk encounters. Participants received either course credit or monetary compensation. Ages ranged from 17–52 years ($M = 20.1$, $SD = 2.5$). Participants were not excluded based on age because nontraditional and older students represent a small but important population on college campuses. The sample's racial/ethnic composition was 71.9% White, 9.1%

Latinx or Hispanic, 10.1% Asian, 8.4% Black or African American, 4% not listed, 1.3% American Indian or Alaskan Native, and 0.5% Native Hawaiian or other Pacific Islander. Percentages exceed 100% because participants were allowed to select multiple categories. Participants primarily identified as heterosexual (84.3%), followed by bisexual (5.8%), lesbian or gay (2.3%), or “something else/don’t know” (1.3%).

Measures

Interpersonal Sexual Objectification Scale—Perpetration (ISOS-P). The ISOS-P (Gervais et al., 2018) is a 15-item measure that was completed by male participants to assess the frequency of sexual objectification perpetration behaviors during the past year (e.g., “How often have you made inappropriate sexual comments about someone’s body?”). Participants responded on a 5-point Likert scale ranging from 1 (*never*) to 5 (*almost always*). The ISOS-P contains three subscales: body gazes, body comments, and unwanted explicit sexual advances. A total score for objectification perpetration was created by taking the mean of all 15 items. Prior work found a weak correlation between the ISOS-P and sexual violence perpetration ($r = .25$; Gervais et al., 2018), supporting that sexual objectification is a related but distinct construct from sexual assault perpetration. Reliability of the ISOS-P is corroborated by the original study ($\alpha = .90$; Gervais et al., 2018) and the current sample ($\alpha = .87$).

Interpersonal Sexual Objectification Scale—Victimization (ISOS-V). Although originally developed as the Interpersonal Sexual Objectification Scale (Kozee et al., 2007), we refer to this measure here as the ISOS-V to distinguish our objectification measures for men and women. The ISOS-V is a 15-item measure that was completed by female participants to assess the frequency of sexual objectification experiences over the past year (e.g., “How often have you overheard inappropriate sexual comments made about your body?”). Participants responded on a 5-point Likert scale ranging from 1 (*almost never*) to 5 (*always*). The ISOS-V contains two subscales: body evaluation and unwanted explicit sexual advances. A total score was created by taking the mean of all 15 items. Supporting its validity, the ISOS-V is moderately associated with body surveillance, internalization of the thin-ideal, and body shame (correlations ranging from .25–.33; Kozee et al., 2007). Reliability of the ISOS-V is corroborated by the original study ($\alpha = .92$; Kozee et al., 2007), as well as the current sample ($\alpha = .93$).

Barriers to Bystander Intervention Scale. The Barriers to Bystander Intervention Scale (Burn, 2009) is a 16-item measure that was completed by both male and female participants to assess barriers to intervention. Drawing on prior research and theory, the present analyses focused on three of these barriers: *failing to notice* (one item; “At a party or bar, I am probably too busy to be aware of whether someone is at risk for sexual assault”), *failing to identify as risky* (three items; “At a party or bar situation, I think I might be uncertain as to whether someone is at risk for being sexually assaulted”), and *failing to take responsibility* (eight items; “Even if I thought someone was at risk for being sexually assaulted, I would probably leave it up to others to intervene”). Participants responded on a 5-point Likert scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). A mean score was calculated for each of these three barriers. Supporting scale validity, each barrier is associated with decreased self-reported bystander behavior (Burn, 2009). Internal reliability of subscales ranged from acceptable to high in the original study ($\alpha = .72-.89$; Burn, 2009). Similarly, alphas across subscales in the current sample ranged from $\alpha = .78-.86$.

Bystander Efficacy Scale. The Bystander Efficacy Scale (BES; Banyard, 2008) is a 14-item measure that was completed by male and female participants to assess confidence in their ability to perform various forms of bystander intervention (e.g., "...Do something if I see a woman surrounded by a group of men at a party who looks very uncomfortable."). Participants responded by rating their degree of confidence on an 11-point scale from 0 (*cannot do*) to 100 (*very certain*). A total score for bystander efficacy was created by taking the mean of all 14 items. Supporting its validity, higher scores on the BES are associated with lower rape myth acceptance and increased bystander behavior (Banyard, 2008). Reliability of the BES is corroborated by the original study ($\alpha = .87$ across genders; Banyard, 2008) and in the current sample ($\alpha = .88$ in men; $\alpha = .87$ in women).

Procedure

Prior to data collection, all materials and procedures were approved by the university's institutional review board. Students were recruited to participate either through an online advertisement in a psychology department subject pool or—once project funding was available—were directly emailed by the research team from a randomized list of current undergraduate students on campus. The study consisted of two phases: Phase 1, where participants completed online self-report measures in Qualtrics, and Phase 2, where participants completed a novel virtual reality encounter to assess in-vivo bystander behavior. Participants completed informed consent before beginning each phase. The current study uses data collected exclusively during Phase 1. Interspersed within the Phase 1 self-report measures were several attention-check items (e.g., "To be sure you are paying attention, please select *disagree somewhat*"). Participants were excluded from the current analyses if they incorrectly answered two or more attention-check items. Out of 1,193 participants who completed Phase 1 measures, 172 (14.4%) were excluded based on incorrect responses to two or more attention-check items. The final sample who passed exclusion criteria consisted of 1,021 participants.

Data Analytic Plan

Statistical analyses were performed using SPSS version 27 and Mplus version 8.4 (Muthén & Muthén, 2017). Bivariate correlations between variables were estimated in SPSS to test the hypothesized negative associations between objectification and bystander efficacy. Next, we conducted six mediation models in Mplus to test hypotheses regarding the role of each intervention barrier in accounting for the association between objectification perpetration and bystander efficacy in men, as well as objectification experiences and bystander efficacy in women. Separate models were run for each barrier because we were interested in examining their roles as mediators, independent of variance potentially shared with the other barriers. Specifically, we expected that higher reporting of each barrier would mediate associations between greater objectification (perpetration and experiences) and lower bystander efficacy. In each model, age was included as a covariate at the *a* and *b* paths, given the inclusion of nontraditional-aged college students in our sample and possibility that older students have less opportunity to engage in or experience sexual objectification or act as a bystander compared to traditional college students. Missing data ranged from 0%–1.9% and were handled using Maximum Likelihood (ML) estimation. Consistent with best practices for missing data, ML uses known parameters to search for the "most likely" set of missing parameter estimates that would explain the observed data

(Enders, 2010). Bias-corrected bootstrapping with 5,000 samples was used to obtain 95% bias-corrected confidence intervals to assess the significance of indirect effects (Preacher et al., 2007). An indirect effect is considered significant when the 95% confidence interval does not contain 0. Bootstrapping is preferred over the traditional Sobel Test because it minimizes Type I error rate and does not assume normal distributions (Preacher & Hayes, 2008).

RESULTS

Bivariate Correlations

Bivariate correlations were estimated for each variable in our predicted mediational models (Table 1). As expected, objectification perpetration and bystander efficacy were negatively correlated among men, such that men who perpetrated more objectification reported less confidence that they could intervene in future sexual risk situations. Next, objectification perpetration was positively associated with each barrier of *failing to notice*, *failing to identify as risky*, and *failing to take responsibility*. All three barriers were negatively associated with bystander efficacy. Lastly, age was not associated with objectification perpetration, barriers to intervention, or bystander efficacy among men.

Unexpectedly, objectification experiences and bystander efficacy were positively correlated in women, such that women who reported more objectification experiences felt *more* confident that they could intervene in future sexual risk situations (Table 1). *Failing to notice*, *failing to identify as risky*, and *failing to take responsibility* barriers were each negatively correlated with objectification experiences and bystander efficacy. Older age was associated with greater *failing to notice* barriers but was unrelated to experiences of objectification, *failing to identify as risky*, *failing to take responsibility*, or bystander efficacy.

Mediation Analyses

Next, we ran a series of mediation models examining objectification perpetration (men) or experiences (women) as the predictor (X), barriers to intervention (either *failing to notice*, *failing to identify as risky*, or *failing to take responsibility*) as the mediator (M), and bystander efficacy as the outcome (Y). Age was controlled in all analyses. The estimated path models and indirect effects are shown in Figure 1 (male models) and Figure 2 (female models). Because all models were just identified, traditional measures of global fit cannot be interpreted.

Mediation Analyses for Men. Results of the three mediation models for men (Figure 1) revealed that greater rates of objectification perpetration were associated with higher reporting of each of the three barriers to intervention, which, in turn, were each associated with lower confidence to intervene in a sexual risk situation. There was a remaining negative direct effect between objectification perpetration and bystander efficacy in each of the models examining *failing to notice*, *failing to identify as risky*, and *failing to take responsibility*. Lastly, there was an indirect effect of objectification perpetration on bystander efficacy via *failing to notice* ($b = -1.25$, 95% CI [-2.59, -0.20], $\beta = -.04$), *failing to identify as risky* ($b = -2.41$, 95% CI [-4.37, -0.64], $\beta = -.07$), and *failing to take responsibility* ($b = -5.58$, 95% CI [-8.39, -3.04], $\beta = -.16$) when controlling for age, supporting our hypotheses.

TABLE 1. Descriptive Statistics and Correlations

	<i>M (SD)</i>		<i>Range</i>						
	<i>Men</i>	<i>Women</i>		1	2	3	4	5	6
1. Obj. perp (men) or experiences (women)	1.73 (0.42)	2.15 (0.71)	1-5	—	-.11**	-.13**	-.16***	.10*	-.03
2. Failure to notice	3.64 (1.65)	3.27 (1.67)	1-7	.13*	—	.69***	.46***	-.33***	.08*
3. High risk	3.50 (1.32)	3.40 (1.37)	1-7	.17**	.67***	—	.57***	-.40***	.05
4. Failure to take responsibility	3.16 (1.09)	2.86 (1.04)	1-7	.28***	.36***	.54***	—	-.50***	.04
5. Bystander efficacy	75.18 (14.77)	79.55 (13.59)	1-100	-.27***	-.29***	-.44***	-.59***	—	.0
6. Age	20.56 (3.20)	19.94 (2.20)	17-52	.08	.07	0	-.02	.08	—

Note. The bolded correlations below the diagonal represent the model variables in men. The italicized correlations above the diagonal represent the model variables in women.

* $p < .05$. ** $p < .01$. *** $p < .001$.

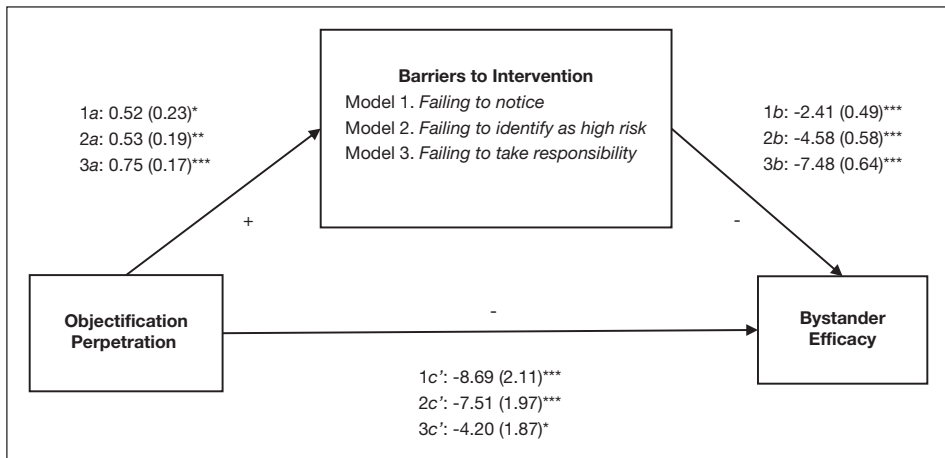


FIGURE 1. Path analyses for each mediation model in men.

Note. Unstandardized coefficients (standard errors) are reported for each path. All models included age as a covariate. An indirect effect of objectification perpetration on bystander efficacy was present via the barriers of *failing to notice* ($b = -1.25$, 95% CI [-2.59, -0.20], $\beta = -.04$), *failing to identify as risky* ($b = -2.41$, 95% CI [-4.37, -0.64], $\beta = -.07$), and *failing to take responsibility* ($b = -5.58$, 95% CI [-8.39, -3.04], $\beta = -.16$).

* $p < .05$. ** $p < .01$. *** $p < .001$.

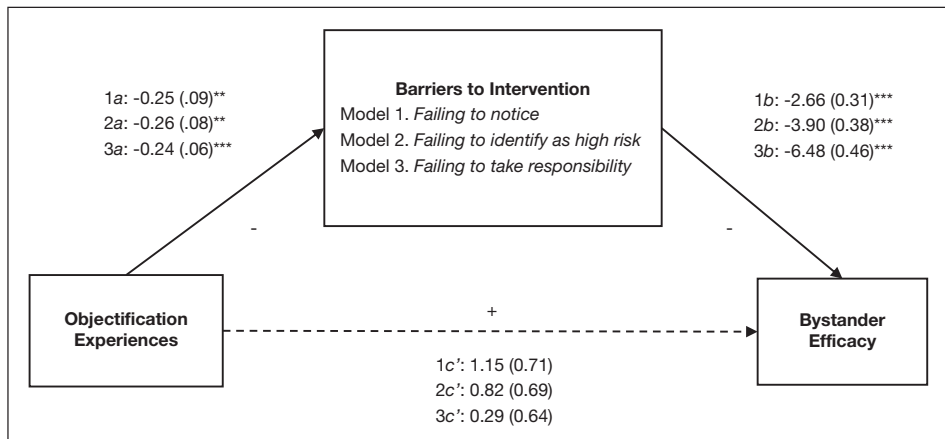


FIGURE 2. Path analyses for each mediation model in women.

Note. Unstandardized coefficients (standard errors) are reported for each path. All models included age as a covariate. An indirect effect of objectification experiences on bystander efficacy was present via the barriers of *failing to notice* ($b = 0.66$, 95% CI [0.21, 1.18], $\beta = .04$), *failing to identify as risky* ($b = 0.99$, 95% CI [0.42, 1.63], $\beta = .05$), and *failing to take responsibility* ($b = 1.53$, 95% CI [0.80, 2.30], $\beta = .08$).

* $p < .05$. ** $p < .01$. *** $p < .001$.

Mediation Analyses for Women. For our three mediation models for women (Figure 2), more objectification experiences were associated with lower reporting of each of the three barriers to intervention, which, in turn, were each associated with greater confidence to intervene in a sexual risk situation. There was no longer a direct effect between objectification experiences and bystander efficacy in each of the models examining *failing to notice*, *failing to identify as risky*, and *failing to take responsibility*. Lastly, there was an indirect effect of objectification experiences on bystander efficacy via *failing to notice* ($b = 0.66$, 95% CI [0.21, 1.18], $\beta = .04$), *failing to identify as risky* ($b = 0.99$, 95% CI [0.42, 1.63], $\beta = .05$), and *failing to take responsibility* ($b = 1.53$, 95% CI [0.80, 2.30], $\beta = .08$) when controlling for age. Although present, these positive indirect effects were in the opposite direction than expected.

DISCUSSION

Although bystanders are often present in situations of sexual risk, rates of intervention remain low (Haikal et al., 2018). Investigating factors that could reduce the likelihood an individual will engage in bystander behavior may be essential for increasing rates of bystander intervention and reducing rates of sexual violence. As expected, more frequent objectification perpetration was associated with decreased bystander confidence in men through increased barriers of *failing to notice*, *failing to identify as risky*, and *failing to take responsibility*. Unexpectedly, among women, more frequent experiences of objectification were associated with *greater* bystander confidence—an association that was mediated through lower endorsement of the barriers *failing to notice*, *failing to identify as risky*, and *failing to take responsibility*.

Our finding that men who reported more objectifying behaviors felt less confident they would intervene is novel and aligns with the broader literature indicating that objectification behaviors are related to increased sexual risk. Bystander efficacy adds to this list of associations, suggesting that for men, objectification is not only a risk factor for perpetrating sexual aggression (Gervais et al., 2014), and blaming victims of sexual assault (Loughnan et al., 2013), but also for a decreased likelihood of intervening in response to sexual risk experienced by others. In addition to these direct links between objectification and efficacy in men, findings highlight several key barriers to intervention as important mechanisms through which these associations may occur. Specifically, men who engage in more objectification may be less likely to *notice* risk in their environment, *identify* a given situation as risky, and *take responsibility* for acting on behalf of someone else. Thus, objectification perpetration may inhibit men's ability to detect and take responsibility for reducing sexual risk in their environment, which, in turn, is associated with decreased confidence in future intervention. Although we examined bystander efficacy in the current study, these findings may shed light on how objectification perpetration could impede several necessary steps in the bystander process. If findings extend to bystander behavior, it is possible that men who objectify women more frequently experience more barriers that prevent them from taking action in sexual risk scenarios.

Our finding that women who experienced more sexual objectification reported *more* confidence in their ability to intervene was unexpected. Indeed, from the perspective of objectification theory, decreased bystander efficacy would be a likely extension of the negative consequences of objectification (e.g., decreased agency, Roberts et al., 2018; dampened communication in sexual situations, Franz et al., 2016). A possible explanation

for the current findings is that bystander intervention, which involves mobilizing on behalf of others rather than oneself, represents an example of collective action, where individuals take action on behalf of others whom they perceive to be similar to themselves (Shepherd & Evans, 2020; Taylor et al., 1987). If, for example, women who experience more objectification identify with other women in similarly risky scenarios (e.g., receiving inappropriate sexual remarks and being pursued without consent), they may be more likely to intervene as bystanders. Further work replicating the current findings is needed to evaluate this alternative explanation, however.

Another potential avenue for understanding the current findings is to examine prior work on links between sexual assault history and bystander outcomes. Although findings in this area are mixed, our results align with others demonstrating that sexual assault survivors are more likely to report engaging in bystander behavior than those without a history of sexual violence (Woods et al., 2016, 2022), which may stem from greater recognition of forms of violence among women who have personally experienced sexual objectification and assault. However, other studies have found null (Bridges et al., 2021; Logan & Walker, 2021) or negative relations (Kistler et al., 2022) between sexual assault victimization and bystander outcomes. These inconsistent findings could reflect that women who have experienced sexual assault—a severe manifestation of objectification—might be particularly attentive to their own personal safety, including the risks of intervening (Logan & Walker, 2021). Supporting this are findings that survivors are more likely to intervene in low-risk (but not high-risk) scenarios compared to non-survivors (Woods et al., 2022). Thus, although sexual objectification experiences did not hinder and even facilitated bystander confidence in this study, there may be a point at which more severe experiences of sexual assault inhibit bystander intervention within some contexts.

As with men, findings provide support for the mechanistic role of barriers to intervention in women. Here, *failing to notice*, *failing to identify as risky*, and *failure to take responsibility* each mediated associations between objectification experiences and bystander efficacy. If bystander intervention indeed represents an extension of collective action, then women who perceive other at-risk individuals as similar to themselves (due to increased objectification experiences) may also perceive less barriers that would prevent them from mobilizing as a bystander. For example, women who experienced objectification more frequently may be more likely to *notice* and *identify situations as risky* because they recognize the behaviors that are occurring (e.g., unwanted sexual advances) and their negative consequences (e.g., distress and discomfort). Similarly, women who are frequent targets of objectification may be more likely to *take responsibility* as a manifestation of increased empathy, which, in turn, predicts increased intervention (Barlińska et al., 2018). Although more research is needed, findings suggest that bystander behaviors could possibly be enhanced by increasing feelings of empathy toward at-risk individuals (Muralidharan & Kim, 2020). In doing so, potential bystanders may be more equipped to overcome these three barriers to intervention and, accordingly, enact the requisite steps to take action (Burn, 2009; Latané & Darley, 1970).

Limitations

Although findings of this study support the importance of objectification and barriers to intervention in relation to bystander efficacy, several limitations should be noted. First, the cross-sectional design does not allow us to make conclusions about temporal precedence. However, the measures assessed past experiences with objectification and confidence in

future intervention behaviors, suggesting there may be an empirical basis for the tested pathways. Future research integrating objectification and bystander intervention models should use longitudinal methodologies that allow for temporal interpretation. Although sexual objectification seems to be an important factor to consider, correlations between objectification and aspects of bystander intervention (i.e., barriers to intervention and bystander efficacy) were small across women and men, suggesting the need to examine other related factors that could contribute additional risk.

Second, the sample consisted of undergraduate students who were primarily White and heterosexual. College students are an important population to study due to high rates of sexual victimization (Fedina et al., 2018) and the extensive use of bystander intervention training to reduce sexual risk among students on university campuses. Yet, findings from this sample cannot be generalized to other populations, such as less educated or more ethnically and racially diverse individuals, who may endorse different levels of objectification or barriers to intervention. Similarly, this study only assessed objectification behaviors in men and experiences in women, consistent with objectification theory (Fredrickson & Roberts, 1997); however, men can experience objectification just as women can engage in these behaviors (Davidson et al., 2013; Gervais et al., 2018). Because our sample of sexual and gender minority participants was too small to permit separate examination, future studies should focus on objectification experienced by these populations, which may have unique aspects related to oppression (e.g., being treated as spectacle or fetishized; Tebbe et al., 2018). Relatedly, studying attitudes toward intervention within same-gender sexual risk encounters is an important next step, in light of findings that bystanders often fail to label these scenarios as risky (Ballman et al., 2016).

Lastly, the current study did not examine observed or self-reports of actual bystander behavior. Although efficacy is positively correlated with self-reported bystander intervention behaviors (Banyard, 2008), these attitudes do not necessarily predict how an individual will behave when presented with actual sexual risk situations. However, focusing on bystander efficacy allowed us to adequately test each of the barriers as mechanisms, given that some of the barriers (e.g., *failing to notice* and *failing to identify as risky*) suggest that bystanders may not even be aware of missed opportunities for intervention.

Implications and Future Directions

Limitations notwithstanding, the current investigation raises important questions for researchers who examine objectification and bystander intervention. By examining multiple barriers that mediate relations between objectification and bystander efficacy, the present study extends objectification theory to a novel context—bystander intervention to reduce sexual risk. Future research could further elaborate this model by measuring related mechanisms posited by objectification theory, such as less moral concerns for sexual assault survivors (Loughnan et al., 2013) or self-objectification and agency among women (Roberts et al., 2018). Importantly, while objectification theory was supported in the models with men, it was not in the models with women. Future research should explore additional variables that could explain the connection between objectification experiences and action in women. For example, women who experience less self-objectification or more anger following objectification might be especially likely to challenge sexual risk behaviors directed at their female peers (Shepherd & Evans, 2020).

Bystander efficacy seems critical to foster useful intervention behaviors, and is commonly used as an outcome measure in sexual assault prevention efforts (Banyard, 2008).

However, given the pattern of self-reported retrospective findings reported here, researchers should also examine actual bystander behaviors by either observation in the lab or asking participants to report their recent bystander activities. Similarly, by having women self-report their experienced objectification throughout daily life, our results may generalize to many situations in which objectification occurs. However, future work should manipulate and examine objectification in the moment (e.g., by using a lab paradigm or contextually specific self-reports) in order to understand whether state objectification has a similar relation with increased bystander efficacy through overcoming intervention barriers.

The results of this study also have implications for sexual assault prevention efforts. For both men and women, findings suggest that objectification may be a useful target when considering both direct (i.e., reducing male perpetration of sexual violence) and indirect (i.e., increasing low rates of bystander intervention) methods to decrease sexual violence. Bystander programs could implement targeted efforts to decrease objectifying behaviors among men and increase the recognition that objectification experiences can be problematic among women by sharing the various negative impacts of objectification (e.g., objectification may increase women's likelihood to be victimized; Franz et al., 2016). Furthermore, by sharing the mechanisms through which objectification may relate to impairments in effective intervention, program participants may gain greater insight into both the harms of objectification and the ways in which they can improve their intervention behaviors (e.g., by better detecting high risk situations). Importantly, focusing on objectification could increase bystander efficacy and subsequent bystander behaviors in both men and women, a promising finding given that bystander intervention training often includes mixed-gender audiences.

CONCLUSIONS

Findings from the present study indicate that objectification and related bystander barriers appear to be important predictors of bystander efficacy. Consistent with objectification theory, objectification may undermine men's bystander efficacy through increased barriers to intervention. Surprisingly, and intriguingly, objectification may bolster women's bystander efficacy through reduced barriers to intervention, suggesting that there may be mechanisms that could help empower women who have experienced objectification to challenge sexual risk behaviors directed at others. Our results show that continued efforts to help bystanders recognize risky scenarios and assume responsibility for intervening, as well as the role that objectification may play in these barriers, may be critical to increase bystander efforts and decrease the prevalence of sexual assault.

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