Gender Violence Prevention in Middle School Male Athletics Programs

Angela Amar, PhD; Kathryn Laughon, PhD

Relationship abuse and sexual violence are important societal and public health concerns that begin in adolescence, with behaviors and consequences continuing across the life span. They include physical, sexual, and psychologi-

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cal abuse by a current or former partner in same-sex and opposite-sex couples and

occurs across all racial/ethnic groups and socioeconomic statuses. All sexes are identified as survivors and perpetrators of relationship abuse and sexual violence.¹ However, women and girls are more likely to be survivors and men and boys more likely to be perpetrators.^{2,3} While not as well studied, gender-nonconforming youths of all identities are more likely than their gender-conforming peers to be targets of physical and sexual violence.⁴ Overall, female-identified individuals endure the most injury. Intimate partner violence (IPV) is the leading cause of injury in women aged 16 to 24 years. Femicide is the third leading cause of death in that age group, of which IPV accounts for at least half.⁵ Relationship abuse and sexual violence can result in a range of physical and psychological health needs that increase health care utilization and costs. The combined medical, mental health, and lost productivity costs of IPV against women are estimated to exceed \$8.3 billion per year.⁶

Abuse can begin in early adolescence. A large, nationally representative study⁷ found that almost 1 in 10 high school girls report experiencing dating violence, with ninth graders as likely to experience it as twelfth graders. Social norms can support these acts of individual violence. Patriarchal structures that privilege men and boys and support traditional gender role beliefs are associated with violence against women.8 A historical patriarchal structure that supports societal factors, such as rigid gender roles and inequality, normalization of violence, and objectification of women, results in increased rates of gender-based violence across multiple cultures.9 Gender-based violence is violence inflicted on women because of their subordinate status in society. It includes any act or threat by men or male-dominated institutions that inflict harm on a woman or girl because of sex. Gender violence-supportive attitudes can be found in multiple aspects of contemporary culture such as misogynistic jokes in video games or television shows.

Intimate partner violence is a preventable public health problem. The pervasive nature of gender violence necessitates comprehensive approaches that target the individual, relationship, peer, and community levels. Addressing prevention efforts to adolescents, when youths are just beginning to form romantic relationships and experiencing the earliest relationship violence, is critical. Most of the tested interventions are secondary prevention efforts, identifying strategies for ending violence for individuals in already experiencing violent relationships. In fact, most prevention focused specifically on adolescents addresses the bidirectionality of violence often seen with this age group. Few interventions address the social norms that support relationship violence, and even fewer are specifically designed for younger adolescents. In adolescents, peer approaches are developmentally well suited, as is the use of admired role models. We need communitybased strategies as well as gender-specific approaches. Community-based approaches are appropriate strategies to change societal norms and customs.

The most common community-level approach relies on bystander involvement: training individuals to recognize and intervene to prevent sexually violent behaviors along a continuum of behaviors that range from sexist comments to outright violence. Bystanders have the ability to do nothing, make a situation worse, or intervene to positively influence a situation. In most bystander programs, peers conduct group trainings with a goal to affect culture change by encouraging intervention along the continuum. In this approach, participants are viewed as potential prosocial bystanders, not as survivors or perpetrators. The training ensures that everyone can recognize problematic situations and has skills to intervene, thus changing group norms. Bystander education has particular relevance to behaviors with a social component such as hazing, heavy drinking, or unwanted racist, homophobic, or transphobic comments or actions. Fewer researchers have explored bystander strategies for prevention of relationship violence, although studies have shown promising results.^{10,11}

In this rigorous study,¹² the investigators tested the effectiveness of a community-level strategy for relationship and sexual violence prevention. This novel approach used a schoolbased model for middle school boys aimed toward future prevention of relationship and sexual violence that builds on the principles of bystander programs. This unique approach targets younger male athletes in a peer bonding setting, team sports, with an adult role model to challenge gender norms that can promote male relationship and sexual violence. This program aims to address problematic behaviors and attitudes in young boys so that they can develop fewer violencesupportive attitudes and feel comfortable confronting problematic behavior in peers. The preventable nature of relationship and sexual violence suggests a need for rigorous programs, practices, and policies that moderate or reduce IPV risks, facilitate the scale-up of effective primary and secondary prevention strategies, and ensure widespread adoption of those strategies.13

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ARTICLE INFORMATION

Author Affiliations: University of Nevada School of Nursing, Las Vegas (Amar); University of Virginia School of Nursing, Charlottesville (Laughon).

Corresponding Author: Angela Amar, PhD, RN, University of Nevada, Las Vegas School of Nursing 4505 S Maryland Parkway, Box 453018, Las Vegas, NV 89154 (angela.amar@unlv.edu).

Published Online: January 13, 2020. doi:10.1001/jamapediatrics.2019.5269

Conflict of Interest Disclosures: None reported.

REFERENCES

1. Groves BM, Augustyn M, Lee D, Sawires P. Identifying and Responding to Domestic Violence: Consensus Recommendations for Child and Adolescent Health. San Francisco, CA: Family Violence Prevention Fund; 2002.

2. Archer J. Sex differences in aggression between heterosexual partners: a meta-analytic review. *Psychol Bull*. 2000;126(5):651-680. doi:10.1037/ 0033-2909,126.5.651

3. Breiding MJ, Smith SG, Basile KC, Walters ML, Chen J, Merrick MT, Prevalence and characteristics of sexual violence, stalking, and intimate partner violence victimization: national intimate partner and sexual violence survey, United States, 2011. *MMWR Surveill Summ*, 2014;63(8):1-18. **4.** Schnarrs PW, Stone AL, Salcido R Jr, Baldwin A, Georgiou C, Nemeroff CB. Differences in adverse childhood experiences (ACEs) and quality of physical and mental health between transgender and cisgender sexual minorities. *J Psychiatr Res.* 2019;119:1-6. doi:10.1016/j.jpsychires.2019.09.001

5. Centers for Disease Control and Prevention. Underlying cause of death; 1999-2017. http://wonder.cdc.gov/ucd-icd10.html. Accessed December 4, 2019.

6. Max W, Rice DP, Finkelstein E, Bardwell RA, Leadbetter S. The economic toll of intimate partner violence against women in the United States. *Violence Vict*. 2004;19(3):259-272. doi:10.1891/vivi. 19.3.259.65767

7. Howard DE, Debnam KJ, Wang MQ. Ten-year trends in physical dating violence victimization among U.S. adolescent females, *J Sch Health*, 2013; 83(6):389-399, doi:10.1111/josh.12042

8. Sokoloff NJ, Dupont I. Domestic violence at the intersections of race, class, and gender: challenges and contributions to understanding violence against marginalized women in diverse communities. *Violence Against Women*. 2005;11(1): 38-64.

9. Heise LL. Violence against women: an integrated, ecological framework. *Violence Against Women*. 1998;4(3):262-290. doi:10.1177/ 1077801298004003002

10. Moynihan MM, Banyard VL, Arnold JS, Eckstein RP, Stapleton JG. Sisterhood may be powerful for reducing sexual and intimate partner violence: an evaluation of the Bringing in the Bystander in-person program with sorority members. *Violence Against Women*. 2011;17(6):703-719. doi:10.1177/1077801211409726

11. McMahon S, Dick AJTJMS. Being in a room with like-minded men: an exploratory study of men's participation in a bystander intervention program to prevent intimate partner violence. *JMS*. 2011;19 (1):3-18. doi:10.3149/jms.1901.3

12. Miller E, Jones KA, Ripper L, Paglisotti T, Mulbah P, Abebe KZ. An athletic coach-delivered middle school gender violence prevention program: a cluster randomized controlled trial [published online January 13, 2020]. *JAMA Pediatr*. doi:10. 1001/jamapediatrics.2019.5217

13. Spivak HR, Jenkins L, VanAudenhove K, Lee D, Kelly M, Iskander J; Centers for Disease Control and Prevention. CDC Grand Rounds: a public health approach to prevention of intimate partner violence. *MMWR Morb Mortal Wkly Rep.* 2014;63 (2):38-41.