Research Article

BYSTANDERS' INTENTIONS TO HELP IN INTIMATE PARTNER VIOLENCE AND SEXUAL ASSAULT SITUATIONS: A CROSS-CULTURAL STUDY

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Gender-based violence (GBV), particularly intimate partner violence (IPV) and non-partner sexual violence (NPSV), is a widespread and preventable problem. This issue affects not only individuals but also communities and entire societies. The bystander approach has shown promise as an intervention to prevent GBV by engaging community members. Using an ecological lens, this cross-cultural study sought to deepen our understanding of how different individual, relational, community, and societal factors may correlate with bystanders' intentions to help a friend or stranger in situations of IPV and NPSV. The study involved 1,128 university students from Italy (n=333), Brazil (n=303), and Canada (n=492). Results show that Italian university students reported a lower intention to help a friend or stranger. Despite some differences, findings for each subgroup indicate that peer-helping norms, bystander self-efficacy in dealing with violence, and knowledge/training about GBV were crucial factors associated with intentions to help a friend (i.e., the first and second variables) or a stranger (i.e., the first and third variables). These data have important implications for bystander preventive programs. They should make individuals aware of the correlation between the peer-helping norms and their intentions to help in GBV situations to develop responsible and competent student communities toward GBV. This prevention strategy should also provide knowledge about GBV and build skills and self-efficacy for coping with violence suffered or perpetrated by a friend or stranger.

***Keywords**: bystander intervention, bystander's self-efficacy, interpersonal violence, IPV prevention, SV prevention, peer norms*

1. Introduction

Gender-based violence (GBV) is a human rights violation that transcends national boundaries and social classes. It is a structural phenomenon profoundly rooted in gender inequality and power imbalances, with girls and women being the primary victims (EIGE, n.d). GBV includes various forms of abuse against girls and women, with intimate partner violence (IPV) and non-partner sexual violence (NPSV) being the two most common types (WHO, 2021). Globally, approximately one-third of women aged 15 years and older have experienced one or both forms of abuse during their lives (WHO, 2021). IPV covers various forms of violence, including physical aggression, sexual violence, psychological abuse, and controlling behaviors, committed by current or former partners (WHO, 2012). NPSV involves being

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coerced into unwanted sexual acts by individuals other than a partner, including family members, friends, acquaintances, or strangers (WHO, 2013). GBV is not solely a problem among adults but also occurs among young people (Jennings et al., 2017), which is a pressing issue for university students (Fedina et al., 2018; Sabina, & Straus, 2008), especially for young women, who are the main victims (Belknap & Sharma, 2014).

GBV is a phenomenon in which socio-cultural factors come into play, contributing to variations in its prevalence across different nations globally (Sinko et al., 2021). Concerning countries of interest, 13.6% of Italian women aged 16-70 have experienced physical or sexual IPV during their lifetime, and 17.5% have experienced NPSV (ISTAT, 2015). In Brazil, 33.4% of women aged 16 or older have experienced physical or sexual IPV at some point in their lives, and 46.7% have faced sexual harassment in the past year (FBSP/Datafolha, 2023). In Canada, women and girls are almost four times more likely than men and boys to experience IPV (Statistics Canada, 2022), and about 30% of women aged 15 and older have been sexually assaulted at least once (Statistics Canada, 2019). Brazil, Canada, and Italy not only differ in the prevalence rates of IPV and NPSV but historically have also seen varying levels of attention, legislative developments, and cultural approaches to GBV (Lisboa & Zucco, 2022; Rosselli, 2014; Tam et al., 2013). It underscores the importance of adopting a cross-cultural perspective when examining GBV and its underlying mechanisms. Such an approach enables researchers to evaluate the transferability of insights gained from one cultural setting to another, advancing comprehension of the phenomenon (Papayiannis & Anastassiou-Hadjicharalambous, 2011), which, in the realm of GBV, can be valuable in designing culturally sensitive and, therefore, more effective prevention programs.

Among prevention strategies, bystander intervention is a promising research area for addressing GBV and can greatly contribute to developing effective practices (Banyard, 2011). This approach empowers community members to contribute to GBV eradication by fostering collective efficacy, responsibility, and intervention skills to transform social norms (Banyard, 2015). Recent literature highlights the effectiveness of bystander interventions in GBV prevention (Bell et al., 2019; Fenton & Mott, 2018; Mujal et al., 2021). Understanding how and why individuals help GBV victims is crucial in reducing its prevalence since research shows that survivors often seek help from their informal social networks (Sylaska & Edwards, 2014). Specifically in the university context, GBV victims tend to disclose abuse informally, highlighting the need to train informal sources to supportively respond to survivors, as sharing victimization experiences may exacerbate harmful outcomes (Mennicke et al., 2022a; Mennicke et al., 2022b).

It is crucial to explore the motivating factors behind bystanders' intentions and behaviors in GBV situations to create effective strategies for mobilizing pro-social bystanders (Banyard et al., 2021). While Banyard (2011) developed an ecological model to describe the factors that facilitate and hinder bystander actions, previous research has focused on the internal factors (Banyard et al., 2021; Banyard et al., 2016). To address this gap, we propose a cross-cultural study utilizing an ecological perspective to examine the potential individual-, relational-, community- and societal-level factors associated with university students' intentions to help IPV or NPSV victims in Brazil, Canada, and Italy. As past research indicates that people are more likely to intervene in GBV situations when the victim is a friend (Weitzman et al., 2020), we aimed to investigate whether similar or different factors are associated with bystanders' intentions when the survivor is a friend or stranger, while also exploring country-specific differences. Bystander intervention in GBV situations has been poorly studied outside the US,

with limited cross-cultural research in the literature (Kamimura et al., 2016; Lyons et al., 2022).

1.1 Ecological factors associated with bystander intervention

Bystanders are individuals who witness an act of violence like GBV and may intervene by helping, doing nothing, or worsening the situation (Banyard, 2015). The classic Latané and Darley's (1970) situational bystander intervention model has been used to investigate bystander behavior in cases of sexual assault and IPV (Weitzman et al., 2020). However, Banyard (2011) has emphasized that Latané and Darley's (1970) model mainly centers on individual factors or their immediate context. Banyard (2011), using an ecological perspective (Bronfenbrenner, 1977, 2005; Kelly, 2006), provided a comprehensive framework of key variables, including community factors, that can promote or inhibit bystander behaviors.

Starting from individual factors, prior studies have explored the role of gender in bystanders' likelihood to help GBV victims, but findings have been mixed. Some studies have shown that women report higher levels of bystander intentions (Moschella-Smith et al., 2022), whereas others have indicated that men are more likely to intervene (Cinquegrana et al., 2018) or no gender differences were found (Katz et al., 2015). Past research has shown that women are less likely to engage in risky bystander behaviors than men (Chabot et al., 2018; Chabot et al., 2009) and instead engage in more indirect bystander behaviors (Nicksa, 2014). As for personal experiences, people who have witnessed family violence during childhood or have experienced child abuse (Beeble et al., 2008; Chabot et al., 2009) or know someone who has been victimized (Franklin et al., 2017; McMahon, 2010) are more likely to take action as bystanders in IPV and sexual assault situations. Furthermore, increased awareness of GBV and prior knowledge and training on the subject have been linked to a greater readiness to assist (Banyard & Moynihan, 2011; McMahon, 2010). Self-efficacy is a critical variable in bystanders' confidence in their ability to intervene effectively (Davies et al., 2023). Research has shown how this factor was significantly associated with bystanders' intention and behavior to help in IPV and sexual violence cases (Banyard & Moynihan, 2011; Lazarus & Signal, 2013; McMahon et al., 2015). Personal attitudes toward GBV may also play a significant role in guiding bystanders' willingness and behavior to help. Lower tolerance of interpersonal violence (e.g., less acceptance of the rape myth; low attribution of victim's responsibility; low masculine attitudes) has been associated with a higher likelihood of intervention (Banyard & Moynihan, 2011; Cinquegrana et al., 2018; McMahon, 2010). Furthermore, previous investigations have explored bystander decision-making, specifically examining perceived costs associated with acting (Banyard et al., 2004; Banyard, 2011). A study involving undergraduates showed that all barriers identified in Latané and Darley's (1970) model are associated with a decreased likelihood of intervention in sexual assault situations (Burn, 2009). Another study found that college community members with lower perceived barriers to bystander intervention are more likely to intervene in IPV cases (Chabot et al., 2018).

Among the relational factors that may facilitate bystander intervention in GBV situations, some reviews have highlighted the prominent role of perceived peer norms (Banyard, 2011; McMahon, 2015). Prior studies (Austin et al., 2016; Brown et al., 2014) have found that perceptions of peer norms supporting intervention are a positive predictor of college students' willingness to intervene against sexual violence. Moreover, Baynard and colleagues (2021) recently highlighted how peer-helping norms, compared to other peer norms (such as

those regarding the use of coercion in relationships), show a clearer correlation with bystander behavior.

Although research is limited, the sense of community could be an important community-level factor for bystanders' intentions in GBV situations (Banyard, 2011; McMahon, 2015). Banyard (2008) discovered that a greater perceived sense of community was linked to an increased willingness to help in interpersonal violence situations. Furthermore, some specific aspects of the sense of community have been associated with bystander behavior (Banyard et al., 2021; Edwards et al., 2014).

Regarding societal factors, Banyard (2011) emphasized the importance of cross-cultural research in understanding macro-systems impacts on bystander intervention. A study comparing bystander attitudes in cases of sexual assault in the United States, Japan, India, Vietnam, and China (Kamimura et al., 2016) revealed substantial variations between countries based on gender, knowing sexual assault survivors, and knowledge of campus/community organizations. Another recent study investigating correlations between personality (Dark Triad), rape myth acceptance, and bystander barriers in sexual harassment across Indonesia, Singapore, and the UK found minor country-level differences (Lyons et al., 2022). Regarding the countries included in our study, Italian institutions and political parties have paid limited attention to GBV, with the legislation lacking open public debate or a shared cultural approach (Rosselli, 2014). A European Union Agency for Fundamental Rights survey (FRA, 2014) revealed that 52% of Italian women are unaware of laws or political measures protecting IPV victims. Brazil is one of the most populous in the world, inhabited by approximately 108.1 million women (World Economic Forum, 2022). Thanks to the thirty-year efforts of feminist and women's movements in Brazil, the Maria da Penha Law was approved in 2006, which is considered internationally as one of the three most comprehensive and well-structured laws in the world on violence against women (VAW) (Lisboa & Zucco, 2022). In Canada, pro-charging and pro-prosecution policies were introduced in the early 1980s thanks to the actions of women's movements and non-governmental organizations that demanded politicians consider and treat VAW as a crime (Tam et al., 2013). Although Canadian VAW policies are highly advanced, they struggle to meet the needs of immigrants or other minority women (Shirwadkar, 2004). Overall, Brazil, Canada, and Italy differ not only in their regions but also in their cultural backgrounds in addressing GBV.

2. Aim and hypotheses

Our research aimed to address the need for more research on cross-cultural differences in bystander intervention within GBV situations (Kamimura et al., 2016). Using an ecological perspective (Banyard, 2011), this study examined factors associated with intentions to help friends or strangers in NPSV and IPV incidents among university students in Brazil, Canada, and Italy. Due to limited cross-cultural studies, we did not make specific predictions about ecological factors related to helping intentions in our study countries (Lyons et al., 2022). We did not make specific predictions regarding gender due to mixed results in the literature.

Concerning the societal factor, we hypothesized that Italian participants would report a lower intention to help in IPV or NPSV situations than their Brazilian and Canadian counterparts due to different cultural contexts surrounding GBV in these countries (Lisboa & Zucco, 2022; Rosselli, 2014; Tam et al., 2013) (Hypothesis 1).

Regarding community and relational factors, we postulated that sense of community (Banyard, 2008) and perceptions of prosocial peer-helping norms (Austin et al., 2016; Brown et al., 2014) would be positively related to willingness to help friends and strangers who have experienced IPV or NPSV (Hypothesis 2).

In terms of individual factors, we hypothesized that self-efficacy, both generally and specifically in dealing with GBV (Banyard & Moynihan, 2011; Lazarus & Signal, 2013; McMahon et al., 2015), prior GBV knowledge/training (Banyard & Moynihan, 2011; McMahon, 2010, childhood experiences of violence (child abuse or witnessing family violence) (Beeble et al., 2008; Chabot et al., 2009), and witnessing GBV in adulthood (by being aware of or directly observing an episode) (Franklin et al., 2017; McMahon, 2010), would be positively associated with intentions to help friends and strangers experiencing IPV or NPSV (Hypothesis 3). Conversely, we hypothesized that acceptance of domestic violence (Banyard & Moynihan, 2011; Cinquegrana et al., 2018; McMahon, 2010) and maladaptive decision-making styles (Burn, 2009; Chabot et al., 2018) would be negatively associated with lower intentions (Hypothesis 4).

3. Methods

3.1 Participants and procedure

The study included 1,128 university students: Italian (333), Brazilian (303), and French-Canadian (492). Most of the sample (61%) were women, and the age range of participants was 18 to 52 years, with a mean age of 23.93 (*SD* = 4.85). Italian participants had a lower mean age (*M* = 22.93, *SD* = 3.98; range: 18 − 51 years; $F(2, 1224) = 10.60$, $p < .001$) compared to Brazilians (*M* = 24.16, *SD* = 5.10; range: 18 − 51 years) and French-Canadians (*M* = 24.47, *SD* = 5.14; range: 18 − 52 years). As shown in Table 1, Canadian respondents were more likely to be women than men compared to Brazilians and Italians. As for living arrangements, Canadian students were more likely to live with their partners or alone than Brazilians and Italians. Brazilian students were more likely to cohabitate with relatives or other individuals and less likely to live with roommates than Italians and Canadians. Italian students were more likely to live with their parents than Canadians. Regarding friendship, Canadian students were more likely to have several friends but not a fixed group than Brazilians and less likely to have a fixed group of friends than Italians. Brazilian students were more likely to have multiple groups of friends than Italians. Concerning relationship status, Canadian participants were less likely to have never been in a relationship than Brazilians.

Participants were recruited through various methods: university classes, online announcements on the university website, informal college student groups on social media, and advertisements on university bulletin boards. To be eligible for the study, participants only needed to be enrolled in a university program in Italy, Brazil, or Canada (Québec). The participation was voluntary, and respondents could withdraw from the study at any time. After giving their consent, each student completed the anonymous online questionnaire. The Ethical Committee of the Instituto di Psicologia da Universidade de São Paulo approved the study procedures (Ref. No. PO/51217415.0.0000.5561).

Table 1. Participants' socio-demographic information for each country and their Chi-square values

	Canada	Brazil	Italy
Gender			
Men	29.4%	44.2%	48.3%
Women	70.6%	55.8%	51.7%
$X^2 = 34.74$; $p < .001$			
Living Arrangement			
Other	2.2%	9.9%	1.2%
Alone	11.4%	5.0%	3.9%
Roommates	20.7%%	15.2%	22.5%
Other relatives	2.7%	11.2%	1.8%
Partner	29.7%	11.5%	5.4%
Parents	33.3%	47.2%	65.2%
$X^2 = 216.13$; $p < .001$			
Friendship			
More fixed groups	45.9%	59.1%	41.7%
Fixed groups	16.1%	17.5%	32.8%
Several friends but no a fixed group	31.9%	20.1%	21.9%
Only one real friend	3.5%	1.3%	2.1%
No friends	2.6%	2.0%	1.5%
$X^2 = 57.40$; $p < .001$			
Relationship Status			
Never had a relationship	5.1%	14.7%	10.8%
Single > 12 months	13.1%	12.1%	13.0%
Single < 12 months	14.9%	13.7%	14.8%
In a relationship	66.9%	59.5%	61.4%
$X^2 = 21.66$; $p < .001$			

3.2 Measures

3.2.1 Socio-demographic information and relational variables

We collected socio-demographic information (i.e., gender, age, and living arrangement) and assessed relational variables (i.e., friendship and relationship status) (Table 1).

3.2.2 Childhood experiences of interpersonal violence

Childhood experiences of interpersonal violence were measured using two dichotomous items (0 = No; 1 = Yes) assessing direct (child abuse and neglect) and indirect (family violence) experiences of violence. A composite score was created, where a score of 1 indicated a participant with at least one childhood traumatic event, and a score of 0 indicated a participant with no traumatic events.

3.2.3 Indirect experience of IPV during adulthood

Based on Chabot et al. (2009), we assessed indirect IPV experiences in adulthood using two dichotomous items (0 = No; 1 = Yes). These items included knowing someone involved in a violent relationship and witnessing IPV incidents. A composite score was created, with a score of 1 indicating at least one indirect IPV experience in adulthood, and a score of 0 indicating no experiences.

3.2.4 GBV knowledge/training

GBV knowledge/training was assessed using four dichotomous items (0 = No; 1 = Yes). These items included attending GBV training, participating in GBV-related study programs, attending expert-led lectures or workshops on GBV, and volunteering for IPV services. An overall GBV knowledge/training score was created by assigning a value of 1 to participants with any form of knowledge/training on GBV, and a value of 0 to those without.

3.2.5 Self-efficacy

We used two scales: the Generalized Self-Efficacy scale (GSE) (Schwarzer & Jerusalem, 1995) and the Self-Efficacy to Deal with Violence scale (SEDVS) (Cameron et al., 2007). GSE is a 4-point Likert scale (1= not at all true; 4 = exactly true) with 10 items assessing a general sense of perceived self-efficacy to cope with various stressful life events ("I am confident that I could deal efficiently with unexpected events"; Cronbach's α_{Italy} = .88, α_{Brazil} = .86, α_{Canada} = .85). The total score was obtained by averaging the scores across items (Schwarzer, 2014), with higher scores indicating a greater general sense of perceived self-efficacy. We used the Italian version for the Italians (Sibilia et al., 1995), the Portuguese version for the Brazilians (Nunes et al., 1999), and the French version for the French-Canadians (Dumont et al., 2000).

SEDVS is a 4-point scale (1 = not at all confident; 4 = very confident) with 8 items. SEDVS assesses the confidence in dealing with IPV as bystanders (5 items; "How confident are you that you could get help for someone whose boyfriend/girlfriend forces them to have sex with them?"; α_{Italy} = .82, α_{Brazil} = .81, α_{Canada} = .84) and as victims or aggressors (3 items; "How confident are you that you could tell someone you trust that you are being abused by your boyfriend/girlfriend", "How confident are you that you could tell someone you trust that you are abusing your boyfriend/girlfriend?"; α_{Italy} = .55, α_{Brazil} = .80, α_{Canada} = .81). The score was obtained by calculating the mean score across items, then we multiplied by 8 for the SEDVS total score, multiplied by 5 for SEDVS as a bystander, and multiplied by 3 for the SEDVS as a victim or aggressor. Higher scores indicate a greater ability to deal with violence. Back-translation procedures (Brislin, 1970) were used for Italians and Brazilians, and the version from a previous study was used for French-Canadians (Van Camp et al., 2014).

3.2.6 Domestic violence myth acceptance

Domestic Violence Myth Acceptance Scale (DVMAS) (Peters, 2008) is an 18-item ("If a woman continues living with a man who beat her, then it's her own fault if she is beaten again"; α_{Italy} = .87, α_{Brazil} = .84, α_{Canada} = .80), 7-point scale (1 = strongly disagree, 7 = strongly agree for the first 17 items; 1 = not at all, 7 = entirely for the last item). The total score was obtained by calculating the mean score across items, with higher scores indicating greater acceptance of such myths. Back-translation was used for Italian, Portuguese, and French samples.

3.2.7 Decision-making styles

Melbourne Decision Making Questionnaire (MDMQ) (Mann et al., 1997) uses a 3-point Likert scale (0 = Not true, 1 = Sometimes true, 2 = True) with 22 items, assessing Vigilance, Buck-passing, Procrastination, and Hypervigilance. Vigilance (6 items; "I try to be clear about

my objectives before choosing"; α_{Italy} = .80, α_{Brazil} = .81, α_{Canada} = .81) represents an adaptive decision-making pattern in which individuals define objectives, gather information, and evaluate alternatives before making a choice. Higher scores mean greater rational decision-making. Buck-passing (6 items; "I prefer to leave decisions to others"; α_{Italy} = .85, α_{Brazil} = .83, α_{Canada} = .81) refers to a maladaptive decision-making strategy where people avoid decision-making responsibility, leaving it to others. Procrastination (5 items; "Even after I have made a decision, I delay acting upon it"; α_{Italy} = .81, α_{Brazil} = .80, α_{Canada} = .83) is another maladaptive pattern characterized by delaying or postponing decisions. Hypervigilance (5 items; "The possibility that some small thing might go wrong causes me to swing abruptly in my preference"; α_{Italy} = .81, α_{Brazil} = .80, α_{Canada} = .83) reflects a maladaptive decision-making strategy driven by emotional stress and pressure, where individuals desperately seek solutions for relief. A French adaptation of MDMQ (Bailly & Ilharragorry-Devaux, 2011) was used for the French-Canadians. The Mann's scale was back-translated for the Italians and Brazilians.

3.2.8 Sense of Community

Multidimensional Sense of Community Scale for local communities (MTSOCS) (Prezza et al., 2009) is a 19-item, 4-point Likert scale (1 = strongly disagree; 4 = strongly agree) that assesses five dimensions: membership (4 items; "When I travel, I am proud to tell others where I live"; α_{Italy} = .85, α_{Brazil} = .83, α_{Canada} = .80), shared influence (3 items; "If there is a serious problem in this town, the people who live here can get it solved"; α_{Italy} = .84, α_{Brazil} = .86, α_{Canada} = .80), help in case of need (4-items; "Many people in this town are available to give help if somebody needs it"; α_{Italy} = .81, α_{Brazil} = .84, α_{Canada} = .82), social climate and bonds (4 items; "I have good friends in this town"; α_{Italy} = .86, α_{Brazil} = .84, α_{Canada} = .80), needs and fulfillments (4 items; "This town provides opportunities for me to do a lot of different things"; α_{Italy} = .80, α_{Brazil} = .81, α_{Canada} = .83). The original Italian version of the scale was back-translated into Portuguese and French (Total MTSOCS: α_{Italy} = .88, α_{Brazil} = .86, α_{Canada} = .84).

3.2.9 Perceptions of peer helping norms

Perceptions of Peer Helping scale (PPH) (Banyard et al., 2014) is a 20-item ("Approach a friend if they thought she was in an abusive relationship to let them know they were there to help"; α_{Italy} = .92, α_{Brazil} = .84, α_{Canada} = .87), 5-point scale (1 = not at all likely, 5 = extremely likely) that assesses participants' perceptions of peers as prosocial and helpful bystanders. It measures how likely participants' friends might act in a series of helping behaviors. Higher scores indicate greater prosocial perceptions of their friends. The original English version of the scale was back-translated into Italian, Portuguese, and French.

3.2.10 Intent to help

Brief Intent to Help Scale (BIH) (Banyard et al., 2014) is an 18-item, 5-point scale (1= not at all likely, 5= extremely likely) that consists of two subscales: 10 items related to helping a friend ("I approach someone I know if I thought they were in an abusive relationship and let them know I'm here to help"; α_{Italy} = .80, α_{Brazil} = .83, α_{Canada} = .80) and 8 items related to helping a stranger ("I approach someone I don't know if I thought they were in an abusive relationship and let them know that I'm here to help"; α_{Italy} = .85, α_{Brazil} = .81, α_{Canada} = .88). It

measures participants' intention to engage in helpful bystander behaviors in situations of NPSV or IPV. Higher scores indicate a higher likelihood of engaging in bystander behaviors. The Italian, Brazilian, and French samples used a back-translation.

3.3 Data analyses

Quantitative analyses were performed utilizing SSPSS 24.0 software. The first step involved presenting descriptive data for each country group to identify potential differences through crosstab differences (Chi-square) and one-way ANOVA tests. The second step involved using univariate analyses, including Pearson's *r* correlations and General Linear Model (GLM) ANOVA, to explore the relationship between independent and dependent variables, namely the intention to help friends and strangers involved in NPSV and IPV situations. In the final step, multivariate analyses, like the GLM model (two-way ANCOVA), were conducted to examine the ecological factors related to the intention to help friends or strangers. This was carried out for the three countries. Data had less than 1% missing values, addressed through mean imputation process.

4. Results

4.1 Differences between subsamples

Results showed significant relationships between the data collection countries and indirect experience of IPV during adulthood (χ^2 = 74.03, p < .001; df = 2), childhood experiences of interpersonal violence (χ^2 = 136.48, p < .001; df = 2), and GBV knowledge/training (χ^2 = 52.53, p < .001; df = 2). Brazilian students were more likely (84.8%) to know someone in a violent relationship or witness IPV than Italians (52.9%). Brazilian respondents were also more likely (66.1%) to be victims of childhood experiences of interpersonal violence than Canadians (35.7%) and Italians (21.3%). Brazilian students showed a higher likelihood (70.2%) of possessing GBV knowledge/training than Canadians (49%) and Italians (42.9%).

Table 2 presented one-way ANOVA results exploring country differences.

Regarding the sense of community, Brazilian participants scored lower in the membership (M = 2.60, SD = .67) and social climate and bonds (M = 2.63, SD = .47) than Italians ($M_{membership}$ = 2.84, SD = .62; $M_{social\ climate\ and\ bonds}$ = 2.90, SD = .45) and Canadians ($M_{membership}$ = 2.84, SD = .60; $M_{social\ climate\ and\ bonds}$ = 2.91, SD = .50). Canadian students had greater shared influence values (M = 2.79, SD = .46) than Italians (M = 2.59, SD = .47) and Brazilians (M = 2.54, SD = .52). The other variables of the sense of community showed significant differences among the three subsamples. Brazilian respondents showed the lowest values in help in case of need (M = 2.35, SD = .48), followed by Italians (M = 2.53, SD = .48) and Canadians (M = 2.83, SD = .49). Italian participants scored lowest in needs and fulfillments (M = 2.64, SD = .63), followed by Brazilians (M = 2.90, SD = .65) and Canadians (M = 3.07, SD = .56). The total score of MTSOCS was highest for Canadian students (M = 2.89, SD = .41), followed by Italians (M = 2.71, SD = .39) and Brazilians (M = 2.61, SD = .42). As for self-efficacy in dealing with violence, significant differences existed among the three subsamples for bystander self-efficacy. Italian participants reported the lowest values (M = 16.47, SD = 2.37), followed by Canadians (M = 16.92, SD = 2.60) and Brazilians (M = 17.74, SD = 2.04).

Table 2. Descriptive statistics and correlations among study variables

	IHF M = 4.11 SD = .62 SKW = -.85 KUR = 1.21	IHS M = 2.72 SD = .92 SKW = .31 KUR = -.57	M	SD	SKW	KUR	*F* (One Way ANOVA)
MTSOC: Total scale	.13**	.05	2.76	.43	-.44	.86	49.14***
Membership	.05	-.01	2.78	.63	-.39	-.04	15.98***
Shared influence	.10**	.03	2.66	.49	-.28	.74	28.64***
Help in case of need	.10**	.07*	2.61	.52	-.19	.06	98.76***
Social climate and bonds	.13**	.01	2.83	.51	-.48	.82	35.08***
Need fulfillment	.14**	.08**	2.90	.63	-.55	.15	48.24***
SEDVS: Total scale	.46**	.33**	26.36	3.60	-.73	1.26	24.07***
Bystander	.46**	.32**	17.01	2.44	-.87	1.24	22.98***
Victim or Aggressor	.27**	.22**	9.35	1.79	-.52	.24	15.53***
GSE: Total scale	.21**	.14**	3.01	.51	-.12	-.14	67.07***
DVMAS: Total Scale	-.29**	-.25**	2.15	.81	1.04	1.51	64.06***
MDMQ							
Vigilance	.04	-.07*	10.15	2.09	−1.38	1.88	14.31***
Buck-passing	-.16**	-.14**	4.18	3.03	.56	-.34	10.69***
Procrastination	-.20**	-.06	3.48	2.34	.49	-.18	14.45***
Hypervigilance	-.14**	-.05	4.77	2.48	.15	-.63	12.35***
PPH: Total scale	.49**	.43**	3.48	.69	-.25	-.19	47.50***

Note. IHF = Intent to Help a Friend; IHS = Intent to Help a Stranger; MTSOCS = Multidimensional Sense of Community scale; SEDVS = Self-efficacy to Deal with Violence scale; GSE = Generalized Self-Efficacy scale; DVMAS = Domestic Violence Myth Acceptance Scale; MDMQ = Melbourne Decision Making Questionnaire; PPH = Perceptions of Peer Helping scale.
**p < .05; **p < .01 ***p < .001*

Brazilian students significantly differed from Italians and Canadians in self-efficacy as victims or perpetrators (M_{Brazil} = 9.81, *SD* = 1.75; M_{Italy} = 9.31, *SD* = 1.70; M_{Canada} = 9.08, *SD* = 1.83) and in the total score of SEDVS (M_{Brazil} = 27.55, *SD* = 3.29; M_{Canada} = 26.00, *SD* = 3.69; M_{Italy} = 25.78, *SD* = 3.50). Concerning generalized self-efficacy, Canadian participants (*M* = 3.21, *SD* = .51) significantly differed from Italians (*M* = 2.89, *SD* = .45) and Brazilians (*M* = 2.82, *SD* = .46).

Significant differences emerged among the three subsamples for domestic violence myth acceptance. Italian students reported the highest values (*M* = 2.48, *SD* = .76), followed by Canadians (*M* = 2.13, *SD* = .76) and Brazilians (*M* = 1.79, *SD* = .79).

Regarding decision-making processes, Italian participants differed in vigilance (*M* = 10.60, *SD* = 1.86) compared to Brazilians (*M* = 10.13, *SD* = 2.16) and Canadians (*M* = 9.78, *SD* = 2.15). Brazilian students differed in buck-passing (*M* = 4.84, *SD* = 3.04) and hypervigilance (*M* = 5.35, *SD* =2.55) compared to Italians ($M_{buck\text{-}passing}$ = 3.96, *SD* = 2.96; $M_{hypervigilance}$ = 4.61, *SD* = 2.46) and Canadians ($M_{buck\text{-}passing}$ = 3.85, *SD* = 3.00; $M_{hypervigilance}$ = 4.46, *SD* = 2.37). Regarding procrastination, significant differences occurred among the three subsamples, with Brazilians (*M* = 4.00, *SD* = 2.43) displaying the highest values, followed by Canadians (*M* = 3.47, *SD* = 2.37) and Italians (*M* = 3.02, *SD* = 2.11).

Lastly, Italian participants perceived their friends as less prosocial (M = 3.20, SD = .60) than Canadians (M = 3.66, SD = .62) and Brazilians (M = 3.57, SD = .75).

4.2 Exploring relationships between independent and dependent variables

We correlated continuous independent variables with dependent variables (Table 2). Generally, intentions to help friends had a higher mean score and stronger correlations with all the investigated variables than intentions to help strangers. The MTSOCS total score and its subscales were more associated with intentions to help friends than strangers, but the significant positive correlations were small. Regarding SEDVS, perceiving the self-efficacy to address the IPV as bystanders had a higher positive correlation with intentions to help friends and strangers than the confidence as victims or aggressors. GSE was positively associated with intentions to help friends and strangers, to a lesser extent than SEDVS. PPH showed high positive correlations with intentions to help friends and strangers. DVMAS had negative correlations with intentions to help friends and strangers. Negative small correlations were found between intentions to help friends and the buck-passing, procrastination, and hypervigilance decision-making styles, as well as between intentions to help strangers and vigilance and buck-passing decision-making styles.

We conducted GLM ANOVA to examine how non-continuous variables are related to the dependent ones. We found a higher effect size (eta squared = η^2) for intentions to help strangers than for friends. Women were more likely to help friends [F(1, 1055) = 76.22, p < .001; η^2 = .07; M_{friend} = 4.24, SD = .59] and strangers [F(1, 1055) = 82.08; p < .001; η^2 = .07; $M_{stranger}$ = 2.91, SD = .92] than men (M_{friend} = 3.92, SD = .61; $M_{stranger}$ = 2.71, SD = .84). Individuals without indirect experience of IPV during adulthood were less inclined to help friends [F(1, 980) = 18.42, p < .001; η^2 = .02; M_{friend} = 3.99, SD = .61] and strangers [F(1, 980) = 39.63, p < .001; η^2 = .04; $M_{stranger}$ = 2.45, SD = .87] than those who had such experiences (M_{friend} = 4.17, SD = .62; $M_{stranger}$ = 2.84, SD = .93). Participants who have had childhood experiences of interpersonal violence were more inclined to provide assistance to friends [F(1, 979) = 11.05, p < .001; M_{friend} = 4.19, SD = .62] and strangers [F(1, 979) = 30.53, p < .001; $M_{stranger}$ = 2.91, SD = .91] than participants who have not suffered such events (M_{friend} = 4.06, SD = .61; $M_{stranger}$ = 2.58, SD = .92). Individuals with prior GBV knowledge/training were more likely to offer assistance to friends [F(1, 1051) = 59.80, p < .001; η^2 = .05; M_{friend} = 4.25, SD = .57] and strangers [F(1, 1051) = 98.72, p < .001; η^2 = .09; $M_{stranger}$ = 2.97, SD = .92] than participants without such knowledge/training (M_{friend} = 3.96, SD = .63; $M_{stranger}$ = 2.43, SD = .86).

4.3 Hypotheses verification

We conducted GLM ANOVAs to assess Hypothesis 1. Significant variations emerged among countries in intentions to help friends (F(2, 1057) = 19.16, p < .001; η^2 = .04). Post hoc comparisons using the Scheffé test showed no significant difference between Brazil and Canada. Italian participants exhibited the lowest mean score (M = 3.94, SD = .60), which significantly differed from the mean scores of Brazilians (M = 4.19, SD = .70) and Canadians (M = 4.11, SD = .62). Significant differences occurred among countries in intentions to help strangers (F(2, 1057) = 38.95, p < .001; η^2 = .07). Post hoc comparisons revealed no significant difference between Brazilian and Canadian participants. Italian respondents (M = 2.36, SD = .80) displayed the lowest mean score, which was significantly different from Brazilians (M = 2.85, SD = .95) and Canadians (M = 2.90, SD = .92).

We employed the GLM Univariate method to test Hypotheses 2, 3, and 4. We performed a two-way ANCOVA for each sample to examine relationships between the categorical (factors) or continuous (covariates) independent variables and dependent variables. Concerning intentions to help friends, we included only categorical variables with a medium η^2 (= > .06). As for continuous variables, we selected those with Pearson's *r* correlations of .20 or higher, except for the SEDVS (*r* = > .30). Regarding intentions to help strangers, we observed weaker correlations with most of the continuous variables and greater values of η^2 compared to intentions to help friends. Therefore, we chose only continuous variables with Pearson's *r* correlations higher than .10, except for the SEDVS (*r* = > .30), and we selected the categorical variables with the higher η^2 (= > .07).

Concerning correlation strength, it is possible to select Pearson's r values greater than .10, whereas, for ad hoc items, η^2 values equal to or greater than .05 can be chosen (Miles & Shevlin, 2001). Despite a correlation of .10 potentially being weak, it may still hold significance in particular contexts or for specific research aims. For instance, weak correlations in large-scale studies with a broad sample can still have significant practical or theoretical implications (Schober et al., 2018). This becomes particularly crucial when the goal is to identify correlations that have a more evident practical or theoretical impact (Lakens, 2013). For the SEDVS, correlation cutoffs greater than .30 were selected, following previous studies (e.g., McMahon et al., 2015), as it is presumed that self-efficacy in dealing with IPV is associated with intentions to intervene as a bystander. Therefore, values were chosen that allow for the observation of more robust and significant associations for the study's objectives.

4.3.1 Intent to help a friend

As displayed in Table 3, perceptions of prosocial peer helping norms and bystander self-efficacy to deal with violence were positively associated with intentions to help friends in Italian, Brazilian, and Canadian participants. Gender was associated with the Brazilian and Canadian students' intentions to help friends. However, the gender parameters (Table 4) showed significance only for Canadian students, with women being more inclined to help friends. Procrastination decision-making style had a negative correlation with intentions to help friends in Brazilian and Italian participants. Generalized self-efficacy was positively linked to intentions to help friends in Canadian participants. As shown in Table 4, perceptions of peer helping norms were the variable that most explained the variance in the dependent variable for Italian and Canadian students, while the bystander self-efficacy to deal with violence was for Brazilian students. Acceptance of domestic violence myths and GBV knowledge/training did not exhibit a significant association with intentions to help friends.

Table 3. Test of between-subject effects intent to help a friend

Source	Type III Sum of Square			Mean Square			*F*			η^2_p		
Country	IT	BR	CA	IT	BR	CA	IT	BR	CA	IT	BR	CA
Corrected Model	37.65[a]	68.39[b]	41.82[c]	4.71	8.55	5.23	$19.00_{(8,333)}$***	$30.97_{(8,302)}$***	$82.18_{(8,353)}$***	.32	.46	.41
Intercept	8.94	2.48	8.89	8.94	2.48	8.89	$36.08_{(1,333)}$***	$8.98_{(1,302)}$**	$51.63_{(1,353)}$***	.10	.03	.13
SEDVS: Bystander	6.56	15.41	5.63	6.56	15.41	5.63	$26.48_{(1,333)}$***	$55.82_{(1,302)}$***	$32.71_{(1,353)}$***	.08	.16	.09
GSE: Total scale	.14	.18	1.18	.14	.18	1.18	$.56_{(1,333)}$	$.64_{(1,302)}$	$6.83_{(1,353)}$**	.00	.00	.02
DVMAS: Total Scale	.01	.98	.31	.01	.98	.31	$.02_{(1,333)}$	$3.55_{(1,302)}$	$1.81_{(1,353)}$	.00	.01	.01
PPH: Total scale	9.02	11.65	9.99	9.02	11.65	9.99	$36.42_{(1,333)}$***	$42.19_{(1,302)}$***	$58.01_{(1,353)}$***	.10	.13	.14
MDMQ: Procrastination	1.39	4.30	.17	1.39	4.30	.17	$5.60_{(1,333)}$*	$15.56_{(1,302)}$***	$1.01_{(1,353)}$	.02	.05	.00
Gender	.68	2.87	1.86	.68	2.87	1.86	$2.76_{(1,333)}$	$10.40_{(1,302)}$**	$10.77_{(1,353)}$**	.01	.03	.03
GBV Knowledge / Training	.94	.65	.33	.94	.65	.33	$3.81_{(1,333)}$	$2.34_{(1,302)}$	$2.28_{(1,353)}$	.01	.01	.01
Gender * GBV Knowledge / Training	.60	.40	8.07E-5	.60	.40	8.07E-5	$2.44_{(1,333)}$	$1.46_{(1,302)}$	$.00_{(1,353)}$	.01	.01	.00

Note. [a] R Squared = .32 (Adjusted R Squared = .30); [b] R Squared = .46 (Adjusted R Squared = .44); [c] R Squared = .41 (Adjusted R Squared = .40).
IT = Italy; BR = Brazil; CA = Canada.
SEDVS = Self-efficacy to Deal with Violence scale; GSE = Generalized Self-Efficacy scale; DVMAS = Domestic Violence Myth Acceptance Scale; PPH = Perceptions of Peer Helping scale; MDMQ = Melbourne Decision Making Questionnaire.
**p < .05; **p < .01 ***p < .001*

Table 4. Estimate of parameters intent to help a friend

Source	*B*			Std. Error			*t*			95% C.I.			η^2_p		
Country	IT	BR	CA	IT	BR	CA	IT	BR	CA	IT	BR	CA	IT	BR	CA
Intercept	1.92	1.11	1.77	.32	.38	.26	6.03***	2.90**	6.73***	[1.29, 2.55]	[.36, 1.87]	[1.25, 2.29]	.10	.03	.12
SEDVS: Bystander	.07	.13	.06	.01	.02	.01	5.15***	7.47***	5.72***	[.04, .09]	[.09, .16]	[.04, .08]	.08	.16	.09
GSE: Total scale	.06	.06	.14	.07	.08	.05	.75	.80	2.61**	[-.09, .20]	[-.09, .21]	[.03, .24]	.00	.00	.02
DVMAS: Total Scale	.01	-.09	-.04	.04	.05	.03	.15	-1.88	-1.35	[-.07, .08]	[-.18, .00]	[-.11, .02]	.00	.01	.01
PPH: Total scale	.30	.28	.30	.05	.04	.04	6.04***	6.50***	7.62***	[.20, .39]	[.20, .37]	[.22, .37]	.10	.13	.14
MDMQ: Procrastination	-.04	-.05	-.01	.02	.01	.01	-2.37*	-3.95***	-1.01	[-.07, -.01]	[-.08, -.03]	[-.03, .01]	.02	.05	.00
Gender (F)	.01	.14	.18	.10	.08	.08	.11	1.90	2.13*	[-.18, .20]	[-.01, .29]	[.01, .34]	.00	.01	.01
GBV Knowledge / Training (No)	-.21	-.19	-.08	.09	.10	.09	-2.31*	-1.98*	-.91	[-.39, -.03]	[-.38, -.00]	[-.26, .09]	.02	.01	.00
Gender (F) * GBV Knowledge / Training (No)	.19	.17	.00	.12	.14	.10	1.56	1.21	.02	[-.05, .43]	[-.10, .43]	[-.20, .21]	.01	.01	.00

Note. IT = Italy; BR = Brazil; CA = Canada.
SEDVS = Self-efficacy to Deal with Violence scale; GSE = Generalized Self-Efficacy scale; DVMAS = Domestic Violence Myth Acceptance Scale; MDMQ = Melbourne Decision Making Questionnaire; PPH = Perceptions of Peer Helping scale.
**p < .05; **p < .01 ***p < .00*

4.3.2 Intent to help a stranger

As presented in Table 5, perceptions of peer-helping norms and GVB knowledge/training were associated with intentions to help strangers in Italian, Brazilian, and Canadian participants. As shown in Table 6, perceptions of prosocial peer-helping norms were positively associated with intentions to help strangers, while lacking GBV knowledge/training was negatively related to students' intentions to help strangers. Bystander self-efficacy to deal with violence was positively linked to intentions to help strangers in Brazilian and Canadian participants. Generalized self-efficacy was positively associated with intentions to help strangers in Italian participants. Buck-passing was negatively correlated to intentions to help strangers in Brazil. Gender was linked to intentions to help strangers among Brazilian and Canadian students. However, Table 6 showed a significant gender parameter only for the Brazilian sample, indicating that women were more likely to help strangers. Like intentions to help friends, perceptions of peer-helping norms were the variable that explained the most variance in the dependent variable for Italian and Canadian students. For Brazilian students, bystander self-efficacy to deal with violence was the variable that explained the most variance in intentions to help strangers.

5. Discussion

Our cross-cultural study examined ecological factors associated with university students' intentions to help IPV or NPSV victims in Brazil, Canada, and Italy, considering differences between helping friends and strangers.

Our findings support Hypothesis 1, indicating that Italian students are less inclined to help friends or strangers in NPSV or IPV situations than their Brazilian and Canadian counterparts. This reduced inclination of Italians to help might be associated with the societal perception of GBV in Italy. According to a recent ISTAT survey (2019), a minority of Italians would still refrain from advising a woman who has experienced IPV due to concerns about family interference (1.1%) or a lack of knowledge (2.6%). Furthermore, Italian students had lower GBV knowledge/training, lower bystander self-efficacy in dealing with violence, weaker perceptions of prosocial peer-helping norms, and higher acceptance of IPV myths compared to Brazilian and Canadian students. One possible explanation could be that gender role stereotypes and prejudices about women's responsibility for sexual violence remain pervasive in Italy, with minimal disparity between men and women (ISTAT, 2019).

Despite some differences across the three countries, perceptions of peer-helping norms and bystander self-efficacy in dealing with violence were associated with intentions to help friends, while perceptions of peer-helping norms and knowledge/training in GBV were linked to intentions to help strangers. In Italy and Canada, perceptions of peer-helping norms explained the majority of variance in both dependent variables, while bystander self-efficacy in dealing with violence was the most explanatory variable for Brazil.

Table 5. Test of between-subject effects intent to help a stranger

Source	Type III Sum of Square			Mean Square			*F*			η^2_p		
Country	IT	BR	CA	IT	BR	CA	IT	BR	CA	IT	BR	CA
Corrected Model	42.08[a]	92.59[b]	96.98[c]	5.26	11.57	12.12	$10.12_{(8,333)}$***	$18.68_{(8,300)}$***	$20.09_{(8,353)}$***	.20	.34	.32
Intercept	.01	.01	.67	.01	.01	.67	$.02_{(1,333)}$	$.02_{(1.300)}$	$1.11_{(1,353)}$	.00	.00	.00
SEDVS: Bystander	.05	16.19	5.62	.05	16.19	5.62	$.09_{(1,333)}$	$26.12_{(1,300)}$***	$9.32_{(1,353)}$**	.00	.08	.03
GSE: Total scale	4.32	.32	.64	4.32	.32	.64	$8.31_{(1,333)}$**	$.52_{(1,300)}$	$1.05_{(1,353)}$	.03	.00	.00
DVMAS: Total Scale	.48	1.38	.01	.48	1.38	.01	$.92_{(1,333)}$	$2.23_{(1,300)}$	$.02_{(1,353)}$	.00	.01	.00
PPH: Total scale	18.93	5.76	29.63	18.93	5.76	29.63	$36.40_{(1,333)}$***	$9.29_{(1,300)}$**	$49.10_{(1,353)}$***	.10	.03	.13
MDMQ: Buck-passing	.00	4.08	2.21	.00	4.08	2.21	$.00_{(1,333)}$	$6.59_{(1,300)}$*	$3.66_{(1,353)}$	.00	.02	.01
Gender	.66	9.64	6.06	.66	9.64	6.06	$1.26_{(1,333)}$	$15.56_{(1,300)}$***	$10.03_{(1,353)}$**	.00	.05	.03
GBV Knowledge / Training	3.19	8.68	8.84	3.19	8.68	8.84	$6.13_{(1,333)}$*	$14.01_{(1,300)}$***	$14.65_{(1,353)}$***	.02	.05	.04
Gender * GBV Knowledge / Training	1.52	1.70	.42	1.52	1.70	.42	$2.92_{(1,333)}$	$2.75_{(1,300)}$	$.69_{(1,353)}$	.01	.01	.00

Note. [a] R Squared = .20 (Adjusted R Squared = .18); [b] R Squared = .34 (Adjusted R Squared = .32); [c] R Squared = .32 (Adjusted R Squared = .30).
IT = Italy; BR = Brazil; CA = Canada.
SEDVS = Self-efficacy to Deal with Violence scale; GSE = Generalized Self-Efficacy scale; DVMAS = Domestic Violence Myth Acceptance Scale; PPH = Perceptions of Peer Helping scale; MDMQ = Melbourne Decision Making Questionnaire.
**p < .05; **p < .01 ***p < .001*

Table 6. Estimate of parameters intent to help a stranger

Source	*B*			Std. Error			*t*			95% C.I.			η^2_p		
Country	IT	BR	CA	IT	BR	CA	IT	BR	CA	IT	BR	CA	IT	BR	CA
Intercept	.07	-.01	.56	.45	.59	.48	.16	-.01	1.16	[-.82, .96]	[-1.16, 1.15]	[-.39, 1.51]	.00	.00	.00
SEDVS: Bystander	.01	.13	.06	.02	.03	.02	.30	5.11***	3.05**	[-.03, .04]	[.08, .18]	[.02, .09]	.00	.08	.03
GSE: Total scale	.30	.08	-.10	.10	.11	.10	2.88**	.72	-1.03	[.10, .51]	[-.14, .31]	[-.29, .09]	.03	.00	.00
DVMAS: Total Scale	.05	-.10	-.01	.06	.07	.06	.96	-1.49	- .13	[-.06, .16]	[-.24, .03]	[-.13, .11]	.00	.01	.00
PPH: Total scale	.43	.20	.51	.07	.07	.07	6.03***	3.05**	7.01***	[.29, .57]	[.07, .33]	[.37, .65]	.10	.03	.13
MDMQ: Buck-passing	-.00	-.04	-.03	.02	.02	.02	-.06	-2.57*	-1.91	[-.03, .03]	[-.08, -.01]	[-.06, -.00]	.00	.02	.01
Gender (F)	-.05	.25	.24	.14	.11	.15	-.33	2.18*	1.55	[-.32, .23]	[.02, .47]	[-.06, .54]	.00	.02	.01
GBV Knowledge/ Training (No)	-.37	-.56	-.46	.13	.14	.17	-2.75**	-3.90***	-2.77**	[-.63, -.10]	[-.84, -.28]	[-.78, -.13]	.02	.05	.02
Gender (F)*GBV Knowledge/ Training (No)	.30	.34	.16	.18	.21	.19	1.71	1.66	.83	[-.05, .64]	[-.06, .75]	[-.22, .54]	.01	.01	.00

Note. IT = Italy; BR = Brazil; CA = Canada.
*SEDVS = Self-efficacy to Deal with Violence scale; GSE = Generalized Self-Efficacy scale; DVMAS = Domestic Violence Myth Acceptance Scale; MDMQ = Melbourne Decision Making Questionnaire; PPH = Perceptions of Peer Helping scale;.*p < .05; **p < .01 **

Perceptions of prosocial peer-helping norms were consistently associated with higher intentions to help friends and strangers in NPSV and IPV cases across all countries, aligning with previous research highlighting the positive relationship between university students' intentions to intervene against sexual violence and their perceptions of peer norms that support intervention (Austin et al., 2016; Brown et al., 2014). These findings affirm the critical role of this factor in bystander intervention, as supported by the current cross-cultural study and existing literature (Banyard, 2011; McMahon, 2015).

Due to limited correlations, we could not examine the multidimensional territorial sense of community regarding intentions to help in GBV situations for friends or strangers, despite the literature emphasizing its importance in bystander intervention (McMahon, 2015). One possible explanation could be that measures used to assess the relationship between the sense of community and bystander helping intentions are different, such as total (Banyard, 2008) or specific dimensions of the construct (Sulkowski, 2011). Furthermore, it is worth noting that research on bystander intervention in GBV cases has been primarily conducted within the U.S. context (Kamimura et al., 2016; Lyons et al., 2022). Thus, future research from diverse regions should investigate the relationship between the sense of community and bystander intentions and behaviors related to GBV. Consequently, our results partially confirm Hypothesis 2, exclusively the relationship factor.

Regarding individual-level factors, bystander self-efficacy in dealing with violence demonstrated significant positive associations with intentions to help friends in all three countries and with intentions to help strangers in Brazil and Canada. General self-efficacy had positive correlations to intentions to help strangers in Italy and to intentions to help friends in Canada. These results match previous research (Banyard & Moynihan, 2011; Lazarus & Signal, 2013; McMahon et al., 2015), suggesting that people with higher self-efficacy are more likely to intervene in GBV situations. Interestingly, we observed that the lack of prior knowledge/training in GBV had negative associations with the intentions of Brazilian, Canadian, and Italian students to help strangers but not friends. This suggests that being friends with a victim leads bystanders to perceive the situation as a problem and to feel safer intervening (Bennett & Banyard, 2016). The willingness to help strangers may be more linked to knowledge/training in this area than intervening with friends. However, future research is needed to explore this hypothesis. The acceptance of the domestic violence myth did not demonstrate any correlation to intentions to help friends or strangers in GBV situations. The associations of childhood experiences of interpersonal violence and indirect experiences of IPV during adulthood with intentions could not be assessed due to low eta squared values. Additionally, no significant maladaptive decision-making style was found in Canada. Conversely, procrastination emerged as significant for intentions to help friends in Italy and Brazil, while buck-passing for intentions to help strangers in Brazil. These results may be attributed to cultural differences, as decision-making styles within the realm of prosocial behaviors vary across cultures (Dabić et al., 2015; Wang et al., 2015). Further cross-cultural studies are required to confirm this assumption. Based on our results, Hypothesis 3 and Hypothesis 4 are partially supported.

The study has limitations that should be considered. First, convenience sampling was employed, introducing a potential self-selection bias and limiting the representativeness of college students in the three countries. However, given the scarcity of cross-cultural studies on bystander intervention in GBV cases (Kamimura et al., 2016; Lyons et al., 2022), our findings contribute to the existing literature. Future research should aim to include a more diverse sample of university students, encompassing ethnic, religious, gender, and sexual

minority students, as well as extending the investigation to other populations such as non-college attending youth. Second, this study was cross-sectional, preventing the examination of causal relationships. Longitudinal studies would be valuable in elucidating the directionality of ecological factors on intentions to help friends or strangers in the context of GBV. Third, the study relied on self-reported intention measures rather than actual behavior in GBV situations. While we acknowledge the importance of this limitation, there is still an ongoing debate on behavioral measures of bystander intervention in GBV, including exploring alternative measures beyond self-report, expanding the range of bystander opportunities and responses, and capturing the impact of bystander actions (McMahon et al., 2017). It is worth noting that some research on bystander behavior in the context of interpersonal violence has found a positive association between intentions and behaviors (Banyard, 2008; Kania, & Cale, 2021; McMahon et al., 2015).

Our findings have important implications for bystander intervention programs targeting GBV. At the societal level, the differences among Italian, Brazilian, and Canadian participants in their intentions to help and some associated factors require the design and implementation of nationally and culturally tailored preventive programs. At the community level, to effectively prevent GBV in university settings, our results emphasize the importance of including an educational component that - in line with the Istanbul Convention (Council of Europe, 2011) - integrates GBV courses into academic programs, promoting a culture of responsibility in the fight against GBV. At the relational level, this study suggests the need to incorporate elements that consider the influence of social norms, particularly those of peers. Perceiving peers as prosocial bystanders increases the likelihood of helping friends or strangers who are NPSV and IPV victims. In university contexts, approaches such as Social Marketing Campaigns that address community beliefs through social norms (Lee et al., 2023) can effectively address GBV among students. At the individual level, the study highlights how GBV prevention programs should enhance GBV knowledge and bystander self-efficacy in handling violence, empowering bystanders to develop skills in employing appropriate, safe, and effective intervention strategies for situations involving IPV and NPSV (Basile et al., 2016; Niolon et al., 2017).

6. Conclusions

This study adds to the literature on bystander intervention concerning GBV by shedding light on factors associated with intentions to help friends and strangers who are NPSV and IPV victims among students in Brazil, Canada, and Italy. It also advances theoretical understanding by applying an ecological perspective to the bystander intervention approach. These findings emphasize the significance of adopting an ecological lens rooted in community psychology to develop effective preventive strategies tailored to cultural variations.

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