
**National Summit on Gender-Based
Violence Among Young People**

Reading Materials

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Foreword: An introduction to peer-to-peer sexual harassment

My research into peer-to-peer sexual harassment in K-12 schools began in 1979 while I worked at the Massachusetts Department of Education (1978-1992). With my colleagues there and with teachers and counselors from around the state, we published the first curriculum on the subject, *Who's Hurt and Who's Liable: Sexual Harassment in Massachusetts Schools* (Stein, editor: 1979, 1982, 1983, & 1986) and conducted the first state-wide survey of high school students about their experiences with sexual harassment (Stein, 1981). Since 1992 when I joined the Center for Research on Women at Wellesley College as a senior research scientist, I have spent considerable time tracking peer-to-peer sexual harassment complaints and lawsuits in elementary and secondary schools, and working with school personnel and teachers' unions to find ways to prevent sexual harassment through classroom lessons, professional development and when necessary, through litigation.

This paper will review sexual harassment in K-12 schools and address several concerns that have emerged since my 1995 article, "Sexual harassment in K-12 Schools: The public performance of gendered violence" published in the *Harvard Educational Review* (and sent in conjunction with this paper in advance to each invitee to the Gender Violence Summit). My primary concerns are: (1) that student conduct as alleged in complaints and lawsuits has become more violent than conduct reported in previous decades and is occurring at younger ages; (2) that incidents of sexual harassment are repeatedly misidentified and mislabeled by school personnel-- ignored, minimized or cast as examples of bullying; and (3) that federally sponsored national surveys provide spotty and insufficient information about sexual harassment and gender violence in schools. The first two concerns are interconnected in many ways, and will be discussed in tandem, while the third concern will have its own distinct section in this paper. The paper

concludes with a list of strategies and recommendations to address components of these concerns as well more generic suggestions about ways to reduce and prevent sexual harassment in schools.

Concern #1: Sexual harassment occurring at younger ages and in more sexually violent way, and

Concern #2: Misidentification of sexual harassment by school personnel

In the new millennium, the garden variety types of sexual harassment such as sexual name calling, group chanting of animal noises aimed at a particular student, sexual rumor spreading, bra snapping, pulling down pants, and skirt flipping that made up the majority of lawsuits and complaints of the 1980's and 1990's have been replaced by more sexually violent conduct (Stein, 2005). The lawsuits and complaints reveal student conduct that has often involved attempted or completed sexual assault (anal, oral or vaginal) during the school day, in the school building or on the school bus, and by classmates who belong in the building -- not interlopers and strangers from outside the school community (Stein, 2005). Some examples from lawsuits and complaints include:

- In Georgia in the mid-1990s, LaShonda Davis, then a fifth grade student, was touched, grabbed, and subjected to sexual verbal comments by a male classmate. The boy, only known by his initials, G.F., repeatedly attempted to touch LaShonda's breasts and genital area, rubbed against her in a sexual manner, constantly asked her for sex, and, in one instance, put a plastic doorstop in his pants to simulate an erection (Brake, 1999). Besides telling G.F. to stop, she informed her teachers, and she along with her parents asked that her seat be moved away from G.F. But her teachers and the school officials did nothing, not even to separate the two students. G.F.'s behaviors had both psychological and academic consequences for LaShonda. After several months of this harassment, LaShonda's grades plummeted and she wrote a suicide note that her parents found. Her parents filed a criminal complaint against

G.F. as well as a federal civil rights lawsuit against the school district for permitting a sexually hostile environment to exist. In the criminal action, the boy pled guilty to sexual battery (Brake, 1999; Stein, 1999).

- In an Iowa middle school in 2005, three seventh grade girls were repeatedly zapped with a battery operated device in their breasts by male classmates, who also “tittie twisted” the girls’ nipples with their fingers. The girls became black and blue and sore, assaulted, though the school administrators characterized the boys’ conduct as “rough housing, bullying and mutual horseplay,” not sexual harassment (*Bruning v. Carroll (Iowa) Community School District*; Eckhoff, 2004).
- In Illinois, a 12-year-old boy was repeatedly punched in the scrotum by his basketball teammates. Despite the fact that the young man required repeated surgery, his school administrators referred to this behavior as “rough housing” and “horseplay,” his basketball coach said that the boy ought to “stick up for himself,” and the school principal, though informed of the “sac stabbing,” chose to do nothing. Prior to filing a lawsuit, his parents met with the basketball coach, the team, and the principal, and filed a police report against the six male students/attackers. The parents finally withdrew their son from this school, and in August 2007, filed claims in federal district court, alleging sexual harassment and retaliation (*Doe v. Brimfield Grade School & School District #309*, 2008; *Educator’s Guide*, 2008).
- In Tampa, Florida, a 13-year-old boy at Walker Middle School was raped repeatedly over a two month period. His assailants, four teenage boys, attacked him in the boy’s locker room with a broomstick or hockey stick. Multiple people were alleged to have witnessed the attacks or heard the boy’s screams, but no one reported it (Couwels, 2009; Graham, 2009). Eventually, the four perpetrators were charged as adults in criminal court.

- A former female student sued the Black Horse Pike Regional School District for the sexual harassment and abuse that she experienced for years. The lawsuit, filed in March 2011 in New Jersey Superior Court in Camden, New Jersey, contends that school officials repeatedly ignored the student and her parents' cries for help, culminating in a 2009 meeting in which a then-school official told the family, "It takes two to tango." The abuses and taunts that the now 19-year-old student experienced happened with such regularity that she took to hiding out in the nurse's office. This conduct extended over her entire four years at Timber Creek Regional High School, the lawsuit alleged, and ranged from other girls calling her a "slut" to a male student sitting next to her in class and sticking his hand down her pants. The student, who is not named in the suit, has undergone medical treatment to deal with the anxiety and battery of associated medical and psychological conditions that arose from her experiences (Osborne, 2011).

These examples are not rare or anomalous but rather very typical. They indicate the ways in which sexual harassment behaviors have been misidentified, mislabeled, minimized or ignored by school personnel. Although the Iowa and Illinois cases did not result in federal court decisions (they were settled out of court), nonetheless they illustrate the ways in which sexual harassment conduct is normalized and accepted yet simultaneously dismissed by school personnel as minor, mutual and annoying conduct. Whether called "rough housing" or "bullying," school personnel both minimize their legal responsibility for the targeted students and contribute to the creation of an unsafe school environment that perpetuates discrimination on the basis of sex by permitting peer sexual harassment to flourish, with the knowledge and even permission of the adults.

The first example cited (on page two), that of LaShonda Davis, deserves extra attention because her case went through every level of the U.S. federal courts over a five year period and

in January 1999 was heard by the U.S. Supreme Court. The decision was released on May 24, 1999, and as with all Supreme Court cases, applies to the whole country -- to each and every educational institution that receives any federal financial support or assistance. In a five-to-four ruling, the U.S. Supreme Court stated that schools are liable for student-to-student sexual harassment if the school officials knew about the sexual harassment and failed to take action (*Davis v. Monroe*, 1999).

Definition of sexual harassment in schools

Sexual harassment is a form of sex discrimination and is illegal under federal law Title IX, which was passed by the U.S. Congress in 1972. It was clarified and expanded upon through decisions in U.S. federal courts and by the Office for Civil Rights (OCR) of the U.S. Department of Education:

Sexual harassment is unwelcome conduct of a sexual nature. Sexual harassment can include unwelcome sexual advances, requests for sexual favors, and other verbal, nonverbal, or physical conduct of a sexual nature. Sexual harassment of a student that is sufficiently severe, persistent or pervasive to deny or limit the student's ability to participate in or to receive benefits, services, or opportunities in the school's program is a form of sex discrimination prohibited by Title IX (U.S. Department of Education Office for Civil Rights, 2001).

Consider for a moment if G.F.'s behaviors toward LaShonda had been framed as bullying rather than sexual harassment – this case would never have been allowed in a federal court, let alone in the U.S. Supreme Court. Once LaShonda told school personnel about G.F.'s behaviors, it was incumbent upon them to prevent and eliminate the hostile environment that his conduct created. Her right to receive an equal educational opportunity was denied by his behavior, which clearly created an environment that was not conducive to learning and safety. To have viewed G.F.'s conduct as bullying (or “rough housing” or any other term) would have relegated her case to adjudication in the principal's office, a place where she had not received justice or redress

prior to filing a federal lawsuit against the school district and a criminal complaint against G.F. personally.

It is my contention that as we end the first decade of the 21st century, the lessons and requirements from the *Davis* case seem to be forgotten; sexual harassment behaviors are as tenacious as ever -- rampant, normalized, ignored or misidentified by school personnel.

Studies show that sexual and gender-based harassment is flourishing in American schools. Data from the most recent scientific national study on sexual harassment (2,064 students, grades 8-11) indicated that 83% of females and 79% of males experienced sexual harassment in school (American Association of University Women, 2001).¹ Other studies show that sexual harassment prevalence rates increase throughout middle school (McMaster, Connolly, Pepler & Craig, 2002; Pellegrini, 2001). In several studies comparing middle school students and high school students in Michigan and Maine, researchers Susan Fineran and Jim Gruber (2007, 2008, and 2010, under review) have found that sexual harassment is more severe in high school than in middle school, and that its effects are more damaging than the bullying behaviors that students may have experienced in middle school. More dire mental health consequences have been noted for the targets of sexual harassment than for the targets of bullying (Gruber & Fineran, 2008).

Moreover, when peer victimization, especially sexual harassment, is allowed to flourish, school engagement is eroded and students become alienated from their teachers (Fineran & Gruber, 2010 under review). Several findings have emerged from this research:

First, the most common experiences in middle school tend to be the most common experiences in high school; for example, upsetting someone for the fun of it, spreading sexual rumors, scaring or hurting a person, and grabbing and kissing have similar percentage ranks at both grade levels. Second, the frequency of bullying and sexual harassment increases from middle school to high school, as can be seen by comparing the same experience between the two grade levels (e.g., upset for the fun of

¹ The AAUW is currently involved in finalizing a new survey on sexual harassment which will be administered in the next few months. I am a member of that advisory committee.

it, 42% to 53%; spreading sexual rumors, 33% to 53%). Also, although girls are the main perpetrators of several types of experiences (hurting, pushing, and spreading sexual rumors), boys play significant roles as perpetrators, especially in high school. Finally, some types of experiences tend to be more upsetting than others at both grade levels. Having sexual rumors spread about oneself is more upsetting than any other experience. Being picked on or made fun of, as well as having to endure sexual jokes or unwanted kissing, are also very upsetting experiences. Neither race nor disability was significantly related to either bullying or sexual harassment. However, sexual orientation was significantly related to both bullying and sexual harassment in cross-tabulation analysis. Lesbian middle school girls were more apt to experience ridicule and public sexual harassment than their heterosexual peers. Among high school students, lesbians experienced more public sexual harassment than their heterosexual peers (Gruber & Fineran, 2007, p. 634).

Tragically, some adolescents commit suicide rather than endure harassment from their peers. In 2009-2010, a spate of suicides of middle and high school adolescents swept across the country, pointing to the egregious homophobia located in and accepted by the dominant school culture(s) (Dotinga & Mundell, 2010). The deaths included the April 2009 suicide of 11-year-old Carl Walker-Hoover in Springfield, Massachusetts, who liked to wear his band uniform and dressed differently than his peers (Valencia, 2009; Gay, Lesbian, and Straight Education Network, 2009); 11-year-old Jaheem Herrera in April 2009 in Dekalb County (Georgia) School District (Bowers, 2009); nine-year-old, fourth grade special needs student Montana Jay Lance, from a small city (The Colony) north of Dallas, Texas in January 2010 (Haag & Meyers, 2010); Ty Smalley, 11 years old, in Perkins, Oklahoma in May 2010 (Allen, 2010); Justin Aaberg, 15-years-old from Anoka, Minnesota in July 2010 (Draper, 2010); 13-year-old Seth Walsh in Tehachapi, California in September 2010 (Alexander, 2010); 15-year-old Billy Lucas of Greenburg, Indiana in September 2010 (Heuning, 2010); and 13-year-old Asher Brown from suburban Houston, Texas in September 2010 (O'Hare, 2010). Most of these youth were repeatedly tormented for either being perceived as gay or for their actual sexual identity. With

the exception of Carl Walker-Hoover and Jaheem Herrera, they were young white adolescent boys in small towns who either shot or hung themselves.

Girls are not immune to torment and gender-based harassment from their peers. The much publicized suicide in January 2010 of Phoebe Prince, a 15-year-old adolescent girl who had recently moved from Ireland to the U.S. and had just entered high school in South Hadley, Massachusetts, was universally described as an incident of bullying (Baum, 2010; Bazelon, 2010; Crowley, 2010; Eckholm & Zezima, 2010a, 2010b; Males & Chesney-Lind, 2010). Rarely were the behaviors that she endured identified as sexual harassment despite the fact that she was repeatedly and very publicly called sexually demeaning names (e.g. “Irish Whore”) by both males and females in the school. The behaviors directed at Phoebe were unequivocally sexual harassment and interfered with her right to go to school in an environment free from sexual harassment.

Moreover, on two different occasions, she and her mother separately spoke to school personnel about the behaviors directed at Phoebe from her peers. Because school personnel had been informed of the sexual harassment that she experienced, the school was “on notice” and therefore required (as per the *Davis* decision in 1999) to take measures to ensure her civil rights by protecting her (and other students) from the hostile environment created by the sexual harassment. The fact that the school was on notice regarding Phoebe’s experiences of sexual harassment makes her tragedy a violation of federal law Title IX. Although individual students were ultimately charged criminally by the district attorney, no federal civil rights charges have been brought against the school district for its failure to protect Phoebe and for permitting a sexually hostile environment to exist (Stein, 2010, 2011).

Overall, a gender-based analysis has been missing for decades from the national conversation on school safety and violence (Brown, 2008; Brown, Chesney-Lind & Stein, 2007; Stein 1995, 2005). This omission contributes to the disproportionate focus on the most extreme, rare forms of violence while the more insidious threats to safety – that is, the salient role of gender and sexuality – go ignored (Brown, Chesney-Lind & Stein, 2007; Lesko, 2000; Stein, 1995, 1999; Stein, Tolman, Porche, & Spencer, 2002). For example, school shootings are generally reported in a gender-neutral way, although the majority of these tragedies are perpetrated by white middle-class boys who were upset either about a break-up or rejection by a girl (e.g. Jonesboro, Arkansas; Pearl, Mississippi) or who did not meet traditional expectations and norms of masculinity (e.g. Springfield, Oregon) and were thus persecuted by their peers (Cullen, 2009; Kimmel & Mahler, 2003; National Research Council and Institute of Medicine, 2003; Perlstein, 1998; Vossekuil, Fein, Reddy, Borum, & Modzeleski, 2002).

New forthcoming research on the overlap between bullying and sexual harassment/violence

Preliminary findings from a three year research project begun in 2007 and funded by the Centers for Disease Control and Prevention to Professor Dorothy Espelage of the University of Illinois² found that bullying perpetration was only slightly correlated with sexual harassment perpetration at schools within the past year.³ The results indicated that for any given student in the study there was very little overlap between bullying perpetration and sexual violence perpetration. In other words, bullies and perpetrators of sexual violence are different students in middle school. The key link between bullying and sexual harassment/violence seems to be homophobic conduct.

² I was the co-principal investigator on this project.

³ The 2008 survey included 1381 students (grades 5 to 8) from four middle schools in the Midwest; 59.1% were African-American students, and there was a nearly 50-50% male/female breakdown.

In a manuscript under review at the *Journal of Adolescent Health* (Espelage, Basile & Hamburger, 2010, under review), the authors propose a bully-sexual violence pathway in which bullying perpetration is associated with homophobic teasing during early adolescence, which in turn is likely predictive of sexual harassment perpetration over time. The authors write, “bullying in the form of name-calling and rumor-spreading has been associated with homophobic teasing, which creates a climate in which sexual harassment perpetration is likely to develop as boys and girls attempt to counter the homophobic teasing by sexually harassing others” (Espelage, Basile & Hamburger, 2010, under review, p. 3).

Other factors, such as anger, family violence, sibling aggression, delinquent behavior, and to a lesser extent alcohol and drug use are shared risk factors of both bullying and sexual violence, though these variables do a better job of predicting bullying than they do of predicting sexual violence perpetration. Unique predictors of sexual violence perpetration include pornography consumption and dismissive attitudes toward sexual harassment (Espelage, Stein, Rose & Elliot, 2009).

Finally, in an analysis that I did of 67 anti-bullying curriculum aimed at middle and high school students, bullying prevention programs almost universally fail to discuss issues of sexual orientation, homophobia, sexual harassment, and sexual violence (Stein & Breines, 2009, under review). Out of 67 curriculum materials for middle and high school audiences, only 19 mentioned or defined behaviors that constitute sexual harassment. Out of the 19, 12 explicitly mention *sexual harassment*, though most curricula inaccurately frame sexual harassment as a subset of bullying; five other curriculum products refer to behaviors that constitute sexual harassment but the curriculum authors instead introduce other terms to cover what is legally sexual harassment; and the remaining two curricula never used the term *sexual harassment* or an

invented synonym despite referring to behaviors that legally are sexual harassment. Strikingly, among these curricula products there is very little agreement on the definition of sexual harassment; each curriculum invents its own, with little or no resemblance to the definition provided by OCR or the U.S. Supreme Court in the *Davis* case (1999). One of the popular and evaluated curricula goes so far as to fabricate the wording of the *Davis* case, claiming that it was about “sexual bullying”-- a term that was never used in the decision (Committee for Children, 2005, p. 19). This bold, opportunistic prevarication might be an example of crass commercialism meant to gain relevancy for their curriculum by invoking the Supreme Court decision (Stein & Breines, 2009, under review). However, the legal definition of sexual harassment is not open to invention or substitution, especially when one is purporting to quote the U.S Supreme Court.

There is no magical transfer between bullying prevention efforts and sexual harassment prevention; talking about bullying and omitting from the discussion any mention of sexual harassment, gender violence or homophobia does not change the behaviors of students who engage in sexually harassing and violent conduct. Talking about bullying is not an inoculation against sexual harassment or gender violence; likewise, talking about bullying without talking about homophobia will not prevent homophobic conduct, which may be the pathway to sexual harassment and gender violence conduct. Lessons learned from Australian research demonstrate that despite instruction on bullying in K-8 schools, by the time students landed in high school, they engaged in abundant sexual harassment behaviors (Australia Broadcasting Corporation, 2004; Rigby & Johnson, 2004; Stein, 2007a).

Given that much of the bullying that occurs in middle school is related to sexual orientation, bullying prevention programs that do not address sexual orientation will not be effective in reducing bullying among middle school students. By the same token, schools that implement

bullying prevention programs that do not address attitudes toward sexual harassment will not be effective in curtailing sexual harassment perpetration (Espelage, Basile & Hamburger, 2010, under review). Yet most anti-bullying researchers and curriculum writers have not been responsive to the problem of homophobia, with rare exception (see references by Poteat, Espelage & colleagues, 2005, 2007, & 2009) and have ignored matters of gender (Stein, 2002, 2003; Brown, Chesney-Lind & Stein, 2007).

The confusion between bullying and harassment is officially addressed by OCR

On October 26, 2010, the Office for Civil Rights (OCR), the enforcement arm of the U.S. Department of Education, issued a memo providing guidance to personnel in all school districts and educational institutions that addresses, among other topics, the distinctions between bullying and harassment (US DOE, OCR, 2010). In a ten-page “Dear Colleague Letter,” which is one of the means by which OCR informs the nation’s school districts and universities of new interpretations, *re*interpretations, or clarifications of the civil rights laws over which OCR has jurisdiction and that schools are required to implement, OCR clarified that harassment is NOT the same as bullying – these are two very separate terms and concepts which unfortunately have become fused and conflated in the minds and behaviors of school officials, the public, and the press (<http://www2.ed.gov/ocr/letters/colleague-201010.html>).

These terms are not equivalent or interchangeable; harassment in education be it on the basis of race, color, sex, national origin, or disability, is a violation of federal civil rights in education laws. These anti-discrimination laws must be implemented by school administrators who may have used anti-bullying laws and bully prevention efforts as a way to avoid their obligations under federal civil rights, anti-harassment laws. In unambiguous language, OCR stated:

The label (used by the School District) used to describe an incident (*e.g.*, bullying, hazing, teasing) does not determine how a school is obligated to respond. Rather, the nature of the

conduct itself must be assessed for civil rights implications. So, for example, if the abusive behavior is on the basis of race, color, national origin, sex, or disability, and creates a hostile environment, a school is obligated to respond in accordance with the applicable federal civil rights statutes and regulations enforced by OCR. (US DOE, OCR, 2010, p. 3)

OCR also stated that there is a danger of schools limiting their responses to “a specific application of an anti-bullying” policy without considering whether the behaviors in question violate a student’s federal civil rights. The guidance noted the responsibilities of the school, regardless of the potential application of any anti-bullying policy and “regardless of whether the student makes a complaint, asks the school to take action or identifies the harassment as a form of discrimination.” School administrators are warned to “look beyond simply disciplining the perpetrators” as such disciplinary actions are “often insufficient” (p. 3). Rather, the school’s responsibility is to “eliminate the hostile environment created by the harassment, address its effects, and take steps to ensure that harassment does not recur. Put differently, the unique effects of discriminatory harassment may demand a different response than would other types of bullying” (p. 4). In other words, the school cannot reduce or minimize egregious conduct by only applying the school’s or state’s anti-bullying policy if federal civil rights violations might also be occurring. Potential violations of federal civil rights laws take precedence over anti-bullying laws and bullying prevention efforts.

Concern #3: Sources of data on gender violence in schools from national surveys

There are several sources of data about gender violence in schools. Among the vast quantities of information collected in a number of large national surveys is data about incidents of violence and victimization in schools. This data is then published as the annual *Indicators of School Crime and Safety* reports (*Indicators*), which combine each survey’s results to create a comprehensive picture of crime and safety in schools.

Two surveys utilized in the *Indicators* offer data on gender violence, including sexual harassment and sexual assault: the School Survey of Crime and Safety (SSOCS) collects data from questionnaires sent to school principals; and the National Crime Victimization Survey (NCVS) collects data from approximately 80,000 households through telephone interviews conducted with each member of the household. Among the many measures that the NCVS gathers is the frequency of crimes that have occurred at school. Taken together, the results of the SSOCS and the NCVS still only provide a patchwork presentation of sexual and gender violence in schools. Important information about these crimes is missing from the *Indicators*, either because the surveys do not collect it or because some of the information that is collected is not transferred into the tables and charts provided in the *Indicators*.

The SSOCS collects data on both sexual harassment and sexual violence. In the 1999-2000 school year, sexual harassment prevalence information was collected alongside other “incidents” of crime (*Indicators*, Robers, Zhang, & Truman, 2010, p.104-105, Table 6.1; SSOCS, 1999-2000, p. 4); in subsequent years, sexual harassment was moved to the category of “disciplinary problems” (*Indicators*, Robers, Zhang, & Truman, 2010, p.115, Table 7.2; SSCOS, 2007-2008, p. 13; 2005-2006, p. 13; 2003-1004, p. 8). This move has allowed the SSOCS to collect more detailed information on the frequency of peer-to-peer sexual harassment at school, and it also reflects an understanding that sexual harassment behaviors are not always criminal.⁴ However, the *Indicators* only present sexual harassment frequency by two time points (daily or weekly) as opposed to five time points.

⁴ In a section labeled “Disciplinary Problems and Actions,” the SSOCS asks, “To the best of your knowledge, how often do the following types of problems occur at your school? . . . Student harassment of other students . . . happens daily, happens at least once a week, happens at least once a month, happens on occasion, never happens” (SSOCS 2007-2008, p.13).

The SSOCS also collects information on rape, attempted rape, and sexual battery other than rape but no information on the gender of the perpetrator or victim is acquired. Because these qualify as crime incidents, information is collected only on the total number of recorded incidents and the number of incidents reported to law enforcement.⁵

A glaring fault of these surveys lies with the definition of sexual harassment that is used by the SSOCS – a definition that does not correspond with the official definitions of sexual harassment provided by the U.S. Supreme Court in the *Davis* case (1999) or OCR’s guidance memos (1997, 2001, 2010). The inaccurate definition has been used since the survey’s first year of data collection in 1999-2000 and defines sexual harassment as “Unsolicited, offensive behavior that inappropriately asserts sexuality over another person. The behavior may be verbal or nonverbal” (*Indicators*, Robers et al, 2010, p.173; Dinkes et al, 2009, p.155; Dinkes et al, 2008, p.149; Dinkes et al, 2007, p.200; Dinkes et al, 2006, p.191; Devoe et al, 2005, p.181; Devoe et al, 2004, p.168; Devoe et al, 2003, p.160; SSOCS, 2007-2008, p. 2; 2005-2006, p. 4; 2003-2004, p. iii; 1999-2000, p. iii). No explanation is provided about where this definition came from or how to interpret what “asserting one’s sexuality” might mean. Furthermore, this definition omits the key requirement that behaviors be either “severe, pervasive, or persistent” to legally qualify as sexual harassment (see official legal definition on page 5 of this paper). Once again, we are confronted with an inaccurate and odd definition of sexual harassment provided not by a curriculum publisher but instead by federal officials in a federally administered survey.

⁵ The SSOCS asks about rape and sexual battery (as well as about theft, physical assault, vandalism, and alcohol or drug use) in a section labeled “Number of Incidents”: “Please record the number of incidents that occurred at school during the 2007-2008 school year for the offenses listed below. Please provide information on: The number of incidents, not the number of victims or offenders; Recorded incidents, regardless of whether any disciplinary action was taken; Recorded incidents, regardless of whether students or non-students were involved; Incidents occurring before, during, or after normal school hours. A) Rape or attempted rape, B) Sexual battery other than rape (include threatened rape).” Principals only have space to report “total number of recorded incidents” and “number reported to police or other law enforcement” (SSOCS 2007-2008, p. 11).

The NCVS collects data on a much larger scale via telephone interviews with individual members of households. Data on school crime is drawn from interviews with students aged 12-18, which include questions on whether the student has experienced any incidents of sexual violence and whether such incidents occurred at school (US DOJ, NCVS, 2008). However, when this data is transferred to the *Indicators*, it is not disaggregated but rather combined with all other types of “serious violent crime” occurring at school – that is, all incidents of “rape, sexual assault, robbery, or aggravated assault” (*Indicators*, Robers, Zhang, & Truman, 2010, p.170). This way of presenting information renders gender invisible (Stein, 2005). No disaggregated information on frequency of rape or sexual assault is provided in the *Indicators*.

Moreover, other important pieces of information that the NCVS collects – including the gender, age, ethnicity, and household income of the reporting student, as well as whether the incident occurred at school or not – are impossible to assess in the *Indicators* because such data is only provided for the larger category of “serious violent crime” (*Indicators*, Robers, Zhang, & Truman, 2010, p.90-91, Tables 2.1 and 2.2).

Fixing the three concerns: Strategies to create school environments free from sexual harassment and gender violence

To achieve a school that is gender-safe, we need to employ multiple, simultaneous strategies to ensure that sexual harassment and gender violence will be located, accurately named and prevented. Gender violence in schools has been treated as a secret problem despite its public nature with witnesses and bystanders, many of whom are adults. Moreover, it has been repeatedly converted into terms and labels that are more palatable for the public. We need to agree to locate gender violence and accurately name it, but not merely by proclaiming that we will have “zero tolerance” for sexual harassment and gender violence. Instead, I suggest that

school personnel enact an approach of “**zero indifference**,” which would put the onus on the adults to notice behaviors, comment on them, intervene, and make corrections accordingly (Stein, 2001a, 2001b, 2007b).

Furthermore, if we would frame these issues as manifestations of violence, we might elevate their importance as they would be seen as integral to the creation of a safe school. Such an encompassing framework might increase the receptivity of the school personnel to these topics and might also serve to expand the discourse of violence prevention to one that includes matters of gender (Stein, 1995; Meyer & Stein, 2004; Brown, Chesney-Lind & Stein, 2007).

The following strategies can address some or all of the concerns that I have identified:

1. Integrate the subject of sexual harassment and gender violence into the whole curriculum in a cross-disciplinary way. The lessons should be long-term, engaging, fun (not lectures by the school board attorney), and age-appropriate. When the subjects of sexual harassment and gender violence are integrated into the curriculum as opposed to being tacked on as an afterthought, there is less of a burden placed on the teachers and the subject makes more sense to students. For example, these topics can be integrated into literature and English classes when reading Anne Frank, William Shakespeare, Jane Austen and many other authors, and also can be seamlessly placed into history and social studies classes, family and consumer science classes, and health education (Stein & Cappello, 1999).
2. Use evaluated and accurate materials. School personnel should use curriculum materials that have been evaluated for and found to be effective, but that are also vetted for their accuracy. The popularity or expense of a particular curriculum does not guarantee its effectiveness or speak to the amount of evaluation the curriculum has undergone. Moreover, the curriculum products need to be examined for the use of euphemisms such as “bullying in a dating relationship” instead of

“teen dating violence” or “sexual bullying” instead of “sexual harassment.” Such substitutions are grave distortions that in certain instances might misrepresent law while also infantilizing the students. No amount of evaluation will correct such inaccuracies and distortions.

3. Highlight the October 26, 2010 Dear Colleague Letter on Harassment and Bullying by offering widespread, repeated technical assistance sessions throughout the country led by staff from the Office for Civil Rights.
4. Offer professional development on sexual harassment and gender violence for all school staff including the administrators, custodians, school secretaries, bus drivers, coaches, teachers, guidance counselors, playground and lunchroom supervisors, and school psychologists. The training sessions should be more than a casual staff meeting – instead offer repeated sessions scheduled throughout the school year.
5. Collaborate with staff from sexual assault and domestic violence agencies who are fluent in topics related to violence against women and children. These agency staff can offer workshops for school personnel and classroom presentations to students, and also can provide suggestions for curriculum materials on gender violence. While the agency staff may not have teaching credentials licensed by the state, they may be trained as social workers or have other relevant experience that would enhance the efforts of the school personnel. Furthermore, agency staff would be enthusiastic about partnerships with school personnel to implement on-going training sessions for both staff and students.
6. Designate several ombuds (people), diverse in gender, sexuality, race, and nationality in order to enhance approachability – individuals to whom students can bring their inquiries or concerns and who will act on their behalf. These special staff will need extra training, and possibly course release time to serve in this capacity. In addition, the placement of their offices is a matter for

serious consideration, and their locations as well as their names should be publicized throughout the school community. Finally, the titles given to these special staff matter; calling them “sexual harassment grievance coordinators” or “complaint managers” might not be conducive for encouraging visits by students. (The success of “Civil Rights Teams” and “Gay Straight Alliances” to reach students who wouldn’t attend a group marked as queer-only is an illustration of the importance of titles).

7. Develop school-based disciplinary procedures for addressing sexual harassment that ensure due process rights for the accused, as well as assurances that the student who makes the complaint will be protected from retaliation from the alleged harasser and friends of the harasser.
8. Develop school-based restraining orders/stay-away orders that would include attention to class schedules, walking routes, bus assignments, lunchtime and other less regulated times and places, and would ideally function to protect the student who has made a complaint of harassment against another student.
9. Create multiple strategies for resolution which may involve face-to-face meetings between the harasser and the target, as long as these sessions are voluntary and adults are present in the room (it is not up to the students to solve the sexual harassment problem). There should be no requirements for mediation, and student mediators should not be used without adult presence. Any voluntary efforts, which may include the technique “write a letter to the harasser,” cannot take the place of creating accountability on the part of the instigator, especially if the incident involved alleged physical contact and/or if it was a repeated event.
10. Offer compassionate responses to the harasser in addition to punitive ones. This may take the form of either individual or group counseling sessions.

11. Involve parents—both through open community forums and in private discussions, especially if their children are involved in incidents of sexual harassment (even as a bystander/witness).

Provide the parents with the classroom lessons that their children are using, ask them to participate in the assignments, and show them their child’s assignments.
12. Administer sexual harassment surveys that include questions about the relationship between the harasser and the target: Were they in a dating relationship? Did one person want to date the other who wasn’t interested? Is this harassment due to a romance (mutual or otherwise) that went sour? The answers to such questions will help to create more situation-specific approaches.
13. Collect information from the students about their environment through mapping activities and ethnographic research. Mapping areas of the school where students feel less safe (known as “hot spots” among criminologists) provides information to the staff about zones of the school where extra support and supervision might be needed at certain times of the day. Teach ethnographic research to students as a way to gather “members’ knowledge” from the students about sexual harassment and gender violence that take place within the school community.
14. Incorporate the topics of teen dating violence and student-to-student sexual harassment into college teacher-preparation courses and state requirements for teacher recertification.
15. Correct the definition of sexual harassment used in the School Survey on Crime and Safety (SSCOS, 2007-2008, 2005-2006, 2003-2004, 1999-2000) to make it identical to the one used by OCR and the U.S. Supreme Court. Expand the questions on sexual harassment to examine the frequency of occurrence and demographic information about victims and perpetrators.

Furthermore, ensure that data is disaggregated so that gendered crimes such as rape and sexual assault are distinguished from other forms of violent crime. Data on the gender of the victim and perpetrator must be collected and reported in published and online documents.

Conclusion

I like to think about LaShonda Davis and the interventions that might have made a difference to her and her parents before they were forced to initiate lawsuits that took over five years to resolve, in both criminal court and in federal courts, culminating in a case argued before the U.S. Supreme Court (see pages 2-3, 4-6 of this paper). First and foremost, school personnel must make schools safe for students and conducive for learning– not just students who are sexually harassed but for all those who are marginalized by other students (and staff) for their non-conformity to rigid and conventional notions of masculinity and femininity. Every school needs to study and apply OCR’s “Dear Colleague Letter,” which unambiguously reaffirms and strengthens the mandate to create schools that are gender-safe for all students (see pages 12-13 of this paper).

Moreover, we must talk accurately about behaviors – if it’s sexual harassment, call it that; if it’s homophobia, call it that. We must resist the temptation to speak in euphemisms. As adolescent psychologist Lyn Mikel Brown has written: “Calling behaviors what they are helps us educate children about their rights, affirms their realities, encourages more complex and meaningful solutions, opens up a dialogue that invites children to participate in social change, and ultimately protects them” (Brown, 2008, p. 29).

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Sexual Harassment in School: The Public Performance of Gendered Violence

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Abstract

In this article, Nan Stein argues that sexual harassment in schools is a form of gendered violence that often happens in the public arena. She presents the narratives of girls and boys about their experience of sexual harassment in schools and finds parallels with cases documented in court records and depositions. While highly publicized lawsuits and civil rights cases may have increased public awareness of the issue, inconsistent findings have sent educators mixed messages about ways of dealing with peer-to-peer sexual harassment. The antecedents of harassment, she suggests, are found in teasing and bullying, behaviors tacitly accepted by parents and teachers. Stein makes a case for deliberate adult intervention and the inclusion of a curriculum in schools that builds awareness of these issues.

(pp.145-162)

"Ask Beth," the nationally syndicated teenage advice column, often includes letters from youngsters describing their experiences of sexual harassment at school. On February 3, 1994, the column in the Boston Globe contained this letter:

Dear Beth: I am 11 years old and there's a boy in my class who just won't leave me alone. He chases after me and my best friend during recess. He hits and kicks me on the behind, stomach and legs. Once he slapped me so hard it brought tears to

my eyes.

I try to tell my teacher, but she just laughs and tells him, "If you like her so much, ask her for her phone number." Is this sexual harassment? If it is, what should I do?

HATES BEING HARASSED (Winship, 1994, p. 50)

When I read this letter aloud to middle school and high school students, from Maryland to Alaska, and ask them, "If these people were older, what might we call these behaviors?" I receive answers like "dating violence," "assault," "domestic violence," and "stalking." Yet, this teacher, this *woman* teacher, infantilized these assaultive behaviors, maybe perceiving them as flattery or as efforts from a youthful suitor. Do kids know something that adults don't want to know?

In this article on sexual harassment in schools I will document the allegations and the lawsuits; the surveys; the voices of adolescents and the panicked reactions from school personnel; and the popularization of the issue in the mainstream press. Although sexual harassment among K-12 students is now recognized as a form of sex discrimination and the rush to litigation has begun in earnest, sexual harassment is still not considered to be "violence" — not by most teachers or school administrators, not by most law enforcement or public health officials, and not by most nationally appointed or elected political leaders.

Seeing Is Not Believing

Thousands of preteen and teenage girls, responding to two open-ended questions in a self-report survey published in the September 1992 issue of *Seventeen* magazine (Stein, Marshall, & Tropp, 1993), revealed stories about the tenacity and pervasiveness of sexual harassment in schools. Letters by the thousands, with messages scribbled on envelopes — "Open," "Urgent," "Please Read," — and handwritten on lined notebook paper or perfumed stationery, all begged for attention, for answers, and, above all, for some type of acknowledgement and justice (Stein, 1992a). The following testimonials are girls' voluntary elaborations, which we received in response to the questions, "What do you think schools should do to prevent sexual harassment?" and "If you've been sexually harassed at school, how did it make you feel?":

Of the times I was sexually harassed at school, one of them made me feel really bad. I was in class and the teacher was looking right at me when this guy grabbed my butt. The teacher saw it happen. I slapped the guy and told him not to do that. My teacher didn't say anything and looked away and went on with the lesson like nothing out of the ordinary had happened. It really confused me because I knew guys weren't supposed to do that, but the teacher didn't do anything. I felt like the teacher (who was a man) betrayed me and thought I was making a big deal out of nothing. But most of all, I felt really bad about myself because it made me feel slutty and cheap. It made me feel mad too because we shouldn't have to put up with that stuff, but no one will do anything to stop it. Now sexual harassment doesn't bother me as much because it happens so much it almost seems normal. I know that sounds awful, but the longer it goes on without anyone doing anything, the more I think of it as just one of those things that I have to put up with.¹

14 years old, White

In my case there were 2 or 3 boys touching me, and trust me they were big boys. And I'd tell them to stop but they wouldn't! This went on for about 6 months until finally I was in [one] of my classes in the back of the room minding my own

business when all of them came back and backed me into a corner and started touching me all over. So I went running out of the room and the teacher yelled at me and I had to stay in my seat for the rest of the class. But after the class I told the principal, and him and the boys had a little talk. And after the talk was up, the boys came out laughing cause they got no punishment.

12 years old, Mexican American

The guys would want you to let them touch you all over. But I was one of the girls that would not do that. Then one day they thought they would do it anyway. So I defended myself like you should. I kind of hurt him. The teacher caught me hitting him. And I got in trouble for hitting him. The teacher took him out of the room for his story and he lied and said he did nothing. My teacher wouldn't believe my story. I was the one getting in trouble. the school and the principal wouldn't listen to me.

13 years old, Mexican

Sometimes, I would look at the teacher and think "help," but I was afraid to say anything because maybe it wasn't as bad as I thought it was.

15 years old, White

These girls recognized that incidents of sexual harassment are often witnessed by adults, and expect the adults to see and feel these violations as they do. Yet, many girls cannot get confirmation of their experiences from school personnel because most of those adults do not name it as "sexual harassment" and do nothing to stop it (Stein, 1992b). These chilling stories and others like them reveal girls' repeated efforts to get adults to see and believe what is happening right before their eyes, and to do something about it. These young women begin to sound ominously like battered women who are not believed or helped by the authorities and who feel alone and abandoned. Listen again to the voices of students speaking about the public nature of sexual harassment:

At first I didn't really think of it because it was considered a "guy thing," but as the year went on, I started to regret going to school, especially my locker, because I knew if I went I was going to be cornered and be touched, or had some comment blurted out at me. I just felt really out of place and defenseless and there was nothing I could do.

14 years old, Black

It was like fighting an invisible, invincible enemy alone. I didn't have a clue as to what to do to stop it, so I experimented with different approaches. Ignoring it only made it worse. It made it easier for them to do it, so they did it more. Laughing at the perpetrators during the assaults didn't dent the problem at all, and soon my friends became tired of doing this. They thought it was a game. Finally I wrote them threatening letters. This got me in trouble, but perhaps it did work. I told the school administrators what had been happening to me. They didn't seem to think it a big deal, but they did talk to the three biggest perpetrators. The boys ignored the administrators and it continued. And they were even worse.

14–15 years old, White

I took a photography class, and the majority of the class was boys. A lot of the boys were my friends but three of them were

after something different than friendship. On several occasions I was in the dark room developing pictures and they would come in and corner me. They would touch me, put their hands on my thighs and slide their hands up my shirt. They also often tried to put my hand down their pants. I often told my friends but no one believed me. One day I was in the room alone and one of the boys came in. When I went to leave he grabbed me and threw me down and grabbed my breast. I felt I was helpless but I punched him and he ran out. The teacher (who was a man) came in and yelled at me. When I tried to explain why I had hit him the teacher told me I deserved it because I wore short skirts. I was sent to the principal and I had to serve detention. I didn't want to tell the principal because I feared he would do the same and tell me it was my fault. I felt so alone. Everyday I had to go to class and face it. No girl should have to be uncomfortable because of what she wears or how she acts.

15 years old, White

I have told teachers about this a number of times; each time nothing was done about it. Teachers would act as if I had done something to cause it. Once I told a guidance counselor, but was made to feel like a whore when she asked me questions like "do you like it?" and "they must be doing it for a reason. What did you do to make them do it?"

13 years old, White

These stories illustrate injustices of considerable magnitude and suggest that schools may be training grounds for the insidious cycle of domestic violence. Girls are taught that they are on their own, that the adults and others around them will not believe or help them; in essence, they are trained to accept the battering and assault. Girls (and sometimes boys) who are the targets of sexual harassment find that when they report sexual harassment or assault, the events are trivialized while they, the targets, are simultaneously demeaned and/or interrogated. Boys, on the other hand, receive permission, even training to become batterers, because many of their assaults on girls are not interrupted or condemned by the adults in the school environment. Indeed, if school authorities sanction the students who sexually harass by not intervening, the schools may be encouraging a continued pattern of violence in relationships. This encouragement goes beyond those directly involved; it also conveys a message to those who observe these incidents that to engage in such behavior is acceptable. Other bystanders may receive the message that they may be the next to be harassed, and no one will do anything to prevent it (Stein, 1992b). Sexual harassment, when it occurs in schools, is unwanted and unwelcomed behavior of a sexual nature that interferes with the right to receive an equal educational opportunity. It is a form of sex discrimination that is prohibited by Title IX, a federal civil rights in education law that addresses issues of sex discrimination and, by judicial precedent, sexual harassment.

Both the courts and the Office for Civil Rights (OCR) of the U.S. Department of Education recognize two forms of unlawful sexual harassment: 1) "quid pro quo" cases, where a person's entitlement to enjoyment of a particular benefit (such as an educational opportunity) is conditioned on sexual favors; and 2) "hostile environment" cases, where unwelcome conduct has the purpose or effect of unreasonably interfering with a person's right or benefit (such as education) by creating an intimidating, hostile, offensive environment. In school settings, particularly between students, allegations typically concern the hostile environment claim.

According to OCR memorandums:

To find that a hostile environment exists, OCR must find that the alleged victim was subjected to verbal or physical conduct

imposed because of the victim's gender, that the conduct was unwelcome, and that the conduct was sufficiently severe, persistent or pervasive as to alter the conditions of the victim's education and create an abusive environment. In cases of student-to-student harassment, an educational institution will be liable for hostile environment sexual harassment where an official of the institution knew, or reasonably should have known, of the harassment's occurrence and the institution failed to take appropriate steps to halt the conduct. (Nashoba, 1993)

In schools, harassment often happens while many people watch. This public enactment of sexual harassment may have more damaging ramifications than harassment that happens in private because of the potential for public humiliation, the damage to one's reputation, the rumors targets must fear and combat, and the strategies that the targets implement in an effort to reduce or avoid the encounters. When sexual harassment occurs in public and is not condemned, it becomes, with time, part of the social norm.

Teasing and Bullying, or Back to the Future

The antecedents of peer sexual harassment in schools may be found in "bullying" — behaviors children learn, practice, and experience beginning at a very young age. Children know what a bully is, and many boys as well as girls have been victims of bullying. Much of the bullying that takes place at this age is between members of the same sex (Kutner, 1993, 1994; Olweus, 1993; Slaby & Stringham, 1994; Whitney & Smith, 1993). Teachers and parents know about bullying, and many accept it as an unfortunate stage that some children go through on their way to adolescence and adulthood.

Despite its prevalence in U.S. culture, bullying remains an under-studied phenomenon in this country.² Public interest in bullying has been raised, however, by recent press accounts documenting horrific incidents in Japan that have ended in either suicide or murder (Nickerson, 1993; Pollack, 1994; Sanger, 1993). I was drawn to the problem of bullying through my work on sexual harassment in junior high and high schools, beginning in 1979. It became clear to me that, left unchecked and unchallenged, bullying might in fact serve as fertile practice ground for sexual harassment (Keise, 1992; Stein, 1993). I began a search for appropriate strategies, interventions, and a conceptual framework that might help elementary educators bring this subject into their classrooms.

In late 1992, I received support from the Patrino Foundation, a private foundation located in New York, to conduct a small pilot project that involved seven classrooms in three elementary schools. Working with fourth- and fifth-grade teachers and their students in two schools for one year and in a third school for a period of more than two years, I developed and implemented eight to ten sequential classroom lessons, writing activities, reading assignments, and role plays that engaged children to think about the distinctions between "teasing" and "bullying." These activities helped the children focus on the boundaries between appropriate and inappropriate, hurtful behavior. In this unit, eventually named "Bullyproof," children gained a conceptual framework and a common vocabulary that allowed them to find their own links between teasing and bullying, and eventually sexual harassment.³ The following reflections, written anonymously at the end of the unit by fifth-grade students between the ages of ten and eleven years, in a multiracial classroom, displayed new conceptual connections and insights about themselves and their classmates:

Well, since we started this, people in my class and I learned a lot. Now they stopped doing mean things to each other. Like now that people know how I felt when they called me "shrimp" and "shorty" and other mean things they stopped doing that.

Now we don't hurt other people's feelings and respect one another even if the person is short, tall or opposite sex. (male)

I see a big difference in myself since we started discussing bullying, teasing and sexual harassment. Example: when it was my turn to be captain of the kickball game I picked x as a player. As soon as I picked x, he started to pick all the players and suddenly x was the captain. Not only that but x also picked who was pitcher and the batting order (all stuff a captain does). So, I stood up to x reminded him that I was captain (I would have never done that before). It made me feel good inside. (female)

I do see a difference in the way that all of the boys in the class are treating the girls now. 1) they have mostly stopped teasing us and chasing us down the hallways while we are coming back from recess. 2) The boys have also mostly stopped insulting all of the girls and trying to dis us. I think that the girls have also mostly stopped teasing and bullying all of the shrimpy or short boys. (female)

I really think sexual harassment can hurt because sometimes people may tease you about your body parts and it really hurts your feelings because you can't change them in any way. It can also interfere with your school work because all your thoughts are on your anger and then you can't concentrate. If I am harassed in the future, I will stand up for my rights and if a teacher doesn't care, I will pressure him or her to punish my harasser. (male)

Bullying and its connections to sexual harassment in schools are of critical importance. This link is one that educators need to make explicit and public by deliberately discussing these subjects in age-appropriate ways with children (Stein, in press). If educators and advocates pose and present the problem as "bullying" to young children, rather than labeling it immediately as "sexual harassment," we can engage children and universalize the phenomenon as one that boys as well as girls will understand and accept as problematic. Hopefully, such an approach will go a long way towards developing compassion and empathy in the students. Moreover, we can simultaneously avoid demonizing all little boys as potential harassers by initially presenting these hurtful and offensive behaviors as bullying.

The Surveys and the Lawsuits: From Many to One and Back Again

The media's attention to the problem of sexual harassment in schools has in large part been generated by lawsuits and surveys on sexual harassment in schools. Results from three recent national surveys on this topic illustrate its pernicious, persistent, and public nature, and demonstrate that it is a widespread, endemic phenomenon. The first survey, developed by the Wellesley College Center for Research on Women and cosponsored by the National Organization for Women's (NOW) Legal Defense and Education Fund, was published in the September 1992 issue of *Seventeen* magazine (the most widely read magazine for teenage girls in the country, with 1.9 million subscribers, and a "pass-along" circulation of 8 to 10 million girls). The results were compiled from a nonscientific, random sample of 2,000 girls aged nine to nineteen, selected from a total of 4,300 surveys received by the deadline of September 30, 1992. They were released in March 1993 (Stein, Marshall, & Tropp, 1993).

In two-thirds of the reports of incidents of sexual harassment in the *Seventeen* study, the girls reported that other people were present. The most frequently cited location of witnessed incidents was the classroom: 94 percent of the girls who indicated that others were present when harassment occurred reported that it occurred in the classroom; 76 percent of those who reported that other people were present during the harassment cited the hallway, and 69 percent cited the parking lot or the playing fields (note that respondents often cited more than one location).

The second survey, conducted by the Harris Poll, was commissioned by the American Association of University Women (AAUW) Foundation and released in June 1993 (AAUW, 1993). The study used a random sample of 1,600 boys and girls eight to eleven in seventy-nine public schools. The boys and girls sampled in the Harris poll painted a similar portrait of sexual harassment, one that included public incidents occurring throughout the school. Of the 81 percent of the students who reported some experience of sexual harassment in school, 66 percent said they had been harassed at least once in the hall; 55 percent reported the classroom as the site of their harassment; 43 percent happened outside the school, on school grounds (other than the parking lot); 39 percent reported harassment in the gym, playing field, or pool area; 34 percent were in the cafeteria; and 23 percent named the parking lot as the site of the harassment. Interestingly, students indicated that locker rooms (19%) and rest rooms (10%), presumably gender-segregated sites, were also locations for sexual harassment.

At least four important findings emerged from these surveys: 1) sexual harassment is pervasive in secondary schools (experienced by 85% of the girls in the Harris Poll/AAUW study and 89% of the girls in the *Seventeen* survey); 2) students consider sexual harassment a serious problem (75% from the Harris Poll/AAUW survey, 70% in the *Seventeen* survey); 3) the behavior occurs in public places (two-thirds of the situations reported in both studies); and 4) students have difficulty getting help, even though a majority in both surveys reported trying to talk to someone about the harassing behavior (Lee, Croninger, Linn, & Chen, in press).

"In Our Own Backyard: Sexual Harassment in Connecticut's Public High Schools," a study of sexual harassment in the Connecticut public schools during the 1993–1994 school year, was released on January 26, 1995 (Permanent Commission 1995).⁴ In this survey, 78 percent of a random sample of high school students (308 girls and 235 boys) in grades ten through twelve reported experiencing at least one incident of sexual harassment in high school. The researchers found that girls were nearly twice as likely to report experiencing the problem as boys: 92 percent of the female students and 57 percent of the male students reported that they had been the targets of unwelcomed sexual conduct since they started high school.

The statistics that emerged from these three surveys might have dropped quickly into oblivion were it not for the complaints and lawsuits that girls and young women have been filing, and winning, in state and federal courts in the past few years. It takes only one influential case to change the landscape and the discourse about sexual harassment. Such a change occurred in February 1992 with the landmark 9-0 U.S. Supreme Court decision in *Franklin v. Gwinnett County (GA) Public Schools*. In this case, the Court decided that schools could be held liable for compensatory damages if they failed to provide an educational environment that was free from sex discrimination. This decision has caused school personnel to pay increased attention to the problem of sexual harassment and sex discrimination in schools.

Prototypical Lawsuits and Complaints: Sexual Harassment as Public Behavior

In one case that is often cited in popular magazines and teen literature and on television talk and news shows, Katy Lyle, a fifteen-year-old high school student in Duluth, Minnesota, was targeted through nasty graffiti that covered the walls of one stall in the boys' bathroom at her high school (*Lyle v. Independent School District #709*, 1991). Statements like "Katy does it with farm animals," "Katy is a slut," "Katy gives good head," and "Katy sucked my dick after she sucked my dog's dick" remained up on the walls for a period of sixteen months, despite repeated requests from Katy and her parents to the principal to have it removed. His responses included, "No one reads it anyhow," and "It'll make you a stronger person." He also claimed that his hands were tied by the custodians' union contract, which only makes provision for their painting the walls once every two years;

since they had just completed a painting assignment, they could not paint over that graffiti. Boys would yell out across the hallways, "Hey, Katy, I took a leak in your stall today," and girls would wonder aloud what Katy had done to "deserve" this.⁵ Katy was tormented daily on the school bus and as she entered the school. Finally, her older brother, home from college during a vacation, removed the graffiti in a matter of minutes. Although the physical evidence was removed, the taunting continued.

In a 1991 settlement with the Minnesota Department of Human Rights, Katy and her family were awarded \$15,000, and the school district agreed to implement training programs for staff and students to develop and disseminate a sexual harassment policy. They also agreed to appoint an administrator to coordinate these efforts.

In another widely publicized case from Minnesota (*Mutziger v. Independent School District #272*, 1992), both the Minnesota Department of Human Rights and the Office for Civil Rights (OCR) of the U.S. Department of Education (Eden Prairie, 1993) found that six-year-old Cheltzie Hentz (and eventually several other girls) had been sexually harassed on the bus, on the school grounds, and in the classroom by boys who ranged in age from six to thirteen. The perpetrators were accused of making lewd remarks and sexual taunts, including references about girls' body parts and explicit suggestions about Cheltzie having oral sex with her father. This case became notable for the age of the target and the age of the perpetrators; Cheltzie was and remains the youngest child to file and win a sexual harassment complaint. In the stunning decision rendered by OCR, the "reasonable woman standard" was invoked to apply to six-year-olds:⁶

From the standpoint of a reasonable female student participating in district programs and activities, . . . the sexually offensive conduct was sufficiently frequent, severe, and/or protracted to impair significantly the educational services and benefits offered. . . . In this case, there is no question that even the youngest girls understood that the language and conduct being used were expressions of hostility toward them on the basis of their sex and, as a clear result, were offended and upset. (Eden Prairie, 1993, p. 12)

In Cheltzie's case, all of the events occurred around adults — either the bus driver or bus monitors, or the classroom teacher. As part of the investigation, other girls were interviewed about the same boys who were accused of harassing Cheltzie. According to the OCR finding:

During a social studies class, a seventh grade male student repeatedly made remarks of a sexual nature . . . touched the girls, and on one occasion, physically restrained one of them so that she could not escape his lewd remarks. According to the female students, the teacher witnessed the harassment, but was unresponsive to their requests for assistance. The teacher's response was to offer to change the boy's seat. According to the students, the boy's seat already had been changed numerous times as girls reported that he was bothering them. (p. 9)

Again, adults watched, students appealed for help, and adults offered only innocuous and insipid solutions.

The behavior of school personnel is mentioned in several lawsuits that have been filed in federal district courts. For example, in a 1992 lawsuit in Connecticut, Johana Mennone, a student at Amity Regional High School in Woodbridge, Connecticut, alleged that "in the presence of her teacher and a roomful of classmates, a male student grabbed her hair, legs, breasts, and buttocks nearly every day. He repeatedly made remarks about her breasts and told her that he was going to rape her" (Lawton, 1993). Again, a teacher watched while outright assaults took place in the classroom. Motions continue to be filed in this case. A case in Milford,

Connecticut, with similar facts, but with middle school students as the plaintiff and defendants, is underway in another complaint filed in both federal district court and state court.⁷ In federal court, the complaint draws on provisions included in Title IX; in state court, the suit is framed around tort actions of negligence on the part of the teacher, principal, and superintendent.

At least seven other federal Title IX actions involving student-to-student sexual harassment are pending in federal district courts in California, Georgia, Kansas, New York, and Texas (Lewin, 1994). Three more complaints have been filed in federal district courts in Iowa (Fuson, 1994).

Three contradictory rulings have emerged from three different federal court jurisdictions. In a case in Georgia, *Aurelia Davis v. Monroe County Board of Education*, U.S. District Judge Wilbur D. Owens Jr. of Macon ruled on August 29, 1994, that the school district was not liable for a fifth-grade student's alleged harassment of another student (*Aurelia Davis*, 1994). He dismissed the case on the grounds that the school did not have a special custodial relationship with its students and had no special duty to protect them from other students (Walsh, 1994). The complainant had alleged that school officials were slow to react to the harassing conduct by a boy who repeatedly tried to touch a girl's breasts, rubbed his body against hers, and used vulgar language. The complainant and her family have decided to appeal the decision.

However, an opposite decision was rendered in federal court in New York State. On November 15, 1994, Thomas J. McAvoy, Chief Federal Court Judge for the Northern District of New York in Albany, issued a ruling that held teachers and administrators liable and responsible for preventing student-to-student sexual harassment in schools. In this case, *Bruneau v. South Kortright (NY) Central School District*, the court ruled that a sixth-grade girl who was taunted with sexual comments ("prostitute," "dog-faced bitch," and "lesbo") and physically abused by boys in her class could sue her teacher and an assistant superintendent under Section 1983 of the Civil Rights Act of 1871 (*Bruneau*, 1994).⁸ She was also able to bring a suit against the school district under Title IX and recover compensatory damages, punitive damages, and attorney fees. The school district was found liable in the New York case because teachers and administrators were alerted to the assaults, but took no action. In fact, when the girl's parents complained of the abusive behavior to their daughter's teacher, they were told "that their daughter was a beautiful child and they had nothing to worry about because boys would be all over her in a few years" (Jones, 1994). The parents requested assistance from the assistant superintendent of the school district following this meeting with the teacher, but again, no attempts to remedy the situation were made. When the parents asked that their daughter be allowed to transfer to another class, their request was denied. At that point, the girl transferred to another school and the parents took legal action. The judge's ruling in this case provides that a plaintiff can proceed against a school district if the district's inaction (or insufficient action) in response to complaints of student-to-student sexual harassment is the result of an actual intent to discriminate against the student on the basis of sex (*Bruneau*, 1994).

Yet, in October 1994 in Utah, the U.S. Federal District Court refused to allow a locker room incident, directed at one football player by his fellow teammates, as an actionable case of hostile environment sexual harassment. In Judge Dee V. Benson's decision, the lawsuit against the Sky View High School and the Cache County (UT) School District was dismissed on the grounds that the boy failed to prove that he had been a victim of any concerted discriminatory effort (*Seamons v. Snow*, 1994).

By any stretch of the imagination, the facts of this case give one pause. After a football game, the young man, Brian Seamons, was restrained by four of his teammates and painfully taped naked to a towel rack after he left the shower area. He was humiliated further when a girl was involuntarily dragged in to view him (Brown, 1995; "Court Dismisses," 1994). Brian claimed

that this team ritual was well-known to the coach and school officials.

The school authorities continued to either excuse the behavior as gender appropriate (i.e., "boys will be boys") or merely a case of team hazing; Brian was blamed for bringing the incident to the public's attention. The football coach reacted to Brian's complaints by first suspending and then dismissing him from the team. The next day, the superintendent canceled the remaining football games, prompting the coach, Douglas Snow, to demand that Brian apologize to the team for this course of action. Neither Snow nor any of the football players were disciplined for their behaviors in this incident. In fact, Snow stated publicly that "it was inappropriate to impose discipline on the other players for hazing." The judge in this case found no fault on the part of the coach or school administrators:

It may have been wrong, or right, or ethical, or unethical, or noble, or ignoble, but no plausible treatment theory could construe it as an act intended to treat Brian negatively because he is a boy. . . . Because plaintiffs have not alleged that defendants' conduct was sexual in any way . . . [the] allegations are not sufficient to base a claim of sexual harassment. (*Seamons v. Snow*, 1994, p. 1118)

It is clear that if this incident had been directed at a female, not only would it have been viewed as sexual harassment, but there would also have been criminal assault charges pending against the perpetrators. The question remains: Why should the sex of the target make any difference when the behavior is publicly performed, seemingly school-approved, gendered violence?

Despite troubling and contradictory rulings from federal courts, students continue to file Title IX complaints with OCR. Although OCR cannot award compensatory damages, they can compel the school district to pay for costs incurred from counseling, tutoring, transportation, and tuition for the complainant. They can also require the district to provide training for staff and students on the subjects of sex discrimination and sexual harassment. Among the hundreds of districts that OCR has investigated, letters of findings and/or settlement agreements have been issued to school districts in Millis, Massachusetts; Petaluma, California; Meridian, Texas; Reno, Nevada; Sweet Home, Oregon; Mason City, Iowa; Albion, Michigan; and, VictorvilleCalifornia.⁹

Notable among OCR's letters of findings are two in which the sexual harassment incidents involved students of the same sex. Both complaints involved high school girls who sexually harassed other girls, one case from San Jose, California, and the other from Bolton, Massachusetts. The facts in both cases are strikingly similar: a single girl at each site was subjected to verbal and written sexual harassment over a period of many months. The harassment consisted of sexually explicit taunts, graffiti, and rumors of the girl's alleged sexual behavior with male students. Both young women's grades fell, while one cut classes and altered her walking route to avoid further harassment (San Jose), and the other required private counseling (Bolton). In both cases, school officials had been informed of the harassment but failed to treat it as such. According to the letter of finding from OCR in the Massachusetts case,

the student evidenced an extensive record of her numerous and repeated efforts to end the conduct. The student immediately reported the graffiti to her counselor upon discovering it in the bathroom. On her own initiative, the student weekly, and sometimes daily, reported new graffiti to the principal or her counselor, and she kept detailed notes of verbal harassment incidents. The student herself removed some of the graffiti from the bathrooms and walls. (Nashoba, 1993, p. 9)

The San Jose school staff had a different response and rationale; they assumed that sexual harassment could only occur "when a student approaches another student of the opposite sex and makes lewd gestures or asks for sexual favors" (East Side Union High School District, 1993, p. 5). Moreover, they did not consider the conduct between members of the same sex to be possible sexual harassment, especially since the target and her harassers had once been friends. For all of these reasons, the school district did not investigate the complaint.

In both of these complaints, OCR concluded that there had been pervasive, persistent, and severe sexual harassment in violation of Title IX, and that the school districts had inadequate grievance procedures for prompt and equitable resolution of complaints of sexual harassment.

Despite clear rulings in these two same-sex cases, another regional office of OCR refused to investigate a Minnesota third-grade student's claim that he was sexually harassed by other boys at school for several months. Jonathan Harms of the Sauk Rapids-Rice School District, who taped his verbal harassment by concealing a small tape recorder, was sexually taunted over a period of months by about a dozen of his male classmates in the third grade. The harassment escalated to an assault when his pants and underwear were pulled down to below his knees. Yet, OCR responded in June 1993 to the parents' complaint, stating that it found "no indication that the student was singled out for harassment because of his sex" (Sauk Rapids-Rice, 1993).¹⁰

Protests about OCR's decision came from expected and unexpected quarters. Jonathan's parents responded by saying that "their son's case sends a `disturbing' message: while girls are protected from the sexual taunts of their male peers, boys are not" (Brown, 1994a). Minnesota Attorney General Hubert H. Humphrey III sent a letter on January 6, 1994, to U.S. Secretary of Education Richard Riley, seeking an explanation for OCR's decision not to investigate: "I would appreciate clarification of whether boys are covered under Title IX. I ask that the OCR reconsider its decision not to investigate the . . . case" (Brown, 1994a). In an October 17, 1994, letter to Senator Durenberger of Minnesota, Norma Cantu, the Assistant Secretary for Civil Rights of the U.S. Department of Education's Office for Civil Rights, indicated that the investigation might be reopened (Pitsch, 1994). This decision was undoubtedly influenced by the Minnesota Department of Human Rights September 1994 decision that found "probable cause" in the Harms case; the Department has decided to investigate Jonathan's claim as sexual harassment under Minnesota state law.

The outcomes in two California cases (Modesto City Schools, 1993, and Newark Unified School District, 1993) investigated by the Office for Civil Rights provide sharp contrast to the outcome in the Jonathan Harms complaint in Minnesota. In both of the California cases, OCR found against the schools and in favor of the complainants.

In the California cases, elementary school children were also involved, this time with boys as the alleged harassers and girls as the targets. The Modesto case began in January 1993, when several girls were restrained in chokeholds, pinched, tripped, and touched repeatedly on their chests, genitalia, and buttocks by some male classmates. The school officials treated the incidents as routine misbehavior and followed their standard disciplinary procedures without determining if a sexually hostile environment existed. Nor were the parents informed of their rights under federal law Title IX. In May 1993, a group of boys, some of whom had been involved in the earlier incidents, threw two girls to the ground, forcibly kissed and fondled them, made lewd statements, and attempted to remove their clothing (Brown, 1994b). OCR's finding, issued on December 6, 1993, found that the school district had violated Title IX when it treated sexual harassment by elementary school students as a matter of misconduct and mischief rather than as a violation of federal anti-discrimination law.

The Newark case involved behavior classically viewed and typically dismissed as mutual, voluntary, and playful playground behavior. "Friday flip-up" days were an institution at this school: On Fridays, the boys in the first through third grades flipped up the dresses of their female classmates. OCR found that this practice subjected the girls to teasing and touching based on their gender, created different treatment for them, and limited their enjoyment of the educational program.

The California and Minnesota cases, which involve elementary school children, raise perplexing and disturbing questions: Are the ages of the targets and perpetrators the most salient factors that OCR considers when it decides to investigate a case? Or is it the sex of the target(s) and perpetrator(s)? Are incidents that involve children of the same sex ruled out if the students are in elementary school? What difference could the sex of the harassers or the target make when a student's clothes are pulled off? Are these acts not assaults, let alone sexual harassment? Or is it that gendered violence doesn't register with some federal and school officials as real violence?

Hopes, Actions, and Recommendations

As powerful and inspirational as legal decisions can be, we can't expect them to either enlighten educators or guarantee educational environments free from sex discrimination and sexual harassment. We need to promote non-litigious remedies and to transport the lessons of the lawsuits into the classroom. Lawsuits can be preempted through preventive and sensible measures employed in the schools.

Hope and impetus for change come from school-wide efforts to normalize the conversation about sexual harassment and other forms of gendered violence. This may best be achieved by inserting age-appropriate and sequential materials into class discussions and school curricula. The traditional practice of addressing sexual harassment only through disciplinary action has had little effect on the frequency of gendered violence. Recent attempts to enlist draconian prohibitions against hand-holding and other forms of affectionate behavior (Maroney, 1995) are also sure to fail.

Prior to initiating such classroom conversations, educators need to recognize sexual harassment in schools as a form of gendered violence that is often performed in public, sometimes in front of adults whose legal responsibility is to provide equal protection and equal educational opportunity. Sexual harassment can provide the impetus for opening the conversation about gendered violence.

Ultimately, a strategy to eliminate and prevent sexual harassment in schools needs to aim at a transformation of the broader school culture. Dealing effectively with sexual harassment is much easier if a school has committed itself to infuse a spirit of equity and a critique of injustice into its curriculum and pedagogy. On the other hand, harassment flourishes where children learn the art of doing nothing in the face of unjust treatment by others. When teachers subject children to an authoritarian pedagogy, they don't learn to think of themselves as moral subjects, capable of speaking out when they witness bullying or other forms of harassment. If youngsters have not been encouraged to critique the sexism of the curriculum, hidden and overt, then they are less likely to recognize it when they confront it in their midst. Too often, the entire school structure offers children no meaningful involvement in decision making about school policy, school climate, or other curriculum matters. Children rehearse being social spectators in their school lives (Stein, 1993).

We can make a difference in the classroom and beyond when we take up the subjects of teasing, bullying, and sexual harassment. When we frame the issue of sexual harassment as one of injustice and civil rights, and see the problem from the

vantage points of the targets, the harassers, and the observers, we can teach empathy as we also teach children to emphasize and employ intervention strategies. In this way we teach children to see themselves as "justice makers" as opposed to social spectators (hooks, 1989).

I end this article in the same way I began, with the words of children. This time, however, we hear from boys who confirm the experiences of the girls cited at the beginning of this article — that sexual harassment is present and very public in schools.¹¹ Even for the boys who are observers, sexual harassment is sometimes scary, troubling, and certainly disruptive to the educational environment.

Today, as usual, I observed sexist behavior in my art class. Boys taunting girls and girls taunting boys has become a real problem. I wish they would all stop yelling at each other so that for once I could have art class in peace. This is my daily list of words I heard today in art that could be taken as sexual harassment: bitch, hooker, pimp, whore.

Today for the first time I was witness to sexual harassment in my gym class. A couple of girls came into the exercise room today and suddenly, almost like a reflex, some of the boys began to whistle at them and taunt them. I was surprised since I had never seen this kind of behavior from my gym class before. Some of the boys that I considered my friends even began to do it. It felt awful to watch, but if I said anything it would not stop them and would only hurt me.

Today in class people reported their findings as ethnographers; that is, they told the class about the examples of sexual harassment they had witnessed. There were some pretty bad examples. It's amazing that this stuff goes on at our school. I think that part of the problem is that some kids don't know what sexual harassment is, so they don't know when they are doing it. One of the things that scared me was that no one said they had any trouble finding examples. Everybody had found at least one or two examples, and most people found many more. I found out that it happens everywhere: in the halls, the cafeteria, or even at basketball try-outs. It happens everywhere that teachers are not in direct supervision of students.

I think it's good that the eighth-graders are doing the curriculum at the same time, because then we can discuss it during lunch and stuff. I really do think that people are learning a lot from it. I mean, the person at our table at lunch who used to really be a sexual harasser has stopped and actually turned nice when all the girls at our table told him to stop or we would get [teacher] into it. I don't think he realized that what he was doing was really making us uncomfortable.

The sexual harassment [curriculum] is really doing the school some good. One of the harassers who has been always harassing any girl at all has stopped. X has stopped goosing and touching girls. I never thought I'd see the day — he no longer pinches girls and rubs up against them in the hall. Now I feel a lot more comfortable in art class. I have art with him, and now I don't have to always, literally, watch my back. And O has seen a lot of improvement. People are more conscious about what they say, and how they use words like gay, faggot, and lesbian. They realize that some people could really be offended by it.

These journal entries are hopeful in the way that they point out the impact that age-appropriate, deliberate, teacher-led conversations and curriculum can have on the lives of students. By creating a common classroom vocabulary and offering non-punitive and non-litigious ways to probe controversial and troubling subjects, educators and their students can confront and reduce sexual harassment and gendered violence in the schools. The first step is to recognize that sexual harassment is a common feature in children's school lives, and that the students — both boys and girls — recognize that most adults are sitting

back, watching it happen. The next step is for the adults to name it as the kids see it, and to take it on — publicly, in the classroom, and throughout the whole school community.

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Notes

¹ Ethnic and racial descriptors that accompany the quotes are in the girls' own words.

² Studies that have been done tend to focus on the sexually deviant child (Cunningham & MacFarlane, 1991) or on school violence (National Center for Education Statistics, 1988, and Search Institute, 1990, cited in Stepp, 1992). Most of the research on bullying has been conducted in Norway and Sweden (Olweus, 1993) and the United Kingdom (Keise, 1992; Whitney & Smith, 1993).

³ "Bullyproof" is copyrighted to Nan Stein (in press).

⁴ This report was published by the Permanent Commission on the Status of Women based upon research conducted by the University of Connecticut School of Social Work (research on incidents of sexual harassment) and the Connecticut Sexual Assault Crisis Services (research with Title IX coordinators).

⁵ Interviews with Carol and Katy Lyle conducted by Katie Couric, *The Today Show* (NBC, October 7, 1992); and Adrian LeBlanc (1992).

⁶ "For both quid pro quo and hostile environment harassment, whether or not sexual harassment exists is to be judged from the perspective of the 'reasonable person.' That is, would a reasonable person view the behavior complained of as sexual harassment? There is some uncertainty among federal courts and agencies as to whether the 'reasonable person' standard takes into account the circumstances of the victim, and if so, to what extent. Federal agencies, such as the EEOC and OCR, as well as several lower courts that have addressed the issue, have adopted a 'reasonable woman' or 'reasonable person in the victim's situation' standard that would appear to favor the complainant more than the 'reasonable person' perspective. . . . Moreover, in several Title IX Letters of Finding, OCR states that the existence of a sexually hostile environment is determined from the viewpoint of a reasonable person in the victim's situation" (Sneed & Woodruff, 1994, p. 10).

⁷ The case is *Courtney Stern v. City of Milford (CT) Board of Education*; in Superior Court, Judicial District of Ansonia/Milford, filed January 29, 1993.

⁸ Civil Rights Act of 1871, 42 U.S.C. section 1983:

Every person who, under color of any statute, ordinance, regulation, custom, usage, of any state or territory, subjects or causes to be subjected, any citizen of the United States or any person within the jurisdiction thereof to the deprivation of any

rights, privileges, or immunities secured by the Constitution and laws, shall be liable to the party injured in an action at law, suit in equity, or other proper proceeding for redress.

Section 1983, which is a federal statute, provides an avenue of redress for individuals who have been deprived of their federal constitutional or statutory rights at the behest of state authority. Section 1983 provides redress for violation of explicit constitutional rights (e.g., the right to due process) and also of federal statutory rights passed pursuant to constitutional authority.

⁹ Office for Civil Rights' Letters of Findings and/or Settlement Agreements obtained through Freedom of Information Act (FOIA): Millis, MA (#01-93-1123, issued May 19, 1994); Petaluma, CA (#09-89-1050, May 5, 1989); Meridian, TX (#06-92-1145, July 29, 1992); Washoe County School District, Reno, NV (09-91-1220, March 27, 1993); Sweet Home, OR (#10-92-1088, November 15, 1991); Mason City, IA (#07-93-1095, March 28, 1994); Albion, MI (#15-94-1029, April 7, 1994); and Victor Valley Union High School District, Victorville, CA (09-90-1143, August 8, 1990).

¹⁰ Letter from Kenneth A. Mines, Regional Director of the Office for Civil Rights, U.S. Department of Education, Chicago office, to Mr. and Mrs. Harms (June 28, 1993), p. 1, re: case #05-93-1142, Sauk Rapids-Rice (MN) School District #47.

¹¹ Selections are from the ethnographies that these White, middle-class, eighth grade students kept as part of a pilot curriculum development project. This pilot project, which involved approximately fifty Massachusetts classroom teachers in grades six through twelve in the fall of 1993, resulted in the publication, *Flirting or Hurting? A Teacher's Guide on Student-to-Student Sexual Harassment in Schools* (for grades six through twelve) by Nan Stein and Lisa Sjostrom (1994).



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Losing the "Gender" in Gender-Based Violence: The Missteps of Research on Dating and Intimate Partner Violence

Elizabeth Reed,¹ Anita Raj,² Elizabeth Miller,³ and Jay G. Silverman⁴

Keywords
adolescence, dating violence

A multitude of quantitative and qualitative research studies as well as volumes of health and criminal justice data from across the globe clearly demonstrate that male intimate partner violence (IPV) against women and girls is an issue of tremendous public health and human rights significance worldwide (i.e., the health and freedom of girls and women are affected at the population level; Amnesty International, 2004; Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006; Rand, 2008; World Health Organization [WHO], 2003). However, there is continuing discord as to the basic frameworks used across studies and programs for understanding and addressing IPV, including dating violence, as a public health issue, particularly regarding the gendered basis of the problem (Reed, 2008; Swan & Snow, 2006). Multiple recent U.S. public health studies have discussed "mutual aggression" or "female perpetration" of IPV (e.g., Carney, Buttel, & Dutton, 2006; Romans, Fort, Cohen, Du Mont, & Hyman, 2007; Straus, 2007; Straus & Ramirez, 2007; Whitaker, Haileyesus, Swahn, & Salzman, 2007), disregarding the gender-based framework at the

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root of our understanding and consideration of partner violence as a global public health issue (WHO, 2003). Including mutual aggression and female perpetration under the umbrella of IPV as a public health issue implies that (a) this is a nongendered phenomenon that affects the health and well-being of men/boys and women/girls similarly and at the population level, and (b) the etiology and nature of the behavior are similar regardless of perpetrator gender. Neither research nor practical external evidence supports such assumptions. More importantly, the erasure of gender from the theoretical frameworks that guide public health efforts may have serious consequences, namely, the development of misguided and ineffective prevention and intervention programs to address IPV among adolescents and adults.

To progress in reducing this highly prevalent and impactful form of abuse, we must acknowledge the clear and consistent evidence for IPV being both examined and addressed as a gender-based issue. Women and girls are more likely to be killed by male partners than any other class of individuals—a finding consistent across every study in every national context (e.g., Bureau of Justice Statistics, 2007; Tjaden & Thoennes, 2000). Women and girls are more likely to be injured than men and boys due to violence from a partner, again, across each and every study on this topic (e.g., Bureau of Justice Statistics, 2007; Tjaden & Thoennes, 2000). Another universal finding is the far greater prevalence of sexual violence against women and girls from intimate partners (Tjaden & Thoennes, 2000). Large numbers of women and girls seek care in emergency rooms for injuries due to violence from a male partner (Bhrosok, Smith, Roznowski, Tucker, & Carlson, 2006; Schacter, Drach, Hedberg, & Kohn, 2008); however, no documentation exists of partner violence from female partners as the source of a significant portion of emergency department visits by men or boys. The noninjury-related health burdens suffered by women and girls experiencing violence from male partners, particularly regarding adolescent and unintended pregnancies and sexually transmitted infection (STI)/HIV, are also extremely well documented (e.g., Decker, Silverman, & Raj, 2005; Raj, Reed, Welles, & Silverman, 2008; Silverman, Raj, & Clements, 2004; Silverman, Raj, Mucci, & Hathaway, 2001). Thus, it is clear why the WHO and other major health authorities describe IPV as gender based, with the vast burden in regards to health, development, and economic security borne by women and girls (Heise & Garcia-Moreno, 2002; Tjaden & Thoennes, 2000; WHO, 2003). Such leading public health institutions frame this phenomenon unabiguously as rooted in the social construction of being female, both in the United States and most all other nations (i.e., deprivation of social and economic status and consequent power within sexual relationships, families, and communities; Anderson, Simpson-Taylor, & Hartmann, 2004; Murnen, Wright, & Kaluzny, 2002; Santana, Raj, Decker, La Marche, & Silverman, 2006).

Nonetheless, as noted earlier, studies continue to be sponsored and produced in the United States that involve analyses and interpretations of IPV data that defy international consensus and substantial empirical data. Such work often finds that both females and males report having been perpetrators and victims of partner aggression (e.g., Carney et al., 2006; Romans et al., 2007; Straus, 2007; Straus & Ramirez, 2007; Whitaker et al., 2007). Based on these findings, authors of such studies have often concluded that violence among adolescent or adult intimate partners is not a gender-based concern, hence, resources have

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been critically misplaced by not investing equally in understanding and preventing female partner violence perpetration and male victimization. In a review of the literature (using PubMed), we found that this gender neutral framework appears to be U.S. derived as well as overwhelmingly prevalent in taking violence research. In PubMed-indexed studies from 2008, 93% (21/22) of the studies on dating violence (using *dating violence* as the search word) used a gender-neutral framework, however, 20% (18/70) of studies used such a framework when examining adult IPV (using *partner violence* as the search word among a random sample of 70 studies). A decade ago in 1998, while the majority of studies ($n = 142$) at this time used the term *domestic violence* (implying male-perpetrated violence against females), among the 13 studies that used the term *partner violence*, only two used a gender-neutral framework. Furthermore, among the most recent "partner violence" studies in 2008 that have used a gender-neutral framework, 93% of these were U.S.-based studies. In summary, it appears that this gender-neutral framework is U.S. derived and is increasing among adult IPV research, possibly due to the influence of dating violence research, which has long considered this issue different from domestic violence or a form of gender-based violence but rather as an issue of less severe conflict related to "yids." Consequently, research focused on adolescent dating violence has instead adopted (and continued with) a framework based on "mutual or reciprocal violence" (e.g., Chan, Straus, Browmridge, Tivart, & Leming, 2008; Mollitor & Tolman, 1998; O'Keefe & Treister, 1998) and may be influencing these research arenas.

Use of this "reciprocal violence" framework for understanding adolescent and adult IPV ignores the world beyond our databases. We should not frame and interpret research in the absence of well-accepted historical and political realities. That is not to say that both males and females cannot or do not enact unhealthy relationship behaviors, including aggression (Famby, 2009), or that such unhealthy relationship behaviors do not negatively impact both males and females. Such behaviors, however, likely have differing etiologies and are displayed differently based on the gender of the actors. In fact, a number of studies that have examined female perpetration of dating aggression have stratified by gender and have found gender differences in risk factors, thus recognizing the need to understand the likely gendered bases for this issue (Munoz-Rivas, Graña, O'Leary, & González, 2007; Swan, Garbhone, Calzavell, Sullivan, & Snow, 2008; White & Chen, 2002).

The need to control and the desire for power can lead to violent and/or abusive relationships between intimate partners, in dating relationships, between friends or classmates, within families, at work, in neighborhoods, and throughout various contexts of our lives; however, it is important to consider that many forms of violence are rooted in historic and enduring inequality. Whether it is violence based on sexual orientation, race, ethnicity, nativity, or gender, effective public health prevention of this violence will necessitate the consideration and inclusion of such inequalities. It is essential to acknowledge the multiplicative impact of gender-power abuses that occur across contexts of women and girls' lives—within their communities, at work, in school, and in their families. It is also important to understand how these experiences of gender-power abuses determine, support, and interact with violence experienced within intimate relationships. Clearly, there is a need to use a framework that provides special consideration of gender when investigating IPV.

Notably, gender norms that promote male dominance and control, and ultimately serve as the foundation of gender-based violence, are also deleterious to the health of male populations. Multiple studies in the United States and abroad have documented that men who perpetrate partner violence and who hold more traditional values related to masculinity (Anderson et al., 2004; Murnen et al., 2002; Santana et al., 2006) are more likely to report greater health risk behaviors, such as sexual risks for HIV (Decker et al., 2009; Raj et al., 2008) as well as substance and tobacco use (Freingold, Kern, & Capaldi, 2008; Temple, Weston, Smart, & Marshall, 2008; Zaleski, Pinsky, Laramie, Ramsey-Miller, & Caetano, in press). Men in the United States generally have higher rates of unintentional injuries (Chen, in press; U.S. Department of Justice, 2008; U.S. Department of Transportation, 2008), deaths related to suicide (Centers for Disease Control, 2006) as well as injuries and homicides related to nonpartner specific violence (Centers for Disease Control, 2006)—potentially related to male gender norms promoting more risky behaviors. Health interventions are clearly needed that address the structural influences related to such gender norms to reduce the resulting multitude of public health threats to men as well as to decrease associated violence against women and girls across the globe.

In conclusion, the relevance of gender to the prevalence and public health impact of IPV has been demonstrated across a tremendous and consistent body of international research, leading to global consensus on the framing of such violence as gender based, with violence against women seen as a clear and continuing threat to the lives and well-being of millions of women and girls worldwide. If we fail to consider the gender inequities that support and maintain such violence, we will, without doubt, fail in attempts to develop programs, policies, and educational campaigns to address this highly prevalent and debilitating public health threat.

Federally supported efforts to address this critical concern must distinguish IPV that threatens the lives and well-being of populations of women and girls as a result of gender-power imbalances from interpersonal violence that female partners may use against male partners. The broader public health community and its leaders must recognize and reassert the importance of gender-based inequalities and norms in understanding violence between adolescent or adult intimate partners, a perspective that is inescapably clear if we attend to the realities of the lives of women and girls. The academic production of social concerns, particularly concerns that are contrary to globally acknowledged realities, cannot form the basis for understanding and addressing major population-based health threats, the central mission of public health.

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Bios

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Book Review

Susan Carlingella
Addressing Rape Reform in Law and Practice. New York: Columbia University Press, 2008. 368 pp. \$29.50. (paperback). ISBN 9780231134255

Reviewed by: Patricia J. Falk, Cleveland-Marshall College of Law
 DOI: 10.1177/1077801209360972

Professor Susan Carlingella's recent book, *Addressing Rape Reform in Law and Practice*, is an ambitious and broad-ranging analysis of the rape reform movement of the latter part of the 20th century. The book also sets forth a comprehensive and detailed proposal for the overhaul of rape statutes for the 21st century—what the author calls her "model array." The sheer scope of the book is impressive. It touches upon rape laws in the United States and other countries sharing the English common law tradition, important cases within that tradition, empirical research on the success of the reform movement in changing the way rape is actually prosecuted, and theoretical and philosophical perspectives on such thorny issues as consent and criminal intent.

The book is also explicitly and self-consciously ambitious because Carlingella sets forth and defends an original model of legislative change. Her goal is to develop a middle-ground strategy that is more palatable and more easily workable in practice. As the author characterizes her own work, "Relatively few works go beyond critique alone to map out the next wave of strategic moves, models, or paradigms. This is precisely the subject matter of this book" (p. 8). Carlingella views her work as following in the tradition of two groundbreaking books on rape law: Susan Estrich's *Real Rape* (1987) and Stephen Schulhofer's *Unwanted Sex* (1998).

Finally, the book is innovative, provocative, and even daring. Carlingella's model array for reforming rape reform, although building upon and synthesizing a host of suggestions made by others as well as adding her own innovations, proposes sweeping and broad-ranging changes to the way rape is prosecuted in this country. Her proposal is not about tinkering with a model that has evolved piecemeal over time but making some very large and fundamental changes in the way we conceive of rape law. The book offers much to think about. It will certainly be a catalyst for further discussions about how to improve our treatment of rape and how to craft an intelligent, fair, and balanced set of legal principles to guide the prosecution of rape cases.

Carlingella's writing is dense, but accessible. Moreover, some editing might have improved the overall flow of the book and eliminated some areas of redundancy. Nonetheless, the

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Male Partner Pregnancy-Promoting Behaviors and Adolescent Partner Violence: Findings from a Qualitative Study with Adolescent Females

Elizabeth Miller, MD, PhD; Michele R. Decker, MPH; Elizabeth Reed, ScD; Anita Raj, PhD; Jeanne E. Hathaway, MD, MPH; Jay G. Silverman, PhD

Objective.—To examine the context of pregnancy and sexual health among adolescent females with a history of intimate partner violence (IPV). This paper reports on a subset of females who described abusive male partners' explicit pregnancy-promoting behaviors (ie, messages and behaviors that led females to believe their partner was actively trying to impregnate them).

Methods.—Semistructured interviews were conducted with 53 sexually active adolescent females, with known history of IPV, about violence, sexual experiences, and related behaviors. Interviews were analyzed using a content analysis approach; 14 interviews in which females reported that partners were actively trying to impregnate them were further analyzed for pregnancy and contraceptive use.

Results.—Participants (N = 53) were aged 15 to 20 years, with notable minority representation, 21% African American (n = 11) and 38% Latina (n = 20). Over half (n = 31, 58%) had experienced pregnancy. A key finding was that approximately one quarter of participants (26%, n = 14) reported that their abusive

male partners were actively trying to get them pregnant. Females' stories revealed that abusive male partners desiring pregnancy manipulated condom use, sabotaged birth control use, and made explicit statements about wanting her to become pregnant.

Conclusions.—Pregnancy-promoting behaviors of male abusive partners may be one potential mechanism underlying associations between adolescent IPV and pregnancy. These findings suggest that exploring pregnancy intentions and behaviors of partners of sexually active adolescents may help to identify youth experiencing IPV. The frequency of birth control sabotage and explicit attempts to cause pregnancy in adolescent IPV needs to be examined at the population level.

KEY WORDS: adolescent sexual behavior; interpersonal violence; intimate partner violence; reproductive health; teen pregnancy

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An estimated 1 in 5 female high school students report experiencing physical and/or sexual abuse in the context of a dating relationship,¹ with such experiences associated with sexual risk behaviors, including early onset of sexual activity (before age 15), condom non-use with last intercourse, and multiple sexual partners.^{1,2} Increased risk for sexually transmitted infections and pregnancy documented for teens experiencing intimate partner violence (IPV) underscores the impact of this violence on the sexual and reproductive health of adolescents.^{1–5} Unintended pregnancies are 2 to 3 times more likely to be associated with abuse than intended pregnancies at any time during the 12 months before conception or during pregnancy.^{6–12} In addition, across multiple studies, teen pregnancy has been associated with IPV, with up to two

thirds of teen pregnancies occurring in the context of an abusive relationship.^{4,13–18}

To date, mechanisms for these associations have not been well elucidated. Research conducted with adolescent populations indicates low rates of condom use⁴ and fear of condom negotiation among females experiencing IPV,¹⁹ mechanisms that may be responsible for adolescent pregnancy and IPV associations. Among adults, similar patterns of diminished condom use and fear of condom negotiation in abusive relationships have been noted.^{20,21} In addition, sexual and reproductive control in abusive adult relationships manifests in numerous ways, such as forced sex without condoms and blocking contraceptive use, behaviors that contribute to increased sexual risk.^{20,22–25} Evidence of diminished condom use among female adolescents who indicate that their boyfriends determine when sex occurs,²⁶ and blocking of birth control reported by pregnant and parenting teens,^{15,27} suggest that similar control dynamics may exist in adolescent IPV. Additional mechanisms potentially responsible for associations of IPV with adolescent pregnancy have yet to be articulated.

Young adult men who report partner abuse perpetration report having more offspring than men who do not report abuse.²⁰ Masculine gender ideologies, including ideas about fertility and male hypersexuality, have been associated with IPV perpetration and unprotected sex,^{28–33} and

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such ideologies may be linked to experiences of impregnation and fatherhood. However, the extent to which male partner behaviors and expectations about pregnancy may influence adolescent sexual risk in IPV remains unclear.

This qualitative study involves in-depth interviews with adolescent females with a history of IPV and examines the chronologies and contexts of pregnancy and sexual health outcomes. The current analysis identifies mechanisms for the association of IPV and pregnancy new to the adolescent health literature and specifically examines reports by females of male partner pregnancy-promoting behaviors.

METHODS

Sample

The study employed a purposive sampling strategy, recruiting 61 adolescent females, with known history of IPV, from confidential adolescent clinics, domestic violence agencies, schools, youth programs for pregnant/parenting teens, and homeless and at-risk youth, all located in low-income neighborhoods within a major metropolitan area. Interviews were conducted over 14 months (2004–2005). Clinic providers and mental health counselors, domestic violence advocates, social workers, and program directors referred females aged 14 to 20 years with a history of 1 or more abusive relationships to participate in the study. All young women referred to us agreed to participate. To ensure sufficient representation of those experiencing both IPV and pregnancy, approximately one third of the participants (17/61) were recruited via pregnant and parenting teen programs. Eight females were excluded for this analysis on IPV and sexual health: 2 had no history of sexual activity, 3 reported isolated experiences of sexual assault, 3 had experienced childhood abuse or other types of abuse outside of an intimate relationship (defined as someone they were “dating,” “going out with,” or “boyfriend”). Only interviews with sexually active females reporting a recurring pattern of some combination of physical, sexual, or emotional abuse at the hands of a male partner were included in this analysis ($N = 53$).

Procedure

Female research associates trained in interviewing adolescents regarding relationships, violence, and sexual health conducted the interviews in private spaces located at referring programs. Interviewers provided assurances of anonymity, answered questions regarding participation, and obtained informed consent immediately prior to each interview. Parental consent was waived for this study because all participants were receiving confidential services related to violence or reproductive health and were thus considered mature minors able to provide their own consent. To further protect participants, a Certificate of Confidentiality from the National Institutes of Health was obtained, and the meaning and limitations of this certificate were reviewed with participants as part of the consent process. The study protocol was approved by the Human

Subjects Research Committees of the Partners Health Care System, Harvard School of Public Health, and the Cambridge Health Alliance.

Using an open-ended narrative interview strategy, participants were asked to describe events related to dating and sexual relationships and experiences of violence or sexual assault within such relationships. Interviews included additional probes on topics related to peer groups, sexual decision making and negotiation, sexual health and pregnancy histories, attitudes and perceptions of IPV and sexual assault, family history, substance use, and experiences with the health care system. Interviews ranged from 60 to 90 minutes. Prior to the interview, participants completed a brief survey on demographics, health behaviors (eg, smoking, drug use, depressive symptoms, and disordered eating), and sexual health. A unique identifier linked participant interviews and survey data. After completion of the survey, participants were provided a list of local resources for mental health and violence-related services. Participants received a \$50 gift card as compensation for their time.

Data Analysis

Interviews were recorded and professionally transcribed verbatim. Each transcript was reviewed for accuracy against the recording and coded using Atlas.ti software (Scientific Software Development, Berlin, Germany).³⁴ Utilizing a content analysis approach,³⁵ the first 5 interviews were coded by the entire coding team (4 investigators), and a list of codes that focused on key areas of interest (ie, sexual decision making, violence, contraceptive use, and pregnancy) was generated. Of note, review of the transcripts from the first 5 interviews revealed that females tended to respond “no” to a question about forced sex, although they described experiences of coercive and forced sex; the interview schedule was adjusted to probe for coercive sexual experiences, including when they were “made to have sex when they didn’t want to” and additional probes to encourage descriptions of sexual behavior. All interviews were independently coded by 2 investigators, compared for agreement, and finalized. Additions of new codes or changes in code definitions were determined via consensus among the entire research team. Coding of interviews was ongoing while additional interviews were conducted. No new codes emerged after approximately 40 interviews (two thirds) were completed, suggesting content saturation was achieved. Final sample size was determined by content saturation as well as achieving a balanced sample of varied referral sources.

Patterns and concepts were retrieved regarding pregnancy intentions, contraception, and pregnancy outcomes within the context of female relationships characterized by IPV. The current analyses focus on codes related to male and female pregnancy intentions, pregnancy and other sexual health outcomes, forced sex, sexual decision making, condom nonuse, contraceptive practices, and birth control manipulation. Quantitative data collected via survey were analyzed to characterize the sample and complement qualitative findings.

RESULTS

Quantitative Findings

Sample Characteristics

In the overall sample, participants were aged 15 to 20 years, with the majority (75.5%) aged 16 to 18 years (see Table 1). Forty-four percent were referred by mental health counselors, 26% by adolescent clinic providers, 17% from youth program directors, and 13% by domestic violence advocates. Over a third of the participants (37.7%) were Latina, and another 20.8% were African American. More than three quarters of participants (77.4%) were born in the United States. All females reported feeling “completely heterosexual,” defined as “straight or attracted only to males.”

Pregnancy and Unwanted Sex

Key pregnancy-related outcomes gleaned from the interviews (and confirmed in the brief demographic survey) for the total sample (N = 53) are summarized in Table 2. Over half of the females interviewed (58.5%) had experienced pregnancy. Approximately one third of females (32.1%) reported having become pregnant in the context of an abusive relationship; 58.8% of those who became pregnant within an abusive relationship reported those pregnancies were unwanted. One quarter of this cohort (26.4%) had experienced unwanted sex with a dating partner in the past 12 months.

Characteristics of Relationships in Which Abusive Male Partners Explicitly Indicate Desire for Pregnancy

Of note, one quarter of participants (26.4%) reported that they perceived their male partners were actively trying to get them pregnant. This subset of 14 females was of similar age and ethnic distribution, with the majority US born (Table 1). Seven (50%) were referred by mental health counselors, 4 (29%) by adolescent providers, and 3 (21%) by IPV advocates. 71.4% reported ever being pregnant, and 35.7% had become pregnant with an abusive partner

Table 1. Demographic Characteristics of Study Sample

Demographics	Total Females Interviewed N = 53 (%)	Females Reporting Male Pregnancy Promoting Behaviors n = 14 (%)
Age		
15	5 (9.4)	1 (7.1)
16	11 (20.8)	3 (21.4)
17	13 (24.5)	2 (14.3)
18	16 (30.2)	6 (42.9)
19	3 (5.6)	1 (7.1)
20	5 (9.4)	1 (7.1)
Ethnicity		
Black/African American	11 (20.8)	4 (28.6)
Hispanic/Latina	20 (37.7)	4 (28.6)
White (non-Hispanic)	20 (37.7)	5 (35.7)
Asian/Pacific Islander	1 (1.9)	0
Multiple/other	1 (1.9)	1 (7.1)
Immigrant status		
US born	41 (77.4)	13 (92.9)
Non-US born	12 (22.6)	1 (7.1)

Table 2. Pregnancy and Unwanted Sex

	Total Females Interviewed N = 53 (%)	Females Reporting Male Pregnancy Promoting Behaviors n = 14 (%)
Ever pregnant	31 (58.5)	10 (71.4)
Pregnant with IPV* perpetrator	17 (32.1)	5 (35.7)
Unwanted pregnancy with IPV perpetrator	10 (18.9)	4 (28.6)
Unwanted sex with dating partner in past 12 mo	14 (26.4)	5 (35.7)

*IPV indicates intimate partner violence.

at least once (Table 2). These females described explicit statements (eg, “I want a baby”) or behaviors (eg, poking holes in condoms) by their partner as evidence of his pregnancy intention. Survey and interview data were used to characterize relationships in which abusive male partners wanted pregnancy, including age of female and male at start of relationship, relationship length, pregnancy history, and pregnancy prevention behaviors in the context of that relationship (Table 3). The subsample predominantly reported older male partners (median age difference between the female and her male partner was 4 years; range, 0–13 years) and longer-term relationships, by adolescent standards (median relationship length was 1 year; range, 0.3–3 years). Four of the 14 females reported hiding contraceptive use from the abusive male partner. Among the 5 females who became pregnant with abusive partners, 3 were pregnant at least twice; 1 reported 7 miscarriages with the same partner, whereas 2 reported pregnancies each with 2 different abusive partners. Two of the 5 who became pregnant reported desiring at least 1 of those pregnancies.

Qualitative Findings

Interview Data

From the interviews, we specifically examined themes related to reports by females of abusive male partner behaviors and statements regarding contraception and pregnancy. Examples included male partner birth control refusal and birth control sabotage, sometimes in the context of expressed desires regarding pregnancy. The 14 females who perceived that their partners were attempting to get them pregnant (Table 3) described a range of male behaviors and messages, including the male partner stating explicitly that he wanted her to become pregnant, getting angry if she asked him to use a condom, as well as examples of blocking her access to contraception. Participants had varied responses to these pregnancy-promoting behaviors, including some sharing the same desire to become pregnant (in one instance lying about being pregnant to keep a partner) and others hiding birth control from their partner.

Although many of the participants reported patterns of condom nonuse and had varied explanations for not using condoms, including never discussed, fear of asking, perceptions of trust, no condom available, and preferring intercourse without a condom, as well as inconsistent condom use and condom failure, this analysis focuses specifically

Table 3. Characteristics of Female Relationships Reporting Male Abusive Partner Pregnancy-Promoting Behavior (n = 14)

Client	Client Age*	Male Age†	Age Differential	Relationship Length, y	No. of Total Pregnancies	No. of Pregnancies Perpetrated‡	Contraceptive Use§
1	15	17	2	1.5	1	0	N
2	15	19	4	2	0	0	Y, a
3	14	14	0	2	0	0	Y, b
4	14 (1st)	16	2	1	2	1	N, x
	16 (2nd)	22	6	1	1	1	Y, c
5	14 (1st)	14	0	0.5	2	1	Y, b, x
	15 (2nd)	23	8	3	1	1	N
6	16	18	2	1	3	0	Y, d
7	18	23	5	0.3	1	1	N, x
8	13	15	2	2	1	0	Y, a
9	16	18	2	1	1	1	N
10	15	19	4	1	0	0	N
11	15	28	13	2	1	0	Y, d
12	14	18	4	1	1	0	N
	14 (1st)	18	4	1	7	0	N, b
13	15 (2nd)	19	4	2	7	7	N, b, y
	17	22	5	0.5	0	0	N, b
Median	15	18	4	1			
Mean (SD)	15.1 (1.2)	19 (3.7)	3.9 (3.1)	1.3 (0.7)			

*Age of female at start of abusive relationship.

†Age of male abusive partner at start of relationship.

‡With abusive male partner.

§N indicates no; Y indicates yes; a indicates hides oral contraceptive; b indicates occasional condom use; c indicates oral contraceptive flushed down toilet; d indicates hides Depo Provera injection; x indicates abortion; and y indicates miscarriage.

on situations in which females perceived male partner behavior as active attempts to impede condom or contraceptive use in an effort to get the female pregnant.

Condom Refusal in Setting of Perceived Pregnancy Intention of Male Partner

Ten participants reported that condom nonuse was due to active attempts of the male partner to get her pregnant:

“He [used condoms] when we first started, and then he would fight with me over it, and he would just stop [using condoms] completely, and didn’t care. He got me pregnant on purpose, and then he wanted me to get an abortion” —A 16-year-old female with a physically and verbally abusive partner who was 6 years older; she left the relationship and continued the pregnancy.

“I did have some condoms and he threw them away ... He said I didn’t need them He never used a condom. I would have sex with him one to three times a day; he would never use a condom ... He said he did want a kid I did lie to him and told him I was pregnant twice.” —An 18-year-old female, never pregnant, in a physically and verbally abusive relationship with a male partner with whom she was living because her father wanted her out of the house. She made multiple trips to the clinic for pregnancy testing, and she lied about being pregnant because she wanted him to be “happy.”

Condom Manipulation Associated With Pregnancy Intention

Five subjects described inconsistent condom use with intercourse, including their partner removing the condom

during intercourse as well as examples of condom failure. Participants reported condom manipulation by their male partner (eg, “poking holes in condoms”), which they attributed to their partner’s intention to make them conceive:

“Like the first couple of times, the condom seems to break every time. You know what I mean, and it was just kind of funny, like, the first six times the condom broke. Six condoms, that’s kind of rare. I could understand one but six times, and then after that when I got on the birth control, he was just like always saying, like you should have my baby, you should have my daughter, you should have my kid.” —A 17-year-old female who was parenting a baby from a previous relationship. This abusive relationship started shortly after breaking up with the son’s father, who was cheating. She went to a teen clinic and started Depo-Provera injections without his knowledge.

Birth Control Sabotage

Explicit blocking of contraceptive use, including the following example of actively disposing of contraceptive pills, was reported by 3 females:

“I was on the birth control, and I was still taking it, and he ended up getting mad and flushing it down the toilet, so I ended up getting pregnant. I found out that [before this] he talked to my friends and he told them that we were starting a family. I didn’t know that. I didn’t want to start a family. I wanted to finish school.” —A 17-year-old female, who at the time moved out of state with the male partner to her father’s home, and the violence escalated. She left the relationship and did not tell him of the pregnancy she chose to continue.

Hiding Birth Control From Male Partner

As noted in the aforementioned paragraph in the quote about not telling her partner about receiving Depo-Provera injections, 4 of the subjects described attempts to conceal contraceptive use from abusive male partners who wanted them to become pregnant:

“We use to come here [teen clinic] so many times to see if I was pregnant, and I was never pregnant so I started using it without him knowing it, for like a month. It was the pill, and then it didn't work out, 'cause I forgot too much. And then I would still have to hide them from him and my mother, and it was just hard.”—A 13-year-old female in a physically and verbally abusive relationship, with a male partner 2 years older, describes how they both wanted to have a baby early on in the relationship. With condom nonuse throughout relationship, she started taking oral contraceptives after she recognized that she could not have a baby with him given the ongoing abuse.

DISCUSSION

The purpose of this qualitative analysis was to explore reports by adolescent females of male abusive partner pregnancy-promoting behaviors (ie, messages and behaviors that led females to believe their partner was actively trying to impregnate them) as a potential mechanism underlying associations between adolescent IPV and pregnancy. Birth control sabotage and control over reproductive choices have been described in literature on pregnant parenting teens.^{15,27} The present study extends these findings to adolescent females who have not necessarily experienced pregnancy, yet are at significant risk for poor reproductive health outcomes. Multiple respondents in this study described how their abusive male partners refused or impeded condom use, sabotaged birth control, and used force to create pregnancy when the young women themselves may not have desired pregnancy. Participants revealed efforts to hide contraceptive use from their partners. Such explicit male partner pregnancy promotion in the context of abusive relationships has not been described previously in the adolescent literature.

Male condom refusal in abusive relationships is documented in the adult literature and may not necessarily indicate pregnancy intention.^{21–23,25,36,37} Birth control sabotage and behaviors related to reproductive control have also been described in adult IPV relationships.^{22,23} The interviews in this study highlight abusive male partner condom refusal and manipulation with the goal of impregnating younger partners who may or may not wish to become pregnant. Considering unique aspects of adolescent development, the power differential based on age and social status of a male partner where the female is significantly younger (median age difference was 4 years for this cohort) may have profound implications for perceived and actual reproductive choices for young women. Such factors may also lead to fewer adolescents reporting such reproductive control as abusive, forced, or coercive.

Adolescent female participants displayed a range of responses to the perceived and stated male partner pregnancy desires, including hiding contraception from their partners, actively trying to get pregnant to keep the partner happy, and being ambivalent about becoming pregnant. As discussed, age and unequal power based on history of IPV from that male partner may have notable effects on a young woman's ability to negotiate pressure to become pregnant and to respond to an unwanted pregnancy. The ways in which pregnancy-promoting behaviors of the male partner, particularly in an abusive relationship, might influence the reproductive and sexual practices of the adolescent female requires further examination, as this has implications for pregnancy prevention efforts.

Limitations of this study are primarily small sample size and recruitment of participants seeking care from low-income urban communities, which prevent generalization to all adolescent females. However, content saturation was reached after coding about two thirds of the interviews, suggesting that the sample size was sufficiently large to capture a range of sexual and IPV experiences that may be generalized to adolescent females experiencing IPV in other communities. This study also employed a purposive sampling strategy—recruiting females receiving treatment who were identified by providers as having a history of IPV—to conduct a detailed study of IPV experiences. This cohort may have experienced more severe abuse, and thus were more likely to be identified, or may have had additional factors making them more likely to seek care (eg, a trusting relationship with a health care provider, recognition of abusive behaviors as wrong) as compared with adolescents experiencing IPV who have not been identified. In addition to size and sampling challenges, the study relies solely on self-report by adolescent females and their perceptions of partner behaviors related to pregnancy promotion; such reliance on self-report subject these findings to potential recall biases and female interpretations of male behavior. Further study with male perpetrators of adolescent IPV is needed to confirm these findings. The use of birth control sabotage and related practices in which the male partner actively seeks to impregnate an adolescent female partner against her wishes still remain to be explored in population-based samples to determine whether such behaviors are more common among male IPV perpetrators. Examination limited only to those seeking services or to those otherwise identified as victims of IPV cannot provide a complete or adequate depiction of how violence and coercion in intimate relationships affects adolescent reproductive choices and outcomes.

Despite study limitations, the current research documents specific efforts by some abusive males to force pregnancy on adolescent female partners. The study also documents responses of young women to such behaviors, including ambivalence, continuation of pregnancy, and hiding contraceptive use. These qualitative findings may have implications for clinical practice, in particular the recognition that male pregnancy-promoting behaviors may be a component of adolescent IPV and that contraceptive nonuse in an adolescent female may indicate an abusive

relationship. Specifically, adolescent patients who are inconsistently using contraceptives, requesting frequent emergency contraception, or seeking repeat pregnancy testing may need to be asked directly about abuse, as well as their own pregnancy intentions and those of their partner. In addition, this study underscores the need to incorporate specific discussions about IPV into pregnancy prevention education. Additionally, although adolescent health research in the last decade has focused increasingly on perceptions of young men and their experiences with pregnancy,^{38–40} development and evaluation of programs to address male pregnancy intentions are needed.

Although the current study findings offer insight into why rates of adolescent pregnancy may be greater for females with a history of IPV, many unanswered questions remain about the motivations and social contexts that may encourage men to use pregnancy as a mechanism of control in a relationship. Research with young male perpetrators of IPV may be particularly useful in answering these questions. Both qualitative and survey-based studies describe the complexity of social context and relationship dynamics, peer expectations, awareness of young men and their subjective experiences with pregnancy, and their procreative potential.^{31,38,39,41–44} These studies, however, have not focused on condom refusal, birth control sabotage, and pregnancy intentions in the context of abusive relationships. Further detailed exploration of these topics, both with young men and women, is necessary to help develop meaningful interventions targeting those young men most at risk for perpetration of IPV and to better assist young women experiencing such violence.

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Young Children's Exposure to Intimate Partner Violence: Towards a Developmental Risk and Resilience Framework for Research and Intervention

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Abstract This article employs a developmental risk and resilience framework to examine the impact of exposure to intimate partner violence on young children, particularly those facing economic hardship. In doing so, it reviews and weaves together two separate literatures, one on emotional and behavioral development in high-risk settings and the other on children exposed to adult domestic violence. The article ends by pointing to the need for further research and the promise that early interventions hold for helping children who are exposed to intimate partner violence and living in poverty.

Keywords Young children · Intimate partner violence · Developmental tasks · Risk factors · Resilience

According to a developmental psychopathology perspective (Rutter & Sroufe, 2000; Cicchetti & Cohen, 1995), a child's adaptive functioning results from a complex interplay among individual physical and mental capacities, developmental stage, and external factors in the social and physical environment (e.g., caregiver, family, community). This perspective views the relationship between antecedent risk experiences as moderated by an array of factors across multiple levels of

a person's environment. Hence, exposure to intimate partner violence can variably affect a child's development depending on other individual and environmental influences.

Research over several decades has informed us about the impact of children's exposure to risks and protective experiences (Masten, 2001; Rutter, 1987; Rolf et al., 1990.) Risk factors are variables that are associated with an increased likelihood of poor physical, emotional and behavioral outcomes. Examples of risk factors for children include premature birth, conduct problems, parental mental illness or substance abuse, physical abuse, exposure to violence, homelessness and poverty. Most researchers agree that risks of a chronic, rather than an acute nature, are most likely to have damaging long-term effects (Garmezy & Masten, 1994). For example, the effects of a disadvantaged environment – poverty, racism, crime, and instability - are likely to create ripples of disadvantage throughout a child's life. These risk factors often co-occur in time, hence what may seem to be the result of a single risk factor (e.g., poverty) may in fact be the result of other correlated but unmeasured adversities (e.g., inadequate community resources, exposure to violence, dangerous neighborhoods). Exposure to intimate partner violence may frequently co-occur with other risk factors such as poverty and its sequelae. It also co-occurs with other types of violence such as child maltreatment (sexual, physical or psychological abuse or neglect) and violence occurring in the neighborhood, school or community (Edleson, 1999a; Rudo, Powell, & Dunlap, 1998). This makes the unique effects of exposure to intimate partner violence hard to separate from those of other risks in a child's life.

Protective factors, on the other hand, are those variables that buffer children from adversity. Research on protective factors originated with longitudinal studies of high-risk youth who, despite the odds, matured and adapted successfully (Werner & Smith, 1989, 1992; Garmezy & Masten,

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1994). Examples of protective factors include individual factors, such as positive temperament, the child's intellectual capacity, and social competence; family or interpersonal factors such as secure attachments to caregivers, caring adults and strong relationships with others, and cultural, ethnic or community factors such as living in a supportive, safe, close-knit community.

Risk factors act both directly and indirectly to render children vulnerable to poor developmental outcomes (Rutter, 1987; Luthar, 1993), and the relationship between risk factors and outcome may be affected by specific aspects of the child's environment. Similarly, protective factors may act directly to protect children from poor outcomes; they may also affect the impact that violence exposure has on a child's functioning. For example, since intimate partner violence occurs in the home, factors such as parenting, the home environment, and social support, will influence how exposure to intimate partner violence affects young children. (There is increasing evidence of the direct influence of shared genetic factors on poor outcome in high-risk environments (see, for example, Caspi et al., 2002) but a discussion of such factors is beyond the scope of this paper.)

Research on risk, resilience and protective factors can offer a framework for answering questions about the potential negative effects of intimate partner violence on child functioning and how children might be protected from them. Longitudinal studies of risk and resilience among high-risk children have revealed factors that enable children to overcome chronic adversity (e.g., Werner & Smith, 1992; Garmezy & Masten, 1994; Block & Block, 1980; Radke-Yarrow & Sherman, 1990). Due to the paucity of data from longitudinal studies that look at exposure to adult domestic violence, the specific protective factors for these children are not yet known. A developmental risk and resilience perspective may, however, provide a framework to guide efforts to understand protective processes in the development of children exposed to domestic violence.

This paper examines the impact on young children of exposure to intimate partner violence through a developmental lens focusing on risk and resilience. We review the major developmental tasks of early childhood and draw on existing literature on the effects of exposure to intimate partner violence on young children's development in order to chart the potential effects of intimate partner violence over the course of development in early childhood. In doing so, we bring together two separate literatures that have largely developed in isolation from one another, one on development in high-risk settings and the other on children exposed to adult domestic violence. This paper employs the integrative framework of a developmental risk and resilience perspective to weave these literatures together and suggest where additional research is needed. The paper ends by pointing to the promise that early interventions hold for helping children

who are living in poverty and exposed to intimate partner violence.

Methodological and conceptual issues

There is some confusion and lack of clarity within the literature around definitions of children's exposure to intimate partner violence (see Jouriles et al., 2001 for a discussion of this issue). Past research studies have been beset with methodological problems, including lack of clear definition of risk among sample populations (i.e. accurate and specific measures of witnessing vs. direct abuse, severity and chronicity of violence, exposure to other types of violence); lack of comparison groups and small sample sizes. This is in part due to the complexity of defining this population (e.g., distinguishing between direct victimization of children versus their witnessing of domestic violence) and to the ethical and methodological difficulties inherent in empirical research with abusers, victims and exposed children. Here, we attempt to distinguish between direct abuse of children and their witnessing of intimate partner/adult domestic violence, while using the term 'exposed' to describe children who witness the violence and who may also be directly abused.

Developmental tasks in early childhood

Every child, whether exposed to violence or not, must negotiate a series of milestones in order to achieve healthy development (e.g., Cicchetti & Cohen, 1995). Although many aspects of child behavior and parenting differ around the world, milestones are remarkably similar across different cultures and societies (e.g., van Ijzendoorn & Kroonenberg, 1988; McCabe et al., 2000). As there are many key milestones for children from birth to five years of age, we select those we think most relevant to understanding the impact of domestic violence exposure: (1) the development of a secure attachment relationship with a caregiver (usually the mother), (2) the beginning development of a self-regulatory system that enables a child to exercise control over emotions and behaviors (Sroufe, 2000), and (3) social and peer relationship skills that ready a child for entry to school (Oden, 1987).

Attachment

Decades of research on attachment—the bonds of love between child and parents—have revealed the importance of a secure attachment relationship with a primary caregiver, usually the child's mother, for later healthy functioning (e.g., Bowlby, 1969, 1973, 1980; Cassidy & Shaver, 1999; Carlson & Sroufe, 1995). Attachment status reflects the balance

between exploratory and caregiver-seeking behaviors observed in response to periods of separation and reunion between child and caregiver (see Ainsworth et al., 1978). Research with normative populations has demonstrated that between 50% and 70% of 12 to 18-month olds are securely attached (Campos et al., 1983). The attachment behavior of infants who are not securely attached can generally be classified into one of three categories of insecure attachment: anxious-avoidant, anxious-resistant, and disorganized (acting in an odd and inconsistent manner). Estimates of secure attachment among high-risk samples (i.e. those exposed to several risk factors such as poverty, violence and/or abuse) vary, but are generally significantly lower than those found in the general population. In particular, maltreated children evidence disproportionately higher rates of disorganized attachment. For example, Egeland and Sroufe (1981) found fewer than 40% young children in a maltreatment sample to be securely attached, and Cicchetti and Tucker (1994) found only 20% of young children in a maltreatment sample to be securely attached. The development of secure attachments is a key task of the infant, toddler and preschool periods, and insecure attachment is a risk factor for later emotional and behavioral problems (Egeland & Erickson, 1993).

How might intimate partner violence exposure uniquely affect young children? Very little research has investigated attachment among infants and young children exposed to domestic violence, or the impact of such violence on attachment relationships. However, initial research has suggested that domestic violence might jeopardize the development or maintenance of such attachments (Zeanah et al., 1999). For example, a study of one hundred high-risk mother-infant dyads found that when fathers were physically violent with mothers, infants were more likely to be insecurely attached to their mothers (Sims et al., cited in Belsky, 1999).

Young children, because of their dependence, are particularly vulnerable to threats aimed at their mother, particularly when the source of those threats is another caregiver: father or boyfriend. Earlier research with children exposed to community violence demonstrated that children's responses in times of threat may be mediated by the responses of their caregivers (e.g., Richters & Martinez, 1993). In particular, the level of stress experienced by the primary caregiver may be significantly associated with the level of stress exhibited by the young child, although recent reviews of the research on battered mothers reveal a less than clear relationship between mother's stress and that of the child (see Edleson, Mbilinyi, & Shetty, 2003).

Research with young children and their mothers has demonstrated that early intervention can be successful in promoting healthy attachment relationships (Egeland et al., 2000). In particular, focusing on promoting healthy relationships and sensitive and responsive parenting, combined with concrete support to help vulnerable mothers access needed

services and develop strong social support networks have been shown to be effective in increasing relationship functioning and mothers' enjoyment of their children. Programs focused on working with mother-infant/young child dyads who face multiple risk factors, such as poverty, teen parenting, and exposure to violence, have been validated with families from different cultures (Egeland & Erickson, 1993).

Further research is needed not only to look at the effects of exposure to violence on mother-infant attachment, but also the direct and indirect effects of abusive men and fathers on the development of infant-mother attachment relationships. In so far as the behavior of the abusive male disrupts the child and mother's sense of safety and security, and creates fright in addition to physical injury, the abuser may play a key role in the disruption of an attachment relationship. Disruptions to attachment relationships among children exposed to intimate partner violence may not, however, only occur as a result of the violence, but may also be the result of multiple stressors in a child's environment (such as poverty, homelessness and separation from a caregiver). Longitudinal studies (e.g., Egeland & Sroufe, 1981; Egeland, Carlson, & Sroufe, 1993) have shown that attachment status can change over time, with changes in environment. Some studies following battered women and their children (Wolfe, Zak, Wilson, & Jaffe, 1986; Holden et al., 1998) have documented improved parent-child relationships and/or child adjustment following cessation of intimate partner violence and increased stability of living conditions. Walker (1984) interviewed battered women who reported using less violence with their children, the further away they were from being victims of violence themselves. It is possible, that, in a parallel manner, attachment relationships between mothers and children may show improvement as a result of the cessation of the abuse.

The development of a secure attachment relationship in infancy provides a solid foundation for the development of self-regulation in early childhood: when a caregiver meets and responds to her infant's needs, the secure child develops internal regulation.

Self-regulation

As a toddler enters her second and third years, a key set of challenges includes learning to modulate affective, behavioral and cognitive displays through internal control (e.g., Cicchetti & Tucker, 1994). The development of self-regulation across various domains of functioning is influenced by multiple factors—genetic and environmental—such as a child's temperament and experiences. A child is both influenced by, and influences his or her experiences, resulting in further modification of internal systems such as self-regulation (Cicchetti & Tucker, 1994). The development of self-regulation is a prerequisite to the development of social skills that allow individuals to

successfully negotiate complex social situations and to develop reciprocity and empathy, i.e. connections with others. For example, the development of attentional skills enables a child to focus on tasks and peer situations and to persist at challenges, while impaired self-regulation has been associated with conduct and behavior problems (Masten & Coatsworth, 1998). These problems are particularly detrimental during the preschool to school-aged years, when adherence to rules and prosocial behavior is emphasized.

While there is no research on this topic related to intimate partner violence exposure, it may be that exposure to physical violence by a father or boyfriend of the child's mother provides a model of behavior that lacks regulation of negative emotions. In the subset of children who also experience direct abuse at the hands of a caregiver, this modeled lack of regulation may be even more apparent.¹

While exposure to risk factors can negatively affect the development of self-regulation, early efforts that successfully target the self-regulatory system may have lasting protective effects. Examples of such efforts include enriched childcare and preschool programs with curricula that focus on successful regulation of anger and negative emotions in young children as a precursor to the development of social and conflict resolution skills. In addition, home-based programs that enhance parenting skills offer techniques for modeling self-regulation by working with parents and children simultaneously.

The development of social and peer competence

As infants become toddlers and preschoolers, awareness of the outside world increases, coupled with the development of more sophisticated communication skills (Bloom, 1991). Key tasks that help prepare the young child for kindergarten include: the development of language and communication skills that ready a child for entry into a group situation, the negotiation of social situations, including conflict situations, and adherence to rule-governed social behavior. Social competence is a key task of the preschool to school-aged period, and high social competence has been associated with better behavioral control and increased sociability and agreeability (Rothbart & Bates, 1998).

Socialization (learning the values, language, and behaviors needed to function in society) and the development of social competence, begin in infancy, when babies learn that their social reactions (gaze, smiles, sounds) are responded

to by caregivers via a process of “reciprocal matching” (e.g., Oden, 1987). As children grow, parents, peers and extended kin support socialization. Peer contexts are one of the primary sources of social (as well as cognitive) development, especially for the development of empathy and role-taking (Piaget, 1932). Social development may be hampered by societal factors such as poverty and social isolation (in the context of domestic violence, for instance) that may leave young children with fewer opportunities for interaction (Oden, 1987). On the other hand, offering parents an opportunity to develop support networks, and those networks that offer children increased opportunities for socialization can be beneficial to social development.

There is little research on the social and peer development of young children exposed to domestic violence. Some studies have indicated that exposed children demonstrate lower social competence than do other children (e.g., Fantuzzo et al., 1991). Rossman (2001) suggests that young children exposed to violence may try to protect themselves more than other children by decreasing the attention they give to new information, becoming highly vigilant and possibly distorting information when it contains socially aggressive content.

Evidence from research with maltreated children (Dodge et al., 1995) and children exposed to community violence (Schwartz & Proctor, 2000) does suggest a hypervigilant processing pattern. Among maltreated children, repeated victimization by parents may alter children's representations of relationships in a way that makes them hypervigilant to signs of threat in other social contexts (Dodge et al., 1995). This hypervigilant processing pattern, though adaptive in actual threat situations, might serve to fuel aggressive and hostile reactions in peer interactions, leading to negative feedback from peers that in turn serves to reinforce and nurture aggressive dispositions (Dodge, Pettit, Bates, & Valente, 1995). Yet there is no empirical evidence that such processes occur in children exposed to domestic violence.

Hence, the development of secure attachments, self-regulation and social competence might be disrupted in the context of ongoing domestic violence, negatively influencing the way in which a child negotiates interpersonal relationships and the common tasks of childhood. The intensity and chronicity of exposure to domestic violence, other risk and vulnerability factors (such as poverty, or genetic vulnerabilities) and the influence of protective processes (e.g., social support, and the extent to which mothers are able to buffer young children from exposure to violence) are key variables that might affect the relationship between children's exposure to violence and poor developmental outcomes. Efforts to enhance a battered mother's social support network, those providing direct opportunities for children to spend time in positive social contexts, and those focused on encouraging secure attachments all represent opportunities for enhancing

¹ This is not to imply that modeled behavior is the only, or even the most salient influence on the child's behavior. Indeed, there is increasing evidence that shared genes may account for (in this example) self-regulatory deficits in both parent and child. Modern behavior genetics research has shown that many assumed ‘environmental’ measures (such as social support, parenting, or stress) may, in fact, be influenced substantially by genes (Plomin, 1994, 2004).

the positive development of young children exposed to intimate partner violence and other risk factors such as poverty.

The risk of violence in young children's lives

Violence in children's lives occurs within the context of the developmental tasks they must negotiate, as described above. Experiences of violent events vary greatly by child and include multiple risks as described below.

The risk of maltreatment and domestic violence exposure

Early childhood has been identified as a point of great risk for some children. According to the Children's Bureau, children ages 0 to 3 years are the most frequent victims of reported child maltreatment, with 13.9 reported maltreated per 1,000 children (Children's Bureau, 1999). The Bureau also notes that maltreatment—sexual, physical or psychological abuse or neglect - decreases as age increases. In a study of childhood homicides, Finkelhor and Ormrod (2001) noted that most young children who are victims of homicide are murdered at home, through beatings or suffocation. In contrast, older groups of children and youth die increasingly at the hands of peers.

A number of reviews currently exist on the co-occurrence of documented child maltreatment and adult domestic violence. Over 30 studies of the link between these two forms of violence show a 41% median co-occurrence of child maltreatment and adult domestic violence in families studied (Appel & Holden, 1998) with a wide range of findings depending on the samples examined (Edleson, 1999a). Children are not only direct victims of assault; but they are also frequently present when adult domestic violence is committed. In a recent study, Edleson, Mbilinyi, Beeman, & Hagemester (2003) found that 45% of the 111 mothers they anonymously interviewed reported their children came into the room where abuse was occurring at least *occasionally*, while 18% reported that their children *frequently* came into the room and 23% reported their children *never* came into the room.

At least one study has looked at age differences among children's exposure to intimate partner violence and found that younger children are more likely to be exposed than others. Fantuzzo and colleagues (Fantuzzo et al., 1997) re-analyzed data from the National Institute of Justice's Spouse Assault Replication Program (SARP). Examining data on police and victim reports of domestic assault incidents in five cities, they found that in all five cities studied, children ages zero to five years were significantly more likely to be present during single and recurring incidents of intimate partner violence.

Children's responses during violent events

The fact that child maltreatment and adult domestic violence co-occur and that children are present during assaults on a parent is more clearly established than what children do when confronted with these stressors. Their responses have been shown to vary from becoming actively involved in the conflict, to distracting themselves and their parents or distancing themselves (Margolin, 1998). Their responses also appear to vary both by gender and age. For example, Garcia et al. (1997) studied 110 families and found that parents whose conflict was often characterized by physical violence as compared with other parents, reported that their boys (though not girls) were significantly more likely to respond to conflict by leaving the room or appearing sad or frightened.

Children of different ages show some variation in their responses to violent conflict at home. In one of the earliest studies on this subject, Cummings et al. (1981) examined mothers' reports of the responses of 24 children between the ages of one and two and a half years. They found that even children this young responded to angry conflict that included physical attacks with negative emotions such as crying and efforts to become actively involved in the conflicts. In a later study, Cummings et al. (1989) found that as children aged, they showed increasing evidence of a variety of responses. Forty-eight children between the ages of two and six were studied and, as they got older, they increasingly observed the conflict, expressed concern, sought social support, and intervened to protect or comfort their mothers. This effect was greater among children whose parents were engaged in physical conflict when compared to others and among boys when compared to girls.

The impact of intimate partner violence exposure

The past few decades have seen a significant increase in research on the impact of children's exposure to many different forms of violence and family conflict. These studies include exposure to media based violence (Griffiths, 1999; Paik & Comstock, 1994), school and community violence (Horn & Trickett, 1998), and non-violent marital conflict (Emery, 1982; Grych & Fincham, 1990). It is clear from this research that children are exposed to and affected by a wide range of violence and conflict in their social environments, from multiple murders on television or in video games to fights in schools, on the street, or in their homes.

Almost one hundred published studies report associations between exposure to intimate partner violence and current child problems or later adult problems. Only about one third of these studies have separated exposed children from those who were also direct victims of abuse, allowing one

to determine the unique impact on children of exposure separate from direct abuse. Few have examined how exposure differentially affects children of various ages.

A number of authors have produced partial reviews of this growing body of literature and its limitations (see Edleson, 1999b; Fantuzzo & Mohr, 1999; Holtzworth-Munroe et al., 1997; Margolin, 1998; Peled & Davis, 1995; Rossman, 2001). Recent meta-analyses have demonstrated significant associations between exposure to intimate partner violence and child behavior and emotional problems (Wolfe et al., 2003; Kitzmann et al., 2003), comparing child witnesses with non-witnesses and children from verbally aggressive homes. However, some studies reveal little or no differences between sizable groups of children exposed to adult domestic violence and their non-exposed peers in areas of social, emotional and behavioral functioning (Grych et al., 2000; Hughes & Luke, 1998; Sullivan et al., 2000a).

Children exposed to violence, on average, exhibit more aggressive and antisocial behaviors (“externalizing” behaviors) as well as fearful and inhibited behaviors (“internalizing” behaviors) when compared to non-exposed children (Fantuzzo et al., 1991; Holden et al., 1998; Hughes, 1988; Hughes et al., 1989). Exposed children also were found to show higher average anxiety, depression, trauma symptoms, and temperament problems than children who were not exposed to violence at home (Hughes, 1988; Maker et al., 1998; Sternberg et al., 1993).

Given the different tasks that each developmental stage requires, it would seem that intimate partner violence would differentially impact children at different ages. As noted earlier, few studies have examined the impact of violence on functioning in a developmental context. One study did find that younger children exhibited significantly greater problems than older children. Hughes (1988) compared children who were exposed to domestic violence ($n = 40$), both exposed and abused themselves ($n = 55$), and a comparison group that was neither exposed nor abused ($n = 83$). The ages of the children ranged from 3 to 12 years. Hughes analyzed data for groups of children who were young (3–5 years), middle age (6–8 years) and older (9–12 years). She found significant differences in child problems based on the age of the child. Between groups, she found that the youngest children who were both exposed to domestic violence and also victims of abuse showed significantly more problems than younger children in the other two groups. Within the abused and exposed group, preschool children also showed significantly more problems than either early elementary age or older children in the same group. Hinchey and Gavelek (1982) found preschoolers of battered women to be less empathic than children not exposed to violence. Graham-Bermann and Levendosky (1998) found preschoolers exposed to intimate partner violence to be more likely to express negative affect, to call other children names

or insult them, and to bite, hit or slap their peers during play interactions.

In general, research has demonstrated that exposure to intimate partner violence may represent a significant risk factor for the healthy development of young children. Although cross-sectional studies of the kinds described above are valuable in demonstrating associations with different aspects of functioning and in documenting the ways in which children are affected by intimate partner violence in the short-term, they tell us little about the impact on development over the longer-term. Longitudinal studies of other at-risk populations have illustrated the ways in which various types of risk factors may adversely affect children’s developmental trajectories, and the ways in which protective factors serve to help children get ‘back on track’ despite exposure to risks. In one of the few longitudinal studies that incorporated child exposure to adult domestic violence as a variable, Yates et al. (2003) found that (controlling for abuse, life stress, socioeconomic status, and cognitive ability) witnessing domestic violence in the preschool years was related to behavior problems at age 16 for both sexes, and for boys, middle childhood exposure was related to contemporaneous behavior problems. This study looked at data from a prospective, longitudinal study of high-risk families, and lacked specific measures of domestic violence; instead utilizing spontaneous reports of violence and general interview questions to ascertain the presence of intimate partner violence in the children’s lives. There is a significant need for prospective longitudinal studies incorporating standard, comprehensive measures of intimate partner violence and looking primarily at the developmental sequelae of exposure to domestic violence in childhood.

The effects of adversity on development

One of the findings from existing longitudinal studies of children is that adversity may accumulate over time. In the subsections below, we examine some of the findings on cumulative risk, and how these might relate to the literature on intimate partner violence exposure.

Studies of cumulative risk

There is a significant body of longitudinal research indicating how exposure to multiple risk factors—particularly poverty—is harmful to children’s development. For example, Rutter (1985, 1987) identified six familial variables that proved to be significantly associated with poor adaptive outcomes in children. These included severe marital discord, low socio-economic levels, overcrowding or large family size, paternal antisocial disorder, maternal psychopathology, and removal of the child from the home. The presence of two

risk factors increased the probability of problems fourfold, and those children with four or more risk factors showed a 21% chance of exhibiting diagnosed disorders, as opposed to 6% in children experiencing two or three. Sameroff and Seifer (1990) studied the effects of cumulative risk on children of schizophrenic mothers. Each of the 10 familial factors studied was estimated to cost the child the equivalent of four IQ points at age four, compared to the development of other children. The cumulative risk factors were associated with fewer competencies necessary for success later in life. Follow-up at age 13 indicated significant associations between chronicity of exposure and amount of risk factors, and decrements in child's cognitive and social-emotional development. Similarly, Masten and Sesma (1999) found that as the number of risk factors present in a homeless child's life increased, the level of negative outcomes (i.e., problem behaviors and hunger) increased accordingly.

Cumulative risk in the context of domestic violence

A number of factors have been found to be associated with the degree to which a child is affected by violence exposure. For example, whether or not a child is also a direct victim of abuse seems to be associated with the degree of harm experienced. Hughes et al. (1989) found that children who were both abused and exposed exhibited the most severe problem behaviors, a witness-only group showed moderate problem symptoms and a comparison, no-exposure group the least. This same pattern appears in a series of other comparison group and correlational studies (see Carlson, 1991; Hughes, 1988; O'Keefe, 1994; and Sternberg et al., 1993). Children seem to agree; for example, in one study the children indicated that being abused or both abused and exposed had a greater negative impact based on their self-ratings of problems than experiencing adult intimate partner violence alone (McClosky et al., 1995).

Gender appears to be another factor that affects the types of problems experienced. In general, boys have been shown to exhibit more frequent problems, especially those categorized as externally oriented, such as hostility and aggression, while girls generally show evidence of more internally oriented problems, such as depression and somatic complaints (Carlson, 1991; Stagg et al., 1989). There are also findings that dissent from this general trend by showing that girls, especially as they get older, may also exhibit aggressive behaviors (for example, Spaccarelli et al., 1994).

Other risk factors that detrimentally affect children are often closely associated with exposure to intimate partner violence and poverty. These may include shelter placement, school disruptions, or separation from extended kin. For example, in their study of homeless children, Masten and Sesma (1999) found that 40% of mothers revealed domestic violence to be a major cause of their homelessness. In gen-

eral, among these children, exposure to further risk factors such as domestic violence in addition to homelessness was associated with poorer functioning on school-based cognitive tasks.

Finally, a number of authors have discussed the mother-child relationship and parental functioning as key factors that may mediate or moderate the impact of violence on children's functioning. Some have conjectured that a mother's poor mental health would negatively affect a child's experience of violence but the data are conflicting. Levendosky and Graham-Bermann (1998) found that the children of mothers exhibiting stress showed more problem behaviors themselves. Holden and Ritchie (1991) also found that as maternal stress increased so did children's problems. On the other hand, McClosky et al. (1995) found that a mother's poor mental health did not affect her child's response to violence in the home.

One apparent problem in the few studies that have examined parent-child relationship factors is an over-reliance on measures of the mother-child relationship while little data exist about father-child relationships in these families (Sternberg, 1997). In one of the few studies on father-child relationships and domestic violence, Sullivan et al. (2000a) found that the relationship of an abusive male to the child directly affected the child's well-being, without being additionally affected by the mother's level of mental health. In particular, step-fathers in their sample seemed to be more emotionally abusive to the children and their children feared them more when compared to biological fathers and unrelated male partners in the home.

The research on cumulative risk factors affecting children exposed to intimate partner violence remains inconclusive. More research is needed aimed at understanding the specific effects of exposure to violence on young children, how violence-related risk factors interact with each other, and how they affect a child's development over time.

Resilience

In the face of significant adversity and cumulative risk, some children develop successfully, performing at least as well as their low risk peers across a variety of domains (Garmezy, 1974; Werner & Smith, 1992; Garmezy & Masten, 1994). These children have been labeled competent, resilient, and even invulnerable (Anthony & Kohler, 1987). What factors enable such children to overcome adversity? Masten (2001) has used the term 'ordinary magic' to describe competence in the face of adversity, suggesting that resilience among high-risk children is not as rare as once thought. Studies (e.g., Werner & Smith, 1992; Garmezy & Masten, 1994) have elicited several core characteristics of resilient children and their environments, among them competent parenting,

intellectual resources, social competence, and easy temperament.

Resilience is increasingly described as a pattern (Masten, 2001), a dynamic developmental process (Egeland et al., 1993) or a developmental progression in which new strengths and vulnerabilities emerge over time and under changing circumstances (Luthar, Cicchetti, & Becker, 2000). From earlier research that focused on identifying protective factors associated with resilient functioning, researchers are increasingly interested in understanding protective processes, or the mechanisms through which protective factors operate (Luthar et al., 2000). Hence, while some children's functioning may become very compromised during stressful circumstances (e.g., while witnessing violence and leaving home for a shelter) they may recover quickly to developmentally-appropriate functioning when they return, with their mothers, to permanent, safe, living arrangements.

Drawing from longitudinal data on high-risk children, Masten and colleagues (e.g., Masten & Sesma, 1999; Masten & Reed, 2002) have demonstrated a positive relationship between the level of adversity to which children are exposed, and the likelihood of negative outcomes. In the reverse, Masten and Reed (2002) have proposed that as assets in a child's environment increase, the problems she experiences may decrease. For example, Diener, Nievar, and Wright (2003) found that greater cumulative assets were related to more secure attachment relationships in a sample of mother-young child dyads. This supports the notion that minimizing the number of risk factors to which children are exposed, while simultaneously encouraging protective processes can be highly effective in reducing negative outcomes.

Resilience among children exposed to domestic violence

There is limited research on how children cope with exposure to intimate partner violence despite the fact that at least three recent studies have shown variability in children's experiences. For example, a study of 58 children living in a shelter and recently exposed to domestic violence found great variability in problem symptoms exhibited by the children (Hughes & Luke, 1998). Over half the children in the study were classified as either "doing well" or "hanging in there." Children "hanging in there" were found to exhibit average levels of problems and of self-esteem and some mild anxiety symptoms. The remaining children in the study did show problems: nine showed "high behavior problems," another nine "high general distress" and four were labeled "depressed kids." In a more recent study, Grych et al. (2000) found that of 228 shelter resident children, 71 exhibited no problems, another 41 showed only mild distress symptoms, 47 exhibited externalizing problems and 70 were classified as multi-problem. Finally, Sullivan et al. (2000b) studied eighty 7 to 11 year old children of 80 mothers with a recent history

of domestic violence. The children self-reported as being happy with themselves (83%), liking their physical appearance (83%), and feeling they often do the right thing (73%). Their mothers also reported their children to be relatively healthy on a behavioral checklist. It appears that at least half the children in these studies were surviving the experience with few or no problems evident.

How does one explain these findings? On the one hand, it may be that our measures are just not sensitive enough to observe the entire range of harm done to these children through exposure to violence. It may also be that we have not followed children long enough to determine the true impact of violence exposure. On the other hand, it is also highly likely that children's experiences vary greatly in a number of ways. Holden et al. (1998) have proposed that the seeming variations in functioning exhibited by children of battered women might be accounted for by three key factors: the extent of the violence, the child's characteristics, and parenting factors. With regard to the extent of the violence, we know that the level of violence in each family varies greatly (Straus & Gelles, 1990). In addition, a number of studies have revealed that each child's exposure to or involvement in violent events varies considerably. Finally, the protective and risk factors in a child's life may vary a great deal (Hughes, Graham-Bermann, & Gruber, 2001; Masten & Coatsworth, 1998).

At present, we have little systematic data on what risk and protective factors are most important for the healthy development of children exposed to intimate partner violence and can only speculate about the relative importance of these factors.

Implications for research, practice and policy

How does research on risk and resilience among high-risk children aid us in ameliorating the impact of exposure to intimate partner violence on young children living in poverty? Children and families can best be helped through a continuum of supports, from naturally-occurring supports within the family and the community to more intensive interventions offered by domestic violence advocates, social service and mental health agencies. Children's and families' needs vary widely, not only because of differing individual and family risk and protective factors, but also because of differences in race, ethnicity, cultural and community factors. (For example, in close-knit communities which prioritize children and provide strong social support, children may be more supported outside the nuclear family than in other communities.) Similarly, programs whose values 'fit' the culture or community in which they are embedded are more likely to be accepted, and effective in promoting competence in children and families. From a resilience framework, efforts

that target the major developmental tasks of early childhood, as well as those that directly reduce the impact of the stressors faced by children exposed to intimate partner violence (i.e. violence, homelessness, poverty, loss or separation from caregivers) should be effective in helping young children negotiate developmental challenges. Masten and Coatsworth (1998) propose that such strategies fall into three major categories: (1) risk-focused (focusing on reducing or preventing risk and its impact), (2) protection-focused (adding resources to counterbalance risk) and (3) process-focused (strategies that focus on the processes underlying competence, such as parent-child relationships, social skills, and self-regulation) (Masten & Coatsworth, 1998). Examples of risk-focused strategies might include legal strategies such as orders for protection, more stringent sentences and mandatory arrest policies to deter offenders. Domestic violence shelters and safety planning with victims and their children are examples of protection-focused strategies aimed at increasing protection for victims. Process-focused strategies might include social development curricula in preschools, or relationship-based interventions with battered mothers and their children to help repair the damage violence has wrought (with the latter aimed at enhancing attachment and effective parenting; e.g., Lieberman, & Van Horn, 1998).

Intervening to support young children exposed to intimate partner violence requires a consideration of the larger context within which the child resides. Hence, efforts that directly target the impact of exposure to intimate partner violence will be most helpful if they occur in conjunction with those that help promote children's competence in a variety of domains within the family, community and cultural contexts (Masten & Gewirtz, *in press*). Linking a family with supportive resources that have proven effective with vulnerable children may provide additional protection and lessen risk factors. Supportive interventions are likely to be most effective when mothers and children voluntarily participate in them rather than being mandated into them (and seeing service providers as part of the 'system' that threatens their parental rights).

For high-risk young children and their families, multi-level interventions—that may combine all three of the intervention strategies listed above—are among the most effective in preventing and ameliorating the effects of cumulative risk (Masten & Gewirtz, *in press*). These programs (for example, Head Start, nurse home visitation programs, and parent-child interventions) target multiple skill domains in young children and families. Head Start has a core educational component that offers the child structured social skills development and educational opportunities outside the home, with additional family support activities, including home-based interventions. Effective home visitation programs offer mothers support and guidance with healthcare, nutrition, housing and other 'concrete' issues, and emotional support with the tasks

of parenting under stress. Additionally, programs that focus on promoting healthy attachment relationships between young children and their non-abusive caregivers can help to alleviate the potentially damaging effects of intimate partner violence by supporting mothers to understand the impact of violence on parent-child relationships, and to enhance responsive parenting that may serve to buffer their children against stressful life events such as violence and poverty (e.g., Egeland & Erickson, 1993; Erickson & Egeland, 1999).

These child-focused and family-centered strategies have been validated with children who live in poor, often ethnically diverse families. However, home visiting programs have been found to be less successful for families experiencing high levels of domestic violence (Eckenrode et al., 2000; Duggan et al., 1999) possibly because staff implementing these interventions were not trained specifically in understanding and supporting the unique needs of families in which domestic violence was occurring. If such interventions are to be successful with these families, program structure may need to be changed to be more responsive to the needs of families exposed to domestic violence.

Many battered women's shelters and community-based domestic violence programs have long provided services to children who have witnessed violence. These may include support groups for children exposed to intimate partner violence (see Graham-Bermann & Edleson, 2001; Peled, Jaffe, & Edleson, 1995; Peled & Davis, 1995), violence prevention curricula, and therapeutic interventions. Several other promising community-based programs providing trauma treatment also serve exposed children and their families (e.g., the Child Witness to Violence Project; Groves, Roberts, & Weinreb, 2000).

Other ways of supporting battered mothers and their children include domestic violence advocacy aimed at empowering and supporting battered women, and legal interventions aimed at holding the batterer accountable for his behavior. Protecting and supporting women through effective advocacy helps to protect and support children (Sullivan & Bybee, 1999) and focuses on providing tangible assets for families to meet basic needs and minimize risks to the child. For any intervention to be successful, it must attend to the family's economic and cultural context and needs, and build on the natural supports around the child and family.

Unfortunately our thinking about these issues occurs in a research vacuum. At this point in time, there are (1) few standardized measures for understanding or assessing the impact of violence exposure on young children, (2) few program evaluations on the impact of early childhood supports for children who have experienced domestic violence, and (3) few longitudinal studies to help us understand the interaction of these events over time. There are many relevant research questions embedded within each of these research

domains. For example, how can we best assess a child's situation and the risk and protective factors present in his or her life? How are the basic developmental tasks of childhood affected by exposure to violence and how does such exposure interact over time with other, multiple risk and protective factors in a child's life? How can home visitation or other early support efforts be altered to become more effective in families where intimate partner violence is occurring? These and many similar questions await future studies aimed at developing more effective responses to these children and their families.

Although research has elucidated many of the key individual and family risk and protective factors that are important influences in development, research that investigates ethnic, cultural and community contextual risk and protective factors lags behind. In addition, understanding the specific risk and protective factors for children exposed to intimate partner violence is critical to the development of effective prevention and intervention programs that disrupt the cycle of violence for children and their mothers. Findings also consistently show that poverty is the single most significant threat to school readiness for high-risk children: while early cognitive and language skills are important to school readiness, self-regulatory skills, social and peer competence are arguably even more important skills for success in school and beyond.

Conclusion

Early support and intervention efforts provide important avenues through which young children exposed to intimate partner violence may be able to access the services needed to promote healthy development and minimize risks to which they are exposed. As research findings and program evaluations improve our ability to support children exposed to domestic violence, a key location of these change efforts must be in programs aimed at young children. These programs vary: some provide emotional support to children and mothers aimed at specifically addressing intimate partner violence issues, while others offer interventions to enhance development in the developmental domains described above. The common theme across these programs is that they provide children and their families with resources to support the tasks of development. For toddlers and preschoolers, both home- and childcare/preschool-based programs should focus on the development and enhancement of self-regulatory, social and peer group skills. Finally, programs should aim to support secure attachments between young children and their non-abusive mothers and must focus on enhancing safety and stability for children and their parents.

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Toward Evidence-Based Treatment: Child–Parent Psychotherapy with Preschoolers Exposed to Marital Violence

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ABSTRACT

Objective: Treatment outcome for preschool-age children exposed to marital violence was assessed, comparing the efficacy of Child-Parent Psychotherapy (CPP) with case management plus treatment as usual in the community. **Method:** Seventy-five multiethnic preschool mother dyads from diverse socioeconomic backgrounds were randomly assigned to (1) CPP or (2) case management plus community referral for individual treatment. CPP consisted of weekly parent–child sessions for 1 year monitored for integrity with the use of a treatment manual and intensive training and supervision. Parents completed the Child Behavior Checklist and participated in the Structured Clinical Interview for DC:0-3 to assess children's emotional and behavioral problems and posttraumatic stress disorder (PTSD) symptoms. Mothers completed the Symptom Checklist-90 and the Clinician Administered PTSD Scale interview to assess their general psychiatric and PTSD symptoms. **Results:** Repeated-measures analysis of variance demonstrated the efficacy of CPP with significant group \times time interactions on children's total behavior problems, traumatic stress symptoms, and diagnostic status, and mothers' avoidance symptoms and trends toward significant group \times time interactions on mothers' PTSD symptoms and general distress. **Conclusions:** The findings provide evidence of the efficacy of CPP with this population and highlight the importance of a relationship focus in the treatment of traumatized preschoolers. *J. Am. Acad. Child Adolesc. Psychiatry*, 2005;44(12): 1241–1248. **Key Words:** child witnesses of domestic violence, preschool children, child–parent psychotherapy.

There is growing recognition that, contrary to the long-standing assumption that young children are impervious to environmental stresses, preschoolers exposed to family violence show increased rates of disturbances in self-regulation and in emotional, social, and cognitive functioning (Lieberman and Van Horn, 1998; Osofsky, 2004; Pynoos et al., 1999). The strongest negative reactions seem to occur when the violence involves harm to the mother or primary caregiver (Osofsky, 1995; Scheeringa and Zeanah, 1995), underscoring the need

for effective intervention with young children exposed to marital violence. The present study examines the efficacy of Child-Parent Psychotherapy (CPP; Lieberman, 2004) for this population. The value of focusing on the child–mother relationship as the therapeutic mechanism of change has been demonstrated by randomized trials involving toddlers with anxious attachment (Lieberman et al., 1991), toddlers of depressed mothers (Cicchetti et al., 1999, 2000), and neglected/maltreated preschoolers (Toth et al., 2002). The present study extends this relationship-based model to preschoolers exposed to marital violence and their mothers.

CPP is based on the following major premises: the attachment system is the main organizer of children's responses to danger and safety in the first years of life (Ainsworth, 1969; Bowlby, 1969/1982); early mental health problems should be addressed in the context of the child's primary attachment relationships (Fraiberg, 1980; Lieberman et al., 2000); child outcomes emerge in the context of transactions between the child and

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environmental protective and risk factors (Cicchetti and Lynch, 1993; Sameroff, 1995); interpersonal violence is a traumatic stressor with pathogenic repercussions on its witnesses as well as its recipients (Pynoos et al., 1999); the therapeutic relationship is a key mutative factor in early mental health treatment (Lieberman et al., 2000); and the family's cultural values must be incorporated into treatment (Tharp, 1991; Wessells, 1999).

Developmental psychopathology models emphasize the cumulative role of multiple stressors and their timing in shaping child outcome (Rutter, 2000; Sameroff, 2000). Marital violence does not occur in isolation but overlaps significantly with child abuse (Edleson, 1999; Kitzman et al., 2003; Margolin and Gordis, 2000). This co-occurrence is relevant to treatment because children's functioning is profoundly affected by their age when first traumatized, frequency of traumatic experiences, and parents' role in the trauma (American Psychiatric Association, 1994; van der Kolk et al., 1996). In addition, family violence often has an intergenerational history. There is a dearth of research evidence related to fathers, but many battered women report traumatic events while growing up (Groves, 2002; Osofsky, 1997; Lieberman et al., 2005). These events increase the likelihood of maternal psychiatric problems because trauma anteceding the "target" traumatic event is a risk factor for PTSD, particularly among battered women (Kemp et al., 1995; Ozer et al., 2003).

Maternal exposure to violence also affects the quality of parenting. Battered women may be more harshly punitive with their children and show increased incidence of child abuse (Osofsky, 2003; van der Kolk, 1987). Punitive parenting is linked to internalizing and externalizing child behaviors, with high co-occurrence of both types of problems (Reid and Eddy, 1998; Shaw and Winslow, 1997). Battered women often underestimate their children's violence exposure because their attention is diverted toward their own experience (Pynoos et al., 1999), they feel guilt for exposing their children to violence (Peled and Edleson, 1992), or their child's behavior is a traumatic reminder that triggers maternal avoidance (Lieberman, 2004; Pynoos et al., 1999).

The empirical literature on the impact, predictors, and mediators of marital violence on children's psychological functioning is compatible with several theoretical conceptualizations. Psychodynamic formulations stress the intergenerational transmission of psychopathology, as memorably articulated in the "ghosts in

the nursery" model (Fraiberg, 1980). Attachment theory posits that exposure to marital violence and other interpersonal stressors damage the young child's developmental expectation that the parent will be reliably available as a protector, leading to a loss of the child's internal representation of the parent as a predictable "secure base" (Lieberman and Van Horn, 1998; Main and Hesse, 1990; Osofsky, 1997; Pynoos et al., 1999; Scheeringa and Zeanah, 1995; van der Kolk, 2003). Social learning and cognitive-behavioral theories highlight the importance of imitation as a primary form of learning, the generalization of hostile attributions, and the interconnections among maladaptive cognitions, feelings, and actions in generating self-defeating and aggressive behaviors (Cohen and Mannarino, 1996; Dodge, 1980; Greenberg et al., 1993; Reid and Eddy, 1998). Ecological models stress the pervasive negative impact of poverty, social inequality, and discrimination, and highlight the curative potential of traditional cultural practices (Bronfenbrenner, 1979; Wessells, 1999). Each of these theoretical orientations makes significant clinical contributions and has been incorporated in the strategies outlined in the CPP treatment manual (Lieberman and Van Horn, 2005).

CPP interventions are guided by the unfolding child-parent interactions and by the child's free play with developmentally appropriate toys selected to elicit trauma play and foster social interaction. The initial assessment sessions include individual sessions with the mother to communicate emerging assessment findings, agree on the course of treatment, and plan how to explain the treatment to the child. Weekly joint child-parent sessions are interspersed with individual sessions with the mother as clinically indicated. The interventions target for change maladaptive behaviors, support developmentally appropriate interactions, and guide the child and the mother in creating a joint narrative of the traumatic events while working toward their resolution. The treatment manual includes clinical strategies and clinical illustrations to address the following domains of functioning: play; sensorimotor disorganization and disruption of biological rhythms; fearfulness; reckless, self-endangering, and accident-prone behavior; aggression; punitive and critical parenting; and the relationship with the perpetrator of the violence and/or absent father.

The present study reports outcome findings from a randomized clinical trial to evaluate the efficacy of CPP compared with case management plus individual

treatment. We hypothesized that CPP would be more effective in alleviating children's traumatic stress symptoms and behavior problems because it focuses on improving the quality of the child-mother relationship and engages the mother as the child's ally in coping with the trauma. Treatment was offered for 50 weeks. Dyads were assessed at intake, 6 months into treatment, and at the conclusion of treatment. Six-month posttreatment assessments are being conducted to evaluate the longer-term efficacy of CPP. Different assessors were used at each assessment point, and every effort was made to keep assessors blind to group assignment. On occasion, the child or the mother made a comment that revealed their group classification.

METHOD

Participants

Participants were 39 girls and 36 boys ages 3 to 5 (mean = 4.06, SD = 0.82) and their mothers. Mother-child dyads were referred because there were clinical concerns about the child's behavior or mother's parenting after the child witnessed or overheard marital violence. Referral sources included family court (40%), domestic violence service providers (12%), medical providers (9%), pre-schools (6%), other agencies (12%), child protective services (3%), former clients (6%), and self-referrals (3%). Child-mother dyads were recruited if the child was 3 to 5 years old, had been exposed to marital violence as confirmed by mother's report on the Conflict Tactics Scale 2 (Straus et al., 1996), and the perpetrator was not living in the home. Exclusionary criteria for the mothers were documented abuse of the target child, current substance abuse and homelessness, mental retardation, and psychosis. Children with mental retardation or autistic spectrum disorder were also excluded.

Participants were ethnically diverse. Of the children, 38.7% had mixed ethnicity (predominantly Latino/white) and the rest were 28% Latino, 14.7% African American, 9.3% white, 6.7% Asian, and 2.6% of another ethnicity. Mothers were 37.3% Latina, 24% white, 14.7% African American, 10.7% Asian, and the rest of mixed or other ethnicities. Mean maternal education was 12.51 years (SD = 3.96). Mean monthly family income was \$1,817 (SD = \$1,460; range \$417-\$8,333). Public assistance was received by 23% of the families and 41% had incomes below the federal poverty level according to the Department of Health and Human Services Guidelines (2004).

Most mothers reported multiple traumatic stressors in addition to marital violence (mean = 12.36, range 2-26). Maternal childhood trauma included witnessing marital violence (48%), physical abuse (49%), sexual molestation (42%), and the sudden/traumatic death of someone close (44%). The children also experienced multiple stressors, including exposure to community violence (46.7%), physical abuse (18.7%), sexual abuse (14.7%), or both (4%). During the study, 33.3% of the mothers reported new traumas that affected the dyad and 17.3% of the mothers reported either returning to their violent partners or entering a new violent relationship. *t* Tests for continuous variables and χ^2 tests for categorical variables showed that the groups did not differ on these variables or on demographic variables, dependent variables, or trauma exposure at intake.

Procedures

Participants were screened on the telephone by a master's degree-level clinician to determine inclusionary and exclusionary criteria. During the first assessment session, master's degree- or Ph.D. degree-level assessors described the study and the randomization process and obtained maternal signed informed consent. All of the procedures had University of California-San Francisco institutional review board approval. The assessment consisted of four sessions and included questionnaires, standardized assessments, and direct observation of child and mother. The mothers received feedback at the end of the assessment about their children's functioning and the mother-child relationship and were asked to reaffirm their willingness to be randomized to one of two treatment groups. All of the mothers consented, and dyads were randomly assigned to either the CPP treatment group or to a comparison group receiving monthly case management by an experienced Ph.D. degree-level clinician plus referrals for individual treatment in the community for mother and child. They received \$30 for the intake and \$40 for the outcome assessment. When Spanish versions of measures were not available from the publisher, a team of Spanish speakers from diverse Spanish-speaking countries translated, back-translated, and ensured that English and Spanish versions were equivalent in literacy level. Services to Spanish-speaking participants were provided in Spanish. All of the quantitative measures involved parental report because of the dearth of self-report measures for preschoolers.

Child Measures

Children's Exposure to Community Violence: Parent Report Version. This parent report survey assesses children's exposure to 16 forms of community violence and violence-related activities (Richters and Martinez, 1993).

Child Behavior Checklist (CBCL 2/3 and 4/18). This instrument includes versions for 2- to 3- and 4- to 18-year-olds (Achenbach, 1991a,b; Achenbach and Edelbrock, 1983). It discriminates well between children referred for clinical services and nonreferred demographically matched children; is valid for use in cross-cultural samples; and has good reliability, stability, and predictive validity. The Total Behavior Problems score was used because it includes stress-related behaviors not represented in the internalizing and externalizing scales (e.g., staring into space, smearing feces, refusing to eat, showing too little fear of getting hurt, destroying his/her own things).

Semistructured Interview for Diagnostic Classification DC: 0-3 for Clinicians. This clinician-administered caregiver interview uses a standardized format to systematize the traumatic stress disorder (TSD) diagnostic criteria of the Diagnostic Classification Manual for Mental Health and Developmental Disorders of Infancy and Early Childhood (DC: 0-3; Zero to Three/National Center for Clinical Infant Programs, 1994). For children under age 6, this instrument was compared with *DSM-IV* PTSD criteria and yielded greater interrater reliability (Scheeringa et al., 1995) and greater diagnostic sensitivity (Scheeringa et al., 2003) for a TSD diagnosis.

Maternal Measures

Life Stressor Checklist-Revised. (Wolfe et al., 1996) This questionnaire probes for the lifetime incidence of very distressing events, including specific stressors more prevalent among women. Endorsement of

one or more stressors is significantly correlated with a PTSD diagnosis (Wolfe et al., 1996).

Symptoms Checklist-90 Revised (SCL-90-R). This 90-item checklist is a measure of current psychiatric symptoms yielding three summary indices and nine primary dimensions, with α ranging from .77 to .90, and test-retest reliabilities from 0.78 to 0.90 (Derogatis, 1994). The Global Severity Index, considered the best single indicator of current distress, is used to assess maternal functioning.

Clinician-Administered PTSD Scale (CAPS). This semistructured interview has adequate reliability and validity (Blake et al., 1990; Spitzer et al., 1987; Weathers and Litz, 1994). It yields a PTSD diagnosis and total intensity and frequency scores for reexperiencing, avoidance, and hyperarousal symptoms.

Treatment

CPP. Participants were randomly assigned to CPP or to case management plus individual treatment comparison group. Weekly CPP child-mother sessions lasted approximately 60 minutes and were conducted over the course of 50 weeks. The clinicians had master's degree- and Ph.D. degree-level training in clinical psychology. Treatment fidelity was monitored through intensive weekly supervision that included review of process notes and through weekly case conferences.

Case Management Plus Individual Psychotherapy. After randomization, the comparison group mothers received assessment feedback, were introduced to a Ph.D. degree-level clinician for case management, received information about mental health clinics, and were connected to the clinics of their choice. They received at least monthly phone calls from their case manager and could contact him or her as needed. Clinicians assisted in securing needed services, inquired about how mother and child were doing, asked about life changes, and intervened during crises. These calls generally lasted 30 minutes. Face-to-face meetings were scheduled when indicated.

RESULTS

Sample Characteristics

Mothers' and children's mean scores and standard deviations on all outcome measures at intake and post-test are shown in Table 1.

Attrition

The attrition rate was 14.3% ($n = 6$) in the treatment group and 12% ($n = 4$) in the comparison group. χ^2 analyses showed no group difference in attrition. The only group difference on demographic and outcome variables was that children who dropped out tended to be older: $t(73) = -2.08$, $p < .05$ (two-tailed), $d = 0.75$. Attrition was stringently defined as not completing at least part of the outcome assessment and included a family who moved out of state immediately after randomization and two families who completed treatment but not the outcome assessment.

Attendance

The treatment group attended a mean of 32.09 CPP sessions ($SD = 15.20$). In the comparison group, 73% ($n = 22$) of mothers and 55% ($n = 17$) of children received individual treatment, and 45% ($n = 14$) received separate individual psychotherapy for both mother and child. Mothers reported a range of 2 to 50 sessions for children and 6 to 50 sessions for themselves, with 50%

TABLE 1
Results of Analyses Examining Differences Between Treatment and Comparison Groups

Measure	CPP ($n = 36$)				CT-CM ($n = 29$)				Time \times Group		
	Pre		Post		Pre		Post		<i>df</i>	<i>F</i>	<i>d</i>
	Mean	SD	Mean	SD	Mean	SD	Mean	SD			
Child Symptomatology											
DC 0-3 TSD	8.03	3.50	4.42	2.86	7.11	3.80	6.71	4.54	1, 59	10.98***	0.63
CBCL Total (<i>T</i> score)	61.46	10.32	56.69	9.60	58.00	9.52	59.07	11.28	1, 61	5.77**	0.24
Maternal Symptomatology											
CAPS Reexperiencing	16.09	8.68	8.88	8.19	15.64	8.42	11.40	9.05	1, 57	1.46	0.29
CAPS Avoidance	19.44	11.14	9.09	9.62	18.36	11.65	14.76	11.62	1, 57	5.08**	0.50
CAPS Hyperarousal	16.65	8.71	11.44	8.54	16.56	7.32	13.00	8.38	1, 57	.53	0.19
CAPS Total	52.18	24.72	29.41	21.59	50.56	22.58	39.16	25.00	1, 57	3.23*	0.41
SCL-90-R GSI	64.79	8.97	56.00	12.34	63.29	10.41	59.61	13.01	1, 59	3.48*	0.37

Note: CPP = Child-Parent Psychotherapy; DC 0-3 TSD = Semistructured Interview for Diagnostic Classification DC: 0-3 for Clinicians; Traumatic Stress Disorder; CBCL = Child Behavior Checklist; CAPS = Clinician Administered PTSD Scale; SCL-90-R GSI = SCL-90 Symptoms Checklist, Revised Global Severity Index.

* $p < .1$; ** $p < .05$; *** $p < .001$.

of the mothers and 65% of the children receiving more than 20 individual sessions. One child attended fewer than 5 treatment sessions, and one mother attended between 5 and 10. The remaining mothers and children attended between 11 and 20 sessions.

Treatment Effects

A general linear model (GLM) repeated-measures procedure was conducted for each dependent variable with group (CPP versus comparison) as the between-subject variable and time (intake versus posttreatment) as the within-subject variable. Cases with missing data were deleted listwise for each analysis. Significant group \times time interactions indicate the presence of treatment effects and were followed with repeated-measures analyses within each group to determine whether significant change occurred in both groups. Effect size (Cohen, 1988) was calculated with $d = \text{mean group 1} - \text{mean group 2}$ divided by the pooled SD. Treatment outcome analyses include the 66 dyads that completed the outcome assessment. The original 76 dyads are included in the intent-to-treat analyses.

Child Functioning

There was a significant group \times time interaction for the total number of TSD symptoms ($F_{1,59} = 10.98, p < .001, d = 0.63$) and a significant main effect for time ($F_{1,59} = 17.00, p < .001, d = 0.57$). Follow-up analyses indicated that the CPP group had a significant intake-posttest reduction in the number of TSD symptoms ($t(32) = 5.46, p < .001$), whereas the comparison group did not.

Analyses of CBCL Total scores showed a significant group \times time interaction, $F_{1,61} = 5.77, p < .05, d = 0.24$, with follow-up analyses revealing that only the CPP group evidenced significant intake-posttest reductions: $t(34) = 2.86, p < .01$. To examine whether error was introduced because some children completed the CBCL 2-3 at intake and the CBCL 4-18 at posttest, analyses were repeated with only the children who completed the CBCL 4-18 at intake and posttest. These analyses also resulted in a significant interaction effect ($F_{1,31} = 4.72, p < .05, d = 0.64$), with follow-up analyses confirming that only the CPP group showed significant reductions in behavior problems (CPP: intake mean = 60.32, SD = 9.00; post-test mean = 54.16, SD = 8.71, $t(18) = 3.10, p < .01$; comparison: intake mean = 58.86, SD = 8.82; posttest mean = 59.64, SD = 13.11). The

effect size for this subsample was similar to the effect size found for TSD symptomatology, whereas the effect size with the entire sample was smaller. There were no significant age effects when the original analyses with the TSD and CBCL were repeated using age as a covariate.

The clinical significance of treatment effects was ascertained by examining the percentage of children in each group who met criteria for a diagnosis of TSD. At intake, there was no group difference, with 50% ($n = 18$) of the CPP group and 39% ($n = 11$) of the comparison group meeting criteria for TSD. At posttest, there was a statistically significant group difference, $\chi^2_1 (n = 61) = 8.43, p < .01, \phi = 0.37$, with 6% ($n = 2$) of children in the CPP group and 36% ($n = 10$) children in the comparison group meeting criteria for TSD.

Maternal Symptoms

The CAPS scores revealed a significant group \times time interaction for avoidance ($F_{1,57} = 5.08, p < .05, d = 0.50$) as well as a significant main effect for time ($F_{1,57} = 21.68, p < .001, d = 0.68$). Follow-up analyses showed significant intake-outcome reductions in avoidant symptoms for the CPP group only ($t(33) = 5.16, p < .001$). For total CAPS scores and the Global Severity Index (GSI) from the SCL-90-R, there were significant main effects for time (total CAPS: $F_{1,57} = 29.16, p < .001, d = 0.76$; GSI: $F_{1,59} = 20.72, p < .001, d = 0.57$) and trends for group \times time (total CAPS: $F_{1,57} = 3.23, p = .08, d = 0.41$; GSI: $F_{1,59} = 3.48, p = .07, d = 0.37$). Follow-up analyses were conducted because these trends were consistent and maternal functioning was not the primary target of CPP. For total CAPS scores, both the CPP and comparison groups showed significant intake-outcome reductions (CPP: $t(33) = 5.34, p < .001$; comparison: $t(24) = 2.50, p < .05$). The interaction was not significant. For GSI scores, the CPP group showed statistically significant reductions ($t(32) = 4.47, p < .001$), whereas the comparison group showed a trend in this direction ($t(27) = 1.94, p = .06$).

Reexperiencing and hyperarousal showed significant effects for time (reexperiencing: $F_{1,57} = 21.73, p < .001, d = 0.70$; hyperarousal: $F_{1,57} = 14.98, p < .001, d = 0.55$) but not group \times time (reexperiencing: $F_{1,57} = 1.46, p = \text{not significant [NS]}, d = 0.31$; hyperarousal: $F_{1,57} = 0.53, p = \text{NS}, d = 0.19$). Although these results suggest there were no treatment effects for reexperiencing and hyperarousal symptoms, it is also possible that the small

sample size and the robust time effect made these effects difficult to detect.

The clinical significance of treatment effects on maternal symptoms was determined by examining the percentage of mothers in each group who were diagnosed with PTSD. At intake, there was no group difference, with 47% ($n = 16$) of the CPP group and 46% ($n = 12$) of the comparison group meeting PTSD criteria. At outcome, there was a decline in PTSD diagnosis for mothers in both groups, with 12% ($n = 4$) of CPP mothers and 27% ($n = 7$) of comparison mothers meeting criteria for PTSD. This difference was not statistically significant ($\chi^2_1 (n = 60) = 2.26, p = NS, \phi = 0.19$).

Intent-to-treat analyses in which intake or 6-month scores, if available, were used in place of missing posttest scores resulted in similar results as those previously described for both mothers and children.

DISCUSSION

The findings support CPP efficacy for preschoolers exposed to marital violence. Children randomly assigned to CPP improved significantly more than children receiving case management plus treatment as usual in the community, both in decreased total behavior problems and decreased TSD symptoms. They were also significantly less likely to be diagnosed with TSD after treatment.

We attribute these findings to CPP's focus on fostering child mental health by promoting a relational process in which increased maternal responsiveness to the child's developmental needs strengthens the child's trust in the mother's capacity to provide protective care.

Mothers receiving CPP showed significantly fewer PTSD avoidance symptoms at the end of treatment than comparison group mothers. We believe this results from consistent attention during treatment to the construction of a joint trauma narrative between the child and the mother. When treatment began, many mothers did not speak about the marital violence with their children for fear of damaging them or because they believed that the children were too young to notice it. The therapeutic focus on dispelling these misperceptions and the children's often vivid depictions through words and play of the violence they had witnessed gave mothers opportunities to process these experiences within the protective frame of treatment. The joint sessions enabled child and mother to communicate more openly.

Mothers frequently expressed surprise at their children's clear recollections of the violence.

Although mothers in both groups had significantly fewer PTSD symptoms and less global psychiatric distress at outcome, treatment group mothers showed strong trends toward more improvement on both dimensions. These findings are surprising because CPP does not target adult symptoms for intervention, all of the mothers in the comparison group received individual services from a skilled case-management clinician, and 73% of the mothers had individual therapy, which is expected to have focused explicitly on their symptoms. The finding that these interventions did not result in improved outcomes for comparison group mothers relative to the treatment group attests to the centrality of the child–mother relationship as an agent of psychological health both for young children and their mothers. Specifically, the mothers in the treatment group may have found effective ways of processing their own traumatic stress by speaking about the trauma during the joint sessions and helping their children with emotional regulation and correction of cognitive distortions.

The psychological functioning of young witnesses of marital violence is influenced by family factors that include maternal psychological functioning, quality of the mother–child relationship, and quality of parenting (Cicchetti and Lynch, 1993; Jouriles et al., 1998; Levendosky et al., 2003; Lieberman et al., 2005). The present study adds to the small but growing literature demonstrating that psychotherapy geared to improving the quality of parenting is an effective tool for enhancing the outcomes of children exposed to a variety of stressors (Cicchetti et al., 1999, 2000; Lieberman et al., 1991; Toth et al., 2002). The present study expands that literature by demonstrating that CPP results in positive outcomes both for the caregiver and the child. It also highlights the importance of a direct focus on trauma as a common element among evidence-based treatments (Cohen et al., 1998).

Limitations

The limitations of this study include a small sample size and reliance on maternal report for some of the major outcome variables. Future research should use a larger sample to replicate the findings and add observational data to the outcome variables. Future research should also focus on the distal outcomes of treatment.

Although CPP is proving effective for immediate symptom improvement, it is an open question whether it will continue to sustain the child's positive developmental trajectory.

The strengths include a diverse ethnic and socioeconomic sample recruited from the community rather than from battered women's shelters, characteristics that support the findings' generalizability.

Clinical Implications

The findings highlight the importance of including the mother as an integral partner in the treatment of preschoolers' traumatic stress symptoms. These findings confirm the practice parameters by Cohen et al. (1998) that recommend parents' inclusion in the treatment of PTSD among children and adolescents.

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Comparing the Impact of Bullying and Sexual Harassment Victimization on the Mental and Physical Health of Adolescents

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Abstract A sample of 522 middle and high school students from a school district in a northeastern state in the U.S. was used to address two questions about bullying and sexual harassment: Is one more frequent than the other, and are there gender or sexual orientation differences in this regard? And, does one have greater adverse health effects than the other, and, if so, for whom? Bullying occurred more frequently than sexual harassment for both girls and boys but not among sexual minorities. Girls were bullied or harassed as frequently as boys, but sexual minorities experienced higher levels of both. Compared to bullying, sexual harassment had adverse effects on more health outcomes. These adverse effects were especially notable among girls and sexual minorities.

Keywords Sexual harassment · Bullying · Adolescents · Health · Gender differences

Introduction

This paper draws comparisons between school bullying and sexual harassment on two fronts. First, we study the incidence of each in a sample of over five hundred American middle and high school students. We ask: Which (bullying or harassment) is the more common experience?

And, does one occur more frequently for some students (e.g., boys) than for others (e.g., girls and sexual minorities)? Second, we contrast the *impact* of each type of victimization on five health outcomes (self esteem, mental and physical health, trauma symptoms, and substance abuse). We ask: Is one type of victimization more harmful than the other? And, do the negative health outcomes of bullying and sexual harassment differ among boys, girls, and sexual minorities? At first glance, these analyses might seem straightforward and unremarkable given the large volume of research on school bullying and sexual harassment that has been published in the United States and Europe over the last decade. In reality, such comparisons have been and remain problematic for reasons both theoretical and methodological. And the need for a study of this kind has become more urgent because of the scholarly and public popularity of one topic over the other. Not only is attention to school sexual harassment waning but it is in danger of being subsumed under the rubric of bullying, namely, “sexual bullying,” thereby obscuring the pernicious effects of gender and sexual stereotypes. As we will show later, our paper is unique in two respects. First, we directly compare bullying and sexual harassment. Only a handful of studies include measures of both types of victimization. Second, our measures of bullying and sexual harassment use the same formats (i.e., structure of questions and response categories, time frames), which, to the best of our knowledge, is without precedent.

School bullying and sexual harassment prevention programs have been competing for resources and media attention for more than a decade. In the aftermath of Columbine-type school shootings, many educators have embraced zero tolerance policies to stem school violence (Stein 2003). Identifying school violence and safety as primary concerns has contributed to the creation of a link between safe schools and bullying prevention, which,

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unfortunately, has diminished attention to the harms of sexual harassment. The growing emphasis on bullying is best illustrated by an online literature search which reveals that the volume of studies, papers and prevention programs addressing bullying far exceeds that on sexual harassment. Moreover, sexual harassment is currently viewed by some researchers as a subset or variation of bullying rather than as a distinct phenomenon *sui generis*. As a result, educators and social researchers today are in the difficult position of trying to understand two frequently occurring problems in school without being able to accurately compare the incidence and impact of each. Different avenues of research—one on bullying, the other on sexual harassment—suggest that they may share some similar impacts: anxiety, depression, low self esteem, loneliness, and feeling afraid (e.g., Nansel et al. 2001; American Association of University Women [AAUW] 1993, 2001). In actuality, it is difficult to compare them directly.

Background of Two Paradigms

Studies of bullying and sexual harassment have two different historical and theoretical roots. The problem of bullying was brought to international attention most prominently by Olweus, a Norwegian researcher in the 1970s. Nansel et al. (2001) have recently defined bullying in a manner that reflects the perspective developed and subsequently modified over the years by Olweus: “a specific type of aggression in which (1) the behavior is intended to harm or disturb, (2) the behavior occurs repeatedly over time, and (3) there is an imbalance of power, with a more powerful person or group attacking a less powerful one. This asymmetry of power may be physical or psychological, and the aggressive behavior may be verbal (e.g. name calling, threats), physical (e.g. hitting), or psychological (e.g. rumors, shunning/exclusion)” (p.2094). School bullies have been described as children who use physical or relational aggression in a systematic and calculated way with a group of weaker peers (Crick 1996; Olweus 1993; Pellegrini 2001; Schwartz et al. 1997).

Theories and definitions of sexual harassment originated in the United States in the 1970s beginning with the work of MacKinnon, who defined it as a form of sex discrimination used by men to subordinate women (MacKinnon 1979). While bullying has often been characterized as inappropriate or aggressive interpersonal behavior (between individuals or between a group and an individual (‘mobbing’), sexual harassment was originally formulated as behavior by males who used organizational power or cultural privilege to coerce sexual favors from women (*quid quo pro*). This initial formulation has expanded both theoretically and legally over the decades to include gender- or sexually-focused behaviors by men that make it exceedingly difficult for women to work

(*hostile environment*), and more recently, same-sex harassment involving the use of sexual threats, taunts, or attacks (e.g., *Oncala v. Sundowners* 1998). The definition of sexual harassment by the U.S Department of Education parallels that of other state and local governments and government agencies insofar as it includes both unwelcome interpersonal behavior (e.g., date pressures, sexual contact) “that is sufficiently severe, persistent, or pervasive...” and hostile environment (U.S. Department of Education 1997, p. 12038).

The primary distinction between bullying and sexual harassment is not simply that the latter is about gender and sexuality. Rather, sexual harassment is more directly and clearly related to hegemonic masculinity and therefore taps into potent structural and culturally-sanctioned roles and meanings (masculine–feminine, heterosexual–homosexual) that are central components of social stratification. In contrast, research and theory on bullying tends to focus on the personal or psychological characteristics of bullies (e.g., severe adjustment problems), situational factors that prompt bullying or the reciprocity of bullying behaviors (a number of adolescents are characterized as “bully/victims”). One of the strengths of sexual harassment theory is that it prioritizes gender- and sexually-based experiences as key factors in stabilizing differences in power and privilege. Specifically, some people (females and sexual minorities) experience greater victimization and more harm (physical, psychological, and emotional) than others because of gender and sexual stereotypes. The term “sexual bullying” has surfaced recently and has muddled the definition of both sexual harassment and bullying. Some researchers (Craig et al. 2001; Pellegrini 2001) view school sexual harassment as an adolescent form of bullying. This is an unfortunate development for two reasons. First of all, bullying is not illegal but sexual harassment is. Consequently, many students and their parents who perceive sexual harassment as a form of bullying may not exercise their rights to have schools address the issue as they are *legally* mandated to do. Also, when sexually-based experiences are viewed as bullying and not identified specifically as sexual harassment, problems of victimization that stem from gender or sexuality may be interpreted as private or interpersonal troubles experienced by unfortunate students who are caught up in difficult situations. The fact that most bullies are male, that girls experience more harm than boys from sexual harassment, and that homophobic comments are used routinely (mostly by boys) to humiliate and control others (primarily other boys) loses its critical edge (AAUW 2001; McGuffey and Rich 1999; Kimmel and Mahler 2003). Two recent studies by Jessie Klein (2006a, b) have highlighted the role that gender and sexual stereotyping played in school shootings—a fact that has escaped public scrutiny because of a focus on “bullying”: Most of the school shooters targeted girls primarily; and,

the shooters, who fell well outside the range of acceptable masculine body types, had weathered attacks on their masculinity, including homophobic taunts, for months—and in some cases, years.

Bullying and Sexual Harassment Incidence

To date, there have been two national studies of bullying and two of sexual harassment that provide the broadest statistics regarding these behaviors in U.S. schools. The United States Department of Education School Crime Supplement to the National Crime Victimization Survey (2003) reported that in 2001 8% of middle and high school students were bullied (9% males, 7% females) up 3% from 1999. An earlier study on bullying, conducted by the 1998 National Institute of Child Health and Human Development (Nansel et al. 2001) found that one third of children in grades 6 through 10 were directly involved in bullying, with 10% as bullies, 13% as victims and 6% as both. Two national studies on sexual harassment conducted in 1993 and 2001 by The American Association of University Women (AAUW) found similar results for both years: 81% of students experienced some form of sexual harassment during their school years. Fifty-nine percent of students were harassed occasionally and 27% were targeted often (AAUW 2001). In addition, 54% of students said they sexually harassed someone during their school years. In a fashion similar to bullying, grade level makes a difference in sexual harassment frequency; but in contrast to bullying, it increases with grade level: 55% of 8–9th graders and 61% of 10–11th graders reported that they had been physically sexually harassed at school (Hand and Sanchez 2000).

When the results of these four national studies are compared it is striking that over eighty percent of students said they had experienced sexual harassment while less than one of six reported being bullied. Also, more than half of students said they perpetrated sexual harassment while only 10% reported bullying others. Students who reported being both harasser and harassed constituted 55% (AAUW 1993) while those who were bullied or who bullied others were about a quarter of that figure (NICHD: Nansel et al. 2001). These differences result most likely not from students' differential experiences (i.e., that sexual harassment is much more common than bullying), but rather from substantial differences in measurement. It is difficult to understand which behaviors are more common in schools—and which have more adverse effects—because researchers use different measures of bullying and sexual harassment and construct different time frames. For example, the AAUW studies of sexual harassment used a 14-item scale that asked students to indicate the frequency of each experience. In contrast,

research based on Olweus (1993) uses a single questionnaire item which contains the word “bullying” along with a definition (e.g., Eslea et al. 2003; Nansel et al. 2001; Williams et al. 2005). It is likely that this procedure—asking a single question that refers to “bullying”—underestimates the number of respondents who have been victims of aggressive behavior from their peers. Lessons from sexual harassment research are instructive in this regard. By the mid-1980s the protocol for survey development was to use multiple survey items to tap different dimensions of sexual harassment (e.g., Fitzgerald and her colleagues identified three forms of sexual harassment—gender harassment, unwanted sexual attention, and sexual coercion) and to not use the words “sexual harassment” because doing so lead to significantly lower estimates of experiences that could otherwise be deemed “sexual harassment” according to theoretical or legal definitions (Fitzgerald and Shullman 1993; Gruber 1990). Consequently, most harassment surveys over the last two decades have asked respondents if they experienced “uninvited and unwanted sexual attention” (e.g., United States Merit System Protection Board [USMSPB] 1988, 1995). In this regard, the AAUW surveys ask adolescents “How often has anyone done the following things to you when you did not want them to?” Additionally, the time frames presented to respondents so that they could determine whether or not they were harassed or bullied vary from study to study. While the AAUW studies asked students if they had ever had one or more sexual harassment experiences “during your school years,” the National Crime Victimization Survey asked about bullying experiences that occurred “during the last 6 months.” Different time frames are used in victimization studies even when both phenomena are studied together. DeSouza and Ribeiros (2005) used “last 30 days” for bullying and “last 12 months” for sexual harassment. Similarly, Williams et al. (2005) framed bullying as experiences that occurred “during the last 2 months” and sexual harassment as “during the last 6 months.” Holt and Espelage (2007), using AAUW (2001) questions with a one-year time frame (“during the last twelve months”) along with their own bullying scale items and time frame (“last 30 days”) found that 70% of the students had been harassed while a little more than half (54%) had been bullied. So, it is not surprising, then, that sexual harassment seems to be rampant in schools compared to bullying when the question and response formats and the time frames differ substantially.

Bullying and Sexual Harassment Victimization: Mental and Physical Health Outcomes

A perusal of the separate research veins on bullying and sexual harassment seems to indicate that there are adverse

health outcomes common to both. Research conducted by the National Institute of Child Health and Human Development (1998) found that bullied students experienced greater difficulty making friends, had poorer relationships with classmates, and were lonelier. Other studies of bullying have found consistently that “youth who are bullied generally show higher levels of insecurity, anxiety, depression, loneliness, unhappiness, physical and mental symptoms, and low self esteem” (Nansel et al. 2001, p. 2095). Espelage and Holt (2001) found that 20% of middle school victims scored within the clinical range on a standard depression and anxiety measure. Similarly, Boulton and Hawker (2000) showed that bullied kids were five times more likely to be depressed than non-bullied children. According to Hoover et al. (1992) and Kochenderfer and Ladd (1996) bullying affects academic behavior as well: The former found that 90% of bullied students experienced a drop in school grades, while the latter reported that victimization was related to school absenteeism and attrition.

Some of these adverse effects appear in sexual harassment studies as well. According to the AAUW studies (1993, 2001), students who experienced sexual harassment reported negative psychosocial effects such as depression, loss of appetite, nightmares or disturbed sleep, low self esteem and feelings of being sad, afraid, scared, or embarrassed (Hand and Sanchez 2000; Lee et al. 1996). Students also reported a loss of interest in regular activities and isolation from friends and family. In addition, school performance difficulties included absenteeism, decreased quality of schoolwork, skipping or dropping classes, poor grades, tardiness, and truancy (AAUW 1993, 2001; Corbett et al. 1993; Hand and Sanchez 2000; Lee et al. 1996).

Bullying and Sexual Harassment: Gender and Sexual Orientation

Research suggests that girls are sexually harassed more frequently than boys (e.g., AAUW 1993, 2001; Fineran and Bennett 1999), but boys are bullied more often than girls (Nansel et al. 2001). Boys are the primary perpetrators of both sexual harassment and bullying (AAUW 1993, 2001; Fineran and Bennett 1999; Hand and Sanchez 2000; Lee et al. 1996; McMaster et al. 2002). According to Nansel et al. (2001) and others the forms of bullying vary by sex: Girls are bullied more frequently than boys through the use of rumors and sexual comments (sexual harassment?) while boys more often report being hit, slapped or pushed. These gender differences also point to a difference in impact. Apparently, victimization has greater impact on girls. Girls experience more negative psychological effects from sexual harassment than boys—feeling afraid, self conscious, or

embarrassed (Duffy et al. 2004). And, based on a meta-analysis (Boulton and Hawker 2000) of peer victimization research published over a 20 year time period, bullied girls reported more severe health problems (e.g., suicidal behavior) than boys.

There is limited research on sexual orientation but it is compelling. The Massachusetts Youth Risk Behavior Survey (Massachusetts Department of Education 2007) compared gay, lesbian and bisexual students to their peers and found that sexual minority students had higher suicidality, were more apt to skip school because they felt unsafe, had been threatened with or injured by a weapon at school, and experienced more dating violence and non-consensual sex. A study of 712 high school students conducted by Fineran (2002) found that sexual minority students were physically assaulted and sexually harassed more frequently than heterosexual students and they and heterosexual girls reported being significantly more upset and threatened by peer sexual harassment than their heterosexual male peers. According to Williams et al. (2005), gay and lesbian students also experienced *both* bullying and sexual harassment at higher levels than their heterosexual counterparts; and, according to Poteat and Espelage (2007) being the target of homophobic victimization had significant psychological and social consequences for students. A recent report (2005) by the Gay, Lesbian and Straight Education Network (GLSEN) on Michigan schools revealed that two-thirds of students in their sample were harassed because they were, or appeared to be gay or lesbian. More than 80% of these students reported hearing derogatory homophobic comments. According to Thurlow (2004), however, most adolescents rate homophobic slurs as both more common and less serious than racial slurs. It appears, then, that homophobia may be a “normalized” means of categorizing and victimizing peers during adolescence that has devastating consequences for some teens, in particular, sexual minorities.

Purpose of the Study

This study addresses the need for school sexual harassment and bullying to be studied together in the same research project. Specifically, we addressed the “How much?” and “With what impact?” questions by using survey items that had the *same* format for both bullying and sexual harassment items—e.g., asking students if they have experienced a particular form of behavior (without using the words bullying or harassment) “Never,” “A few times” or “Many times”—and the *same* time frame (“Since the beginning of the school year”). We also utilized standardized measures of health outcomes evident in most child and adolescent research that are often missing from current sexual harassment and bullying research.

Research Issues for this Study

1. The research literature suggests that sexual harassment is more common than bullying. This assumption has not been tested meaningfully because of the use of different measures and time frames. Since bullying involves both sexes as targets and as perpetrators more frequently than sexual harassment does, we expect to find a higher incidence of bullying than sexual harassment. Also, a perusal of the research suggests that bullying is a common experience for boys while girls and sexual minority students are more frequently targets of sexual harassment. The fact that sexual harassment is substantially higher among working women and sexual minorities is clearly documented (e.g., USMSPB 1995; Fitzgerald et al. 1999) leads us to expect similar results in our sample of students.
2. We argued earlier that sexual harassment is more closely linked than bullying is to cultural constructions of gender and sexuality, and to subsequent differences in power and privilege. Therefore, we expect that sexual harassment will be a stronger predictor than bullying of a greater number of health outcomes. In particular, we predict that the adverse health outcomes of sexual harassment will be especially acute for girls and sexual minorities. Testing this hypothesis involves three steps. First, we study whether there are health outcome differences that vary by gender and sexual orientation. This will provide general information on the health and well-being of the students in the sample. Second, we compare health outcomes separately for bullying and sexual harassment to determine the degree of impact that each has. This step is unique since our study uses measures of bullying and sexual harassment that are more comparable to each other than previous studies have. Finally, we take a final step of doing a “head-to-head” comparison of both forms of victimization by including them *together* in the same regression equations. This is the first study to conduct such a comparison. In order to isolate the effects of bullying and sexual harassment on health outcomes we employ control variables that capture some of the aspects of adolescent life that adversely affect health, namely stressful life events and school stress.

Method

Sample

Data were drawn from American students at a middle school and a high school in a suburban New England community who completed paper and pencil surveys during

classes that drew a wide range of students (health or English). Parental consent forms were sent home with the students. The parents were told that the survey covered a range of topics including bullying and sexual harassment, attitudes toward school, and health and well-being. Students who received parental consent were given an assent form along with the survey during class. Both parental consent and student assent forms followed Institutional Review Board procedures which specified that the survey was voluntary and that information given by the students was confidential. The final sample consisted of 154 girls and 142 boys in middle school (grades 7–9), and 70 girls and 156 boys in high school (grades 10–12). The middle school response rate (53%) was higher than that of the high school students (48%). The demographic characteristics of the samples were quite similar to the student body at each school. For example, non-whites represented 11% of middle school and 15% of high school students. Our sample consisted of 12% and 16%, respectively.

Measure

Predictor Variables

Gender and sexual orientation were dichotomous variables coded 0 and 1. The latter value was assigned to girls or to self-identified sexual minorities (gay, lesbian, bisexual) as well as questioning students. Girls comprised approximately forty-three percent of the sample. Ninety-one percent of the students described themselves as heterosexual. We included questioning students (i.e., students who indicated that they were not sure about their sexual orientation) in the sexual minorities category based on research by Williams et al. (2005). They found that questioning students had similar victimization experiences, social support, and psychological adjustment problems as those who self-identified as gay, lesbian, or bisexual.

Bullying and Sexual Harassment

Ten survey items developed by Espelage and Holt (2001) and fourteen items from the AAUW survey (2001) were used to measure bullying and sexual harassment, respectively. Students were asked how often they had experienced each behavior (Never, A few times, Many times) during the school year, who the perpetrators were, and their reaction (See Appendix for survey items). The individual items were summed to create the respective scales. Each scale had high reliability: Bullying (Cronbach’s $\alpha=.89$); sexual harassment ($\alpha=.92$). In order to conform to formal and literal definitions of these behaviors we operationalized “bullying” or “sexual harassment” as repeated behavior. Additionally, we considered the complexity of these

experiences—i.e., that different forms of verbal behavior (teasing as well as threatening) or a combination of physical and verbal behavior are typically aspects of bullying or harassment experiences. Consequently, we defined a student as being bullied or harassed if he/she had three or more different experiences at least “A few times” (e.g., a student was “bullied” if he/she was teased, was pushed or shoved, and was excluded from friends). This operationalization both acknowledges and extends the study of bullying published by Peskin and her colleagues who defined a victim of bullying as a person who has experienced at least one type of bullying behavior at least three times in the last 30 days (Peskin et al. 2006).

Based on our operationalizations, a little more than half (52.3%) of our sample had been bullied, while slightly more than a third (35.3%) were sexually harassed. Our measures of bullying and sexual harassment are correlated ($r=.56$, $p<.01$) indicating that both experiences were common to a number of students. Specifically, 32% of students had been both bullied and harassed; 28% had experienced one but not both; and 40% had experienced neither.

Health Outcomes

Five outcome variables were used in this analysis that tapped different dimensions of overall health and well being. (See [Appendix](#) for survey items). *Self Esteem* was measured by four items from Bowen and Richman (1995) for use with adolescents. The items were summed to produce a scale with a range of 4–12 where $M=6.26$, $SD=2.2$ ($\alpha=.90$). We also used items from Bowen and Richman to measure mental and physical health. The *Mental Health* scale ($\alpha=.81$) consisted of six items which tapped evaluations such as feeling successful, being pleased with self, or feeling lonely or fearful during the last week. A scale was created by combining these items (range=1–11; $M=5.61$; $SD=2.7$). A *Physical Health* scale was developed from a factor analysis of twelve items. Seven items that formed a factor ($\alpha=.83$) were used to create a scale (range=1–12; $M=5.81$; $SD=3.4$) These items asked students how often they had experienced such problems as trouble going to sleep, upset stomach/stomach ache, headache, or dizziness in the last seven days. *Impact of Events Scale (Trauma Symptoms)* was based on eight items ($\alpha=.91$) developed by Dyregrov and Yule (1995) to use with children. The respondents were asked how frequently each item applied to them regarding their most upsetting bullying or sexual harassment experience (e.g., I thought about it when I didn’t mean to, I had waves of strong feelings about it). The combined items resulted in a scale with 1–10 range where $M=5.19$ and $SD=3.2$. *Substance Abuse* was based on a single item from Hanisch

and Hulin (1991) where “Drank alcohol or used drugs because of things that happened at school” was one of several responses to the query “During this school year did you do any of these things to deal with stress at school?” where the response categories ranged from one (Never) to four (Many times). Sixty-one percent (61%) of students responded “Never” to this survey item.

Control Variables

As we discussed earlier, a considerable range of health outcomes are associated with bullying and sexual harassment. However, this victimization is part of a larger social context that includes positive, health-affirming events as well as other negative experiences. Relationships with parents and siblings, academic performance, interactions with teachers and other adults are all part of this context, and they all have implications for students’ health and well-being. Parental divorce, residential upheaval, and conflict with parents are significantly related to a number of health outcomes, including depression, physical ailments, and social adjustment (Newcomb et al. 2007; Waaktaar et al. 2004; Windle and Mason 2004). Similarly, students’ connectedness to school and teachers, as well as academic achievement are related to health and well-being (Prelew et al. 2007; Filozof et al. 1998; Needham et al. 2004). In order to more clearly isolate the effects of bullying and sexual harassment on health outcomes we chose two control variables for our regression analyses that focused on either social or family life or school or academic life: Stressful Life Events Scale for Adolescents (SLESA: Newcomb et al. 1981) and School Stress (Bowen and Richman 1995). SLESA asks respondents to gauge the impact (from extremely positive to extremely negative) of events that may have occurred in the last year (e.g., parents divorced, they changed schools, broke up with boyfriend/girlfriend). The items were added and then converted to a 1–10 scale ($\alpha=.90$) where 1=Very positive impact, 5=No Impact, and 10=Very negative impact. School Stress ($\alpha=.81$) is based on six items that asked students “What is school like for you most of the time?” with five-point Likert scales (“Not at all like me” to “Very much like me”). Items included “I find school hectic” and “I find school exciting.” (See [Appendix](#) for survey items). The items were combined and converted to a one to ten scale where $M=5.27$ and $SD=2.5$. All health outcomes were significantly correlated with Stressful Life Events and School Stress with correlations ranging from $r=.125$ ($p<.05$) for Substance Abuse and Stressful Life Events to $r=.386$ ($p<.01$) for School Stress and Physical Health. We opted not to use either age or grade level (middle or high school) as control variables since correlational analyses revealed that neither was significantly related to bullying or sexual harassment. For example,

Pearson's r for age and bullying was .024 ($p=.51$), and .072 ($p=.10$) for age and sexual harassment. Furthermore, the correlations with age were not significant for either girls or boys. A higher incidence of both bullying (55% versus 50%) and sexual harassment (38% versus 33%) occurred in high school compared to middle school, but these differences were not statistically significant.

Results

Our first research question addresses the issue of *frequency*. Which is more frequent—bullying or sexual harassment? And, are there gender and sexual orientation differences in bullying and sexual harassment? Answers can be found in Table 1. Using the same time frame and the same benchmark for determining whether or not victimization has occurred, bullying is revealed as a much more common experience than sexual harassment. More than half (52%) of students had experienced bullying during the current school year while approximately one-third (34%) were sexually harassed. There were no significant gender differences in this regard: Boys experienced slightly more bullying than girls (53% vs. 51%), and girls were harassed a little more often than boys (36% vs. 34%). Large differences were found, however, for sexual orientation. GLBQ students experienced more bullying (79 vs. 50%) and sexual harassment (71% vs. 32%), and the corresponding regression coefficients were significant for both ($b=.217$ and $b=.280$, respectively). GLBQ students were bullied more often than they were harassed (79% vs 71%) but this difference was not statistically significant.

The second research issue we explore in this paper is the *impact* of bullying and sexual harassment on health

outcomes. We begin first by analyzing differences in health outcomes between the subgroups that are the focus of this paper—girls and boys, and GLBQ and heterosexuals. The research cited earlier found that girls and sexual minorities generally have poorer health functioning than other students. We determine the extent to which this is true for the students in our sample and proceed with the next matter of the impact of bullying and sexual harassment on health. The results of t -tests show that girls have significantly poorer health than boys for four outcomes: The former have poorer self esteem, mental and physical health, more trauma symptoms but similar levels of substance abuse. Except for substance abuse, GLBQ students have poorer health outcomes than their heterosexual peers. Heterosexuals report greater use of substances than GLBQ students.

Given the poorer health outcomes among girls and GLBQ students, the next task is to determine the impact of bullying and sexual harassment *individually* on each outcome by t -tests and through regression analyses which include Life Events and School Stress as control variables. The analyses reveal significant relationships between health outcomes and both bullying and sexual harassment. All five t -tests and regression equations for bullying as well as those for sexual harassment are statistically significant. Bullying and sexual harassment have particularly large effects on physical health ($b=.296$ and $b=.335$, respectively) and trauma symptoms ($b=.269$ and $b=.389$). In contrast, the effects of bullying and harassment are smaller on self esteem ($b=.148$ and $b=.146$) and substance abuse ($b=.135$ and $b=.127$). A perusal of the coefficient sizes suggests that comparable measures of bullying and sexual harassment individually predict health outcomes in fairly similar ways. However, since the predictors are correlated, the relative impact of each on the outcomes is not demonstrated by these comparisons.

Table 1 Predictors of bullying and sexual harassment.

	Samples	% Bullied (rounded) ^a	Beta ^b	% Sexually harassed (rounded)	Beta	Difference: bully vs. SH ^c
Overall		52		35		<.01
Gender					.016 (.024)	
Boys	298	53	.021	34		<.01
Girls	224	51	(.26)	36		<.01
Sexual orientation					.280 (.43)**	
Hetero	470	50**	.217**	32**		<.01
GLBQ	46	79	(.47)	71		NS

** $p<.01$

^a Percentages are derived from cross-tabulation. Students who had 3 or more experiences were considered either bullied or sexually harassed. Significance levels are based on chi square.

^b This is the only analyses where bullying and sexual harassment are dependent variables. Rather than dichotomous variables (see “Predictor variables” above) we used scales with the full range of values (0–20 and 0–24 for bullying and sexual harassment, respectively). Betas are standardized regression coefficients. Standard errors are presented in parentheses.

^c Differences of proportions tests were conducted to compare the percentage of bullying and sexual harassment for each category (e.g., percentage of boys bullied compared to percentage of boys sexually harassed).

The third and final step of the analyses of health outcomes is comparing the predictive strength of bullying and sexual harassment simultaneously on each outcome. Specifically, bullying and sexual harassment were entered *together* into each regression equation using the control variables that we described earlier. Separate analyses were conducted for girls, boys, and GLBQ students. Since bullying and sexual harassment were correlated ($r=.56$, $p<.01$) collinearity diagnostics that are available on SPSS 14.0 were conducted for each outcome and each group. An examination of Tolerance and Condition Index figures for the 20 regression equations revealed that multicollinearity was not a problem since the lowest levels of the former were .65 and, figures for the latter did not exceed 11.0. Tolerance levels that are less than .10 (Norusis 2004) or Condition Index levels over 30 (Belsey et al. 1980) indicate significant multicollinearity problems. The results for the entire sample of students (first column) show that the regression coefficient for sexual harassment is larger than the corresponding one for bullying for all five outcomes. Also, while all five outcome-harassment coefficients are significant, two for bullying (trauma symptoms and substance abuse) are not. As we saw earlier (Table 3), bullying predicted each outcome, as did sexual harassment. It is only when they are placed in the same equation for each outcome that their differences in predictive power emerge. These results lend support to our hypothesis that sexual harassment has more adverse impact than bullying because of the former's stronger basis in cultural stereotypes about gender and sexuality.

The pattern of differences between bullying and sexual harassment and the outcomes extends to sub-group analyses with a few exceptions. For girls, eight of a possible ten relationships (five bully-outcome and five harassment-outcome relationships) are significant. All five harassment-outcome coefficients are significant and three bullying-outcome coefficients are (self esteem, mental health, and physical health) are. The harassment coefficient is larger than the one for bullying for four outcomes. For physical health, the coefficient for bullying is larger ($b=.300$ versus $b=.204$). Only four of a possible ten coefficients are significant among boys. Neither bullying nor sexual harassment predicts boys' self esteem or substance abuse. Among the four significant relationships, three are with sexual harassment—mental health ($b=.227$), physical health ($b=.286$), and trauma symptoms ($b=.355$). The lone significant coefficient for bullying is with mental health ($b=.191$). Based on the number of significant coefficients, it is apparent that girls experience a broader range of adverse health effects from bullying and sexual harassment than boys do. For both sexes, however, sexual harassment causes more harm than bullying.

Among GLBQ students, four of ten coefficients are significant, and all four involve sexual harassment. Sexual

harassment predicts mental health ($b=.393$), physical health ($b=.606$), trauma symptoms ($b=.403$), and substance abuse ($b=.372$). The strength of sexual harassment over bullying on health outcomes follows a similar pattern as found for girls and boys.

Discussion

This study provides new insight on sexual harassment and bullying victimization in school. Both types of victimization were measured in similar ways with the same time format. And this led to the finding that bullying was a more common experience than sexual harassment. This was expected since bullying behavior is more reciprocal (i.e., a significant number of students in other research are described as "bully/victims") and involves same-sex as well as opposite-sex behaviors. There were no significant gender differences with regard to either; but gay and lesbian and questioning students experienced significantly higher rates than other students. Research on adults, by contrast, has found very marked differences in the harassment rates of female and male workers (e.g., USMSPB 1995). As research has shown for both groups—adolescents and adults—males are much more likely to be perpetrators than females. It appears, then, that adolescence is a key point in male development when issues of male dominance and privilege are played out, not only in terms of boy–girl relationships but also in terms of boy–boy hierarchies as well.

We found that life during middle and high school takes a heavier toll on the health and well-being of girls and GLBQ students than on boys (Table 2). At the same, we showed that bullying and sexual harassment have pervasive effects on health (Table 3): Each was significantly related (t -tests as well as regression coefficients) to all five outcomes. These results suggested two interpretations: The pervasiveness of the impacts on health meant that bullying and sexual harassment affected a large number of students, including boys; but, the adverse outcomes were especially felt by girls and sexual minority students. Our subsequent analysis (Table 4) confirmed these arguments.

We expected that boys would be more negatively impacted by bullying while girls and sexual minorities would suffer more from sexual harassment. We were partially correct in that sexual harassment was linked to poor health outcomes for girls and GLBQ students. However, we found that boys, too, were more affected by sexual harassment than by bullying.

Our study, the first of its kind to compare bullying and sexual harassment victimization using equivalent measurements and time frames has found that the less frequent form of victimization (sexual harassment) plays a greater role in poor health outcomes than the more pervasive one

Table 2 Gender, sexual orientation, and health outcomes.

Health outcomes ^a	Gender (mean/SD ^b)		Scale range	Sexual orientation (mean/SD ^b)		Scale range
	Girls	Boys		GLBQ	Heterosexuals	
Self esteem	6.65 (2.3)	5.98 (2.1)**	4–12	7.32 (2.5)	6.18 (2.1)**	4–12
Mental health	6.46 (2.6)	5.01 (2.5)**	1–11	7.76 (2.5)	5.44 (2.6)**	1–11
Physical health	6.52 (3.4)	5.32 (3.3)**	1–12	7.08 (3.3)	5.76 (3.4)**	1–12
Trauma symptoms	5.94 (3.1)	4.61 (3.2)**	1–10	6.68 (2.8)	5.06 (3.2)**	1–10
Substance abuse	1.40 (.87)	1.52 (1.1)	1–4	1.41 (.98)	1.98 (1.2)**	1–4

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

^a Higher scores are associated with poorer outcomes: lower self esteem, poorer health, more trauma symptoms, and greater substance abuse.

^b Significance levels are based on t -tests.

(bullying). These results demonstrate the power of sexuality and sexual stereotypes in drawing the “gender transgression zone” (McGuffey and Rich 1999). While name-calling, teasing, and physical aggression (bullying) negatively impact adolescents as this study and a host of other studies have shown, this paper revealed the harm that is done when words and deeds have a sexual element to them. While sexual harassment is typically a cross-sex phenomenon, research on adolescents reveals that same-sex harassment is harmful as well. When asked to describe how upsetting specific bullying or harassment experiences were (see Appendix), girls cited sexual rumors and boys listed being called gay as the most upsetting of all items. And they listed members of their own sex as the perpetrators.

The impact of sexual harassment compared to bullying is also notable among sexual minorities. Their mean scores on health outcomes were higher (poorer) than girls or boys on four health outcomes (Table 2). Subsequent analyses (Table 4) revealed that sexual harassment had a stronger role than bullying in creating adverse health outcomes. Also, GLBQ sexual harassment coefficients were considerably larger than those for either boys or girls for the same outcomes. These results suggest that adolescents whose sexual identity is marginalized (gay or lesbian) or in a flux (questioning) are particularly harmed by words and deeds that are frequently

used in adolescent culture to draw gender and sexual boundaries. As others have suggested, the adverse effects of harassment can be exacerbated by a lack of social support from peers and adults (Williams et al. 2005), or as a result of bystander harassment where they witness others being disparaged by the use of homophobic language (Poteat and Espelage 2007). Not only is the development of support systems at school important to safeguard the well-being of gay, lesbian, and questioning adolescents, it is also crucial to develop or reinforce policies to control the use of sexually derogatory language. In general, our analysis should alert educators, parents, and researchers about the role that sexual harassment plays vis-à-vis bullying, and that the current trend of focusing on the latter problem, or else subsuming harassment under bullying, draws attention away from a significant health risk.

Limitations

Our study has several limitations. First, our sample consists mostly of white students that were drawn from one school district. A more racially and ethnically diverse sample may have produced somewhat different results because of differences in perceptions of, and reactions to bullying or sexual harassment (Buchanan 2005; Shupe et al. 2002).

Table 3 Bullying, sexual harassment, and health outcomes.

Health outcomes ^a	Bullying (mean/SD ^b)		Beta/SD ^c	Sexual harassment (mean/SD ^b)		Beta/SD ^c
	Bullied	Not bullied		Harassed	Not harassed	
Self esteem	6.65 (2.2)	5.79 (2.1)**	.148 (.20)**	6.71 (2.3)	5.84 (2.1)**	.146 (.20)**
Mental health	6.33 (2.7)	4.77 (2.5)**	.214 (.23)**	6.59 (2.6)	4.76 (2.5)**	.262 (.23)**
Physical health	6.87 (3.3)	4.67 (3.2)**	.296 (.27)**	7.17 (3.2)	4.63 (3.1)**	.335 (.30)**
Trauma symptoms	5.94 (3.2)	4.21 (3.0)**	.269 (.24)**	6.53 (2.9)	3.94 (2.9)**	.389 (.27)**
Substance abuse	1.59 (1.1)	1.26 (.78)**	.135 (.09)*	1.73 (1.1)	1.28 (.86)**	.127 (.09)*

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

^a Higher scores are associated with poorer outcomes: lower self esteem, poorer health, more trauma symptoms, and greater substance abuse.

^b Significance levels are based on t -tests.

^c Standard regression coefficients and standard errors are presented. Regressions for each health outcome used bullying or sexual harassment as predictors and controlled for gender, sexual orientation, life events, and school stress.

Table 4 Bullying, sexual harassment, gender, sexual orientation and health outcomes.

Outcomes ^a	Total sample ^b	Girls ^c	Boys	GLBQ ^d
Self esteem				
Bullying	.109 (.23)*	.170 (30)*	.087 (1.2)	.247 (1.5)
SexHar	.128 (.24)**	.201 (.24)**	.089 (.25)	.261 (1.6)
Mental health				
Bullying	.151 (.22)**	.163 (.34)*	.191 (.35)**	.168 (1.0)
SexHar	.246 (.20)**	.270 (.30)**	.227 (30)**	.393 (.86)**
Physical health				
Bullying	.163 (.35)**	.300 (.42)**	.082 (.45)	.042 (1.2)
SexHar	.236 (.30)**	.204 (.38)**	.286 (.39)**	.606 (1.4)**
Trauma symptoms				
Bullying	.074 (.31)	.055 (.43)	.123 (.43)	.085 (1.1)
SexHar	.358 (.33)**	.350 (.35)**	.355 (.36)**	.403 (1.3)**
Substance abuse				
Bullying	.085 (.10)	.076 (.11)	.033 (.10)	.152 (.64)
SexHar	.121 (.09)*	.181 (.12)**	.099 (.64)	.372 (.56)**

* $p < .05$; ** $p < .01$

^aBullying and sexual harassment were regressed on each outcome with gender, sexual orientation, stressful life events, and school stress as controls.

^bRegressions were conducted separately for girls and boys. Each outcome was regressed with bullying and sexual harassment, controlling for sexual orientation, life events, and school stress.

^cPositive regression coefficients denote being bullied or harassed and having poor health outcomes.

^dRegressions were conducted separately for GLBQ students. Each outcome was regressed with bullying and sexual harassment, controlling for gender, life events, and school stress.

Also, because we had a small number of sexual minority students we were not able to compare differences in experiences and health outcomes between girls and boys. Given the stigma of being labeled gay in male culture, it would have been interesting to see if gay boys have significantly poorer health than lesbian girls as a result of victimization. Because of our operationalizations a number of students who had a small number of bullying and sexual harassment experiences were not defined as having been “bullied” or “sexually harassed.” Since even low levels of sexual harassment—at least among adults—adversely affects health outcomes (Schneider et al. 1998), it is possible that we underestimated the harm resulting from bullying or sexual harassment among the adolescents in our study. Finally, it is possible that some of the adolescents in our study were bullied or harassed *because* of significant health deficits. Our analysis assumed that adverse health outcomes were the *result* of victimization. A recent study by Fekkes et al. (2006) found that depressed and anxious children had a higher probability of being bullied than did their peers; and these experiences further compromised their mental health. The cross-sectional design of our survey did not allow us to explore this issue.

Conclusion

A significant amount of time and energy has been dedicated to bullying prevention with the assumption that this will

create a safer environment for students. This study raises the question as to whether victimization at school can be addressed successfully by focusing on only one of the two significant problems in this regard. We are not suggesting that bullying prevention programs be curtailed; rather, we would argue that sexual harassment prevention receive attention as a distinct focus. All students need to benefit from a safe school environment and the mental and physical health implications from sexual harassment and bullying behaviors need to be considered. Keeping schools safe in the twenty-first century is a worthy goal but continuing to focus on boys’ behavior and bullying violence in schools, rather than on all students’ negative experiences with sexual harassment detracts from our ability to provide a healthy environment for all children.

Appendix

Variable Measurement

Bullying

During this school year, have one or more students at school... (Never, A few times, Many times)

Upset you for the fun of it.

Scared you.

Teased you

Picked on you.
 Made fun of you.
 Called you names.
 Got in a physical fight with you.
 Pushed, shoved, slapped, or kicked you.
 Threatened to hurt or hit you.
 Excluded you from your group of friends.

Sexual Harassment

During this school year, have one or more students at school done any of these things that you did not want them to do. (Never, A few times, Many times)

Touched, grabbed or pinched you in a sexual way.
 Cornered you in a sexual way.
 Spread sexual rumors about you.
 Made sexual jokes about you.
 Made sexual gestures or looks at you.
 Showed, gave, or left you sexual pictures, messages, or notes
 Wrote sexual messages about you on bathroom walls, locker rooms, or classroom blackboards.
 Called you gay or lesbian or a name like fag or dyke.
 Spied on you as you showered or dressed at school.
 Flashed or mooned you.
 Pressured you for a date.
 Pulled your clothing off or down.
 Kissed or hugged you when you did not want it.
 Listed you in a “slam book” with sexual remarks about you.

Sexual Orientation

What is your sexual orientation?

Heterosexual or straight
 Gay or lesbian
 Bisexual
 Not sure

Self Esteem

How well does each statement describe you? (A lot, A little, Not at all)

I feel positive about myself.
 I am satisfied with myself.
 I have a number of good qualities.
 I am able to do things as well as most other people.

Mental Health

During the past week, how often did you feel the following? (Never, Sometimes, Often)

Successful
 Pleased with yourself
 Confident
 Lonely
 Sad
 Felt like crying

Physical Health

How often during the past 7 days have you experienced any of the problems listed below? (None, 1–2 days, 3 days or more)

Loss of appetite
 Headache
 Dizziness or fainting
 Trouble going to sleep
 Upset stomach or stomach ache
 Vomiting or feeling sick to your stomach
 Trouble with nerves

Trauma Symptoms

Below is a list of comments made by people in response to stressful experiences. Please check each item, indicating how frequently these comments were true for the experience [Respondent’s description of bullying or sexual harassment experience that was the most upsetting] you described above. (Not at all, Rarely, Sometimes, Often)

I thought about it when I didn’t mean to.
 I tried to remove it from my memory.
 I had waves of strong feelings about it.
 I stayed away from reminders of it.
 I tried not to talk about it.
 Pictures of it popped into my mind.
 Other things kept making me think of it.
 I tried not to think about it.

Stressful Life Events

Please tell us a little bit about your life during the past year. Listed below are a number of life events, both positive and negative... If you experienced an event in the last 12 months, rate the event in terms of the impact it had on you. (Extremely negative, Very negative, Slightly

negative, No impact, Slightly positive, Very positive, Extremely positive.

Parents divorced
 Found a new group of friends
 Stole something valuable
 Given medication by physician
 Family member died
 Changed schools
 Decided about college
 Broke up with girl/boy friend
 Thought about suicide
 Was victim of a crime
 Got poor grades in school
 Family moved
 Parents remarried
 Had a serious accident or illness
 Got in trouble with the law
 Increase in size of household
 Fell in love
 Started seeing a therapist
 Started dating regularly
 Family had money problems
 Got in trouble in school
 Started making own money
 Ran away from home
 Got pregnant or made someone pregnant
 Parents argued or fought
 Gained or lost a lot of weight

School Stress

What is school like for you most of the time? (Not at all, A little bit, Moderately, Quite a bit, Extremely)

I find school hectic.
 I find school tense.
 I find school fun.
 I find school relaxing.
 I find school exciting.
 I find school stressful.

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Exploring gender differences in dating violence/harassment prevention programming in middle schools: results from a randomized experiment

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Abstract In this study, we randomly assigned 123 sixth and seventh grade classrooms from seven middle schools in the greater Cleveland area to one of two five-session curricula addressing gender violence/sexual harassment (GV/SH) or to a no-treatment control group. A baseline survey and two follow-up surveys were administered immediately after the treatment (Wave 2) and about six months post-treatment (Wave 3). In an earlier paper, we demonstrated the effectiveness of two approaches to youth GV/SH prevention programming (a fact-based, law and justice curriculum and an interaction-based curriculum). In this paper, we explored whether these largely positive findings remain for both girls and boys, including whether girls experience higher levels of GV/SH than boys. Most of our statistical models proved to be non-statistically significant. However, in 2 of our 48 victimization/perpetration (any violence, sexual violence and non-sexual violence) models (across two post-intervention follow-up points), we observed that the interventions reduced peer (male or female, non-dating partner) sexual violence victimization and reduced peer perpetration, but another outcome model indicated that the interventions increased dating perpetration. These mixed findings will need to be explored further in future research. Regarding our primary research question, we observed no

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statistically significant differences for the treatment multiplied by gender interaction terms for any of the perpetration or victimization outcome models, suggesting that the treatment had similar effects on girls and boys. However, we did observe that boys are more involved in violence than girls: both as victims and perpetrators. Boys experienced significantly more of three types of victimization from peers and dating partners compared to what girls experienced at the hands of their peers and dating partners. As perpetrators, boys committed more sexual victimization against peers (immediately post-intervention only) and more sexual victimization against dating partners than girls. The implications of these results are discussed.

Keywords Teen dating violence · Gender · Middle schools · Prevention curricula · Randomized experiment

Introduction

Teen dating¹ violence is no longer a problem only recognized by sexual assault and domestic violence centers, as it was nearly 30 years ago. Now it is acknowledged as a major problem; its frequency is surveyed, suggesting that it is experienced by as many as 40–60% of teenagers (Foshee et al. 1996; Hickman et al. 2004; Jouriles et al. 2009); and interventions have been created to reduce its severity or prevent its inception by a coalition of stakeholders, including policy makers, criminologists, educators, psychologists, and medical personnel (Mulford and Giordano 2008). School-based programs to prevent and reduce the precursors to teen dating violence have become one of the most popular modes of intervention to disrupt the normalcy of teen dating violence.

In our research project funded by the National Institute of Justice (NIJ) in seven middle schools in the greater Cleveland area, students in 123 sixth and seventh grade classrooms were randomly assigned to one of two five-session curricula addressing gender violence/sexual harassment (GV/SH) or to a no-treatment control. Three-student surveys were administered over a six-month period. In an earlier paper (Taylor et al. 2010), students in one of the treatments (law and justice), compared to the control group, had significantly improved outcomes in awareness of their abusive behaviors, attitudes toward GV/SH and personal space, and knowledge. Students in the second treatment (Interaction-focused) experienced lower rates of victimization, increased awareness of abusive behaviors, and improved attitudes towards personal space. Neither curricula affected perpetration or victimization of sexual harassment. While the interventions appeared to reduce peer violence victimization and perpetration, a conflicting finding emerged: the intervention may have increased dating violence perpetration (or at least the reporting of it) but not dating violence victimization. In this article, we will explore whether these effects of our interventions vary for boys compared to girls.

¹ We defined “dating” in the following manner: “girls or boys you are going with, dating, going steady with, or have gone out with, dated, or gone steady with for at least one week. This group includes anyone who is or was your boyfriend/girlfriend for at least one week.”

Research questions

Our primary research question relates to whether there is a difference in the effects of the interventions by gender. That is, do the interventions help girls more than boys or vice versa? This is an important question to address for there is a considerable amount of evidence that girls have different rates of victimization and perpetration than boys and experience violence differently (see “Literature review”). Given these findings, it is critical for researchers to assess if universal primary prevention interventions (like the interventions we tested) are able to help both girls and boys. If there are differential effects, future research can assess whether changes are needed in the interventions. This leads to our second question about whether there are differences in the levels of violence experienced by girls compared to boys (as victims or perpetrators). Our third question is whether our earlier reported findings regarding the effects of our two treatment groups (Taylor et al. 2010) remain the same when controlling for possible gender effects. Our paper is one of the few to examine gender difference in terms of the effects of prevention programming. We focus on the issue of gender because it has often not received due attention in attempts to address dating violence and is a central feature of dating violence (Lesko 2000; Stein 1995).²

Literature review

Prevalence of teen gender violence and sexual harassment (GV/SH)

GV/SH among teenagers has serious health consequences, including significantly poorer mental and physical health, and more trauma symptoms (Howard et al. 2007a, 2007b; Molidor and Tolman 1998). Prevalence rates vary, but research on teen dating violence suggests that as many as 40–60% of teenagers experience dating violence, including sexual, physical, and psychological abuse (Foshee et al. 1996; Hickman et al. 2004; Jouriles et al. 2009).

The most consistent, standardized source for examining differences in rates of sexual and physical teen dating violence for girls compared to boys can be found in the Youth Risk Behavior Survey (YRBS), a comprehensive nationally representative survey about youth behaviors administered by the Centers for Disease Control and Prevention in conjunction with state departments of public health. Unfortunately, the administration of this survey is limited to students in grades 9–12, with some states or locales recently gathering data from eighth graders. Nonetheless, the national results from 2007 YRBS showed that for the

² While there are other potential demographic variables to examine (e.g., ethnicity), we focus on the topic of gender differences. Gender and the greater physical strength of males over females is a key aspect of dating violence (Stein 1995) and can be used by boys to control young girls. We believe the topic of gender is too complex to present with other demographic variables and would interfere with our goal of a parsimonious presentation. Given our use of a RCT design, we found that we have a balance across our treatment/control groups on the issue of ethnicity and other demographic variables. Given this balance, we are able to assess the independent effects of gender without simultaneously examining other demographic variables.

question “hit, slapped or physically hurt on purpose by their boyfriend or girlfriend during the last 12 months” the frequency was 8.8% for girls and 11.0% for boys (victimization), and for the second of the two questions on TDV, “ever physically forced to have sexual intercourse in the past 12 months,” frequency was 11.3% of the girls, and 4.5% of the boys (however, this question does not acknowledge the relationship or age of the perpetrator) (see www.cdc.gov/HealthyYouth/yrbs/pdf/yrbs07_us_disparity_sex.pdf). Results from Ohio (the state of our research project) for the same questions in 2007 (whether your boyfriend or girlfriend hit, slapped or physically hurt you on purpose during the past 12 months) revealed a rate of 9.8% for males, and 9.7% for females; and for the question, “Have you ever been physically forced to have sexual intercourse when you did not want to” was 7.2% for the males and 13.0% for the females (see www.odh.ohio.gov/odhPrograms/chss/ad_hlth/YouthRsk/youthrsk1.aspx).

One dimension of teen dating violence that is not captured by the YRBS is the factor of fear of being hit by one’s partner, and the injury that might occur. Girls are more likely than boys to report more fear related to GV/SH (Foshee 1996; O’Keefe and Treister 1998; Molitor et al. 2000). By the same token, girls are more likely to be injured by their male dating partner than boys are likely to be injured by their female dating partner (Bennett and Fineran 1998; Sugarman and Hotaling 1989; Wolfe et al. 2009).

It is also useful to look at data about peer sexual harassment which is more ubiquitous and widespread than dating violence. Victims of sexual harassment, in addition to suffering from poorer mental and physical health, also exhibit greater school avoidance than those not sexually harassed (Fineran and Gruber 2004; Gruber and Fineran 2008; Larkin 1994). In comparison with boys who reported harassment, studies have found that girls fare consistently worse on such measures (Fineran and Gruber 2004; Gruber and Fineran 2008; AAUW 1993, 2001). Data from the most recent national study of 2,064 students in grades 8–11 indicate that 83% of females experience sexual harassment from their male peers while male students also reveal high levels of sexual harassment in school (60–79%) (AAUW 2001). Interestingly, the male students charge their male counterparts with perpetrating the majority of verbal harassment (AAUW 1993, 2001; Tolman et al. 2003). Findings from the females suggest that the onset of their sexual harassment began in grade 6. Prevalence rates for sexual harassment suggest that it increases throughout middle school, indicating a need for early intervention (McMaster et al. 2002; Pellegrini 2001).

While girls and boys both experience high rates of GV/SH, they experience, think of, and react to GV/SH differently (O’Keefe and Treister 1998; Gruber and Fineran 2008). First, girls are more likely than boys to be sexually victimized (Foshee 1996; Molitor et al. 2000; Wolitzky-Taylor et al. 2008), and sustain more relationship violence-related injuries than their male counterparts (Howard et al. 2007a, 2007b; Jackson et al. 2000; Makepeace 1987; Molitor and Tolman 1998; O’Keefe 1997). These studies have also revealed that, while males and females both perpetrate GV/SH at high levels, the motivations (O’Keefe 1997; Mulford and Giordano 2008), attitudes (Jackson et al. 2000; LeJeune and Follette 1994) and consequences (Molitor and Tolman 1998; Wolitzky-Taylor et al. 2008) are often very different, with girls faring consistently worse on a number of physical (Foshee 1996; Malik

et al. 1997; O'Keefe 1997; Watson et al. 2001; Fineran and Gruber 2004; Gruber and Fineran 2008; AAUW 1993, 2001) and emotional outcomes (Foshee 1996; O'Keefe and Treister 1998; Molitor et al. 2000). Teenage girls are more often killed by male dating partners (or ex-partners) than the reverse (Sousa 1999); data from the American Bar Association between 1993 and 1999 found that 22% of all homicides against females aged 16–19 were committed by an intimate partner (Blow 2009). Moreover, sexual risk behaviors, pregnancy, and suicidality are also associated with victimization in girls (Silverman et al. 2001; 2004).

Research on teen GV/SH prevention programs

Prevention efforts in most school districts focus on violence in general terms (e.g., gangs, delinquency, drugs) but largely neglect the gendered nature of school violence (Stein 1995). Studies on teen GV/SH have focused on students in the eighth grade and higher (Foshee et al. 1996, 1998, 2000, 2001, 2005, 2007, 2008; Jaycox et al. 2006³). While there have been numerous studies on risk factors for GV/SH perpetration over the past 20 years (see Mulford and Giordano 2008), GV/SH data on sixth and seventh grades are sparse, with few teen GV/SH interventions having been evaluated rigorously (CDC 1998; Chalk and King 1998; Cornelius and Resseguie 2006; Hickman et al. 2004; Meyer and Stein 2004; Taylor et al. 2010; Whitaker et al. 2006). Of these, most document at least a short-term positive change in knowledge and/or attitudes related to gender violence (Foshee et al. 1996, 1998; 2000; Avery-Leaf et al. 1997; Lavoie et al. 1995; Macgowan 1997; Jaffe et al. 1992; Wolfe et al. 2009), while others show longer-term positive program effects (Foshee et al. 2004a, b, 2005; Foshee and Reyes 2009).

In one of the more rigorously evaluated interventions, Wolfe et al. (2009) experimentally examined the 4R: Skills for Youth Relationships program with Canadian ninth graders. They found that after 21 sessions the program was able to reduce physical dating violence in the intervention group as compared to the control group. Safe Dates, a U.S.-based program for eighth and ninth graders designed and evaluated by Foshee et al. (1996, 1998, 2000, 2005), has also experimentally shown a reduction in long-term physical dating violence after only 10 sessions. Evidence of GV/SH in the eighth grade suggests that students in younger grades, specifically sixth and seventh grades, are important points of primary prevention before dating patterns have been set (Lonsway 1996; Mulford and Giordano 2008).

In Foshee & Matthew's (2007) review of GV/SH program evaluations, gender differences from some high quality experimental studies were summarized. In one of those studies, black male junior high students with high academic abilities showed the greatest and most significant gains (Macgowan 1997; Kraizer and Larson 1993). In the evaluation of Safe Dates, the researchers (Foshee and Langwick 2004) found that the program was equally effective in prevention perpetration for males and females and for white and minority adolescents (Foshee and Matthew 2007). Wolfe's cluster randomized trial of 21 sessions conducted in health classes for ninth graders in 20 Canadian schools (1,722 students aged 14–15) on the topics of healthy

³ The Jaycox et al. (2006) study is very different than our study in that it involved high school students, included three intervention sessions and was taught by lawyers.

relationships, sexual health and substance use showed promising results, especially for boys (Wolfe et al. 2009). Physical dating violence (PDV) was lower in the intervention compared to the control group (9.8% vs 7.4%; adjusted odds ratio, 2.42; $p = .05$), and a significant group-to-sex interaction effect indicated that the intervention effect was greater in boys (PDV: 7.1% in controls vs 2.7% in intervention students) than in girls (12.1% vs 11.9%). However, the likelihood of replication in the US might be minimal given the pressures of high stakes testing that permeates U.S. schools and the corresponding constraints for implementing a 21-session curriculum.

In an effort to curb the vast prevalence of GV/SH, as documented in the previous section, we evaluated two substantively distinct curricula on GV/SH prevention. In a prior analysis (Taylor et al. 2008, 2010), we found largely positive findings regarding the effectiveness of our interventions in reducing GV/SH compared to a control group. In this paper, we explore whether these largely positive findings remain for both girls and boys or works better for one over the other, as suggested by Wolfe et al. (2009). We had originally thought that girls would have experienced more sexual violence and therefore would be more receptive to our interventions. Moreover, we wondered if there were differences in the levels of violence perpetrated or experienced by girls or by boys. In the sections that follow, we describe our interventions and methods used in our study, followed by a review of our data analytic results on gender differences and its possible interaction effects with our interventions.

Description of the interventions

The two curricula were (1) an interaction-based curriculum and (2) a law and justice curriculum. Also, a third set of classes served as the control condition that did not receive either of the two curricula designed by our team. Instead, the control condition received the standard health education offered by their respective school districts, which did not include dating violence prevention material.

We developed the two treatments in close collaboration with the staff members from the three participating school districts and a local rape crisis center. Both curricula contained five lessons (designed to last 40 minutes each) and were taught over about five consecutive weeks. The lessons were taught by an experienced female educator from a local sexual assault center. This educator was the center's manager of education services, and had extensive experience teaching violence prevention in schools. Since the lessons were written for middle school students, the classroom pedagogy had to engage them and not rely on simply didactic lessons. Although a longer program could have been developed, the project team decided to develop lessons that could be implemented within the typical time constraints that most schools faced.

Our lessons concentrated on the definitions and applications of “personal space” and “boundaries”—notions that are synonymous with laws—distinguishing permissible behaviors from those that are not. From the obvious wall that serves as a boundary of a room, to a border that delineates one state or nation from another, to a more abstract use of boundaries employed in rule- and law-making, students have

various opportunities to apply these concepts in activities themed around precursors to GV/SH. Both curricula began with the same lesson on the establishment of relationship boundaries through an activity that measures “personal space.” The distinctions between the two treatments (interaction-based, law and justice) were reflected in the questions that followed the activity during the first lesson. The law and justice curriculum prompted discussion about the consequences of not obeying boundaries (e.g., rules, laws). The interaction-based treatment centered on the ways in which one notices that boundaries have been crossed or violated, either in terms of transmitting oneself or understanding the ways in which someone else might indicate his or her boundaries had been crossed.

More broadly, the interaction-based curriculum addressed GV/SH by focusing on setting and communicating boundaries in relationships; the formation of deliberate relationships/friendships and the continuum between friendship and intimacy; the determination of wanted/unwanted behaviors; and the role of the bystander as intervener in GV/SH incidents. The law and justice curriculum focused on laws, definitions, information, and data about penalties for sexual assault and sexual harassment as well as imparting results from research about the consequences for perpetrators of GV/SH. The law and justice intervention explored the concepts of laws/boundaries, plotting the shifting nature of personal space, considering laws as they apply by gender, and a final activity on myths and facts about sexual harassment.

Very detailed instructions were included with each lesson. These instructions covered items such as ground rules (e.g., “no swear words”) as well as the length of time to devote to each activity within the class period. We carefully monitored the curricula implementation. As pointed out by Durlak and Dupre (2008), an assessment of implementation of an intervention is a critical aspect of a program evaluation. Based on the student surveys, observations by our team, and tracking logs maintained by the interventionist, the curricula were implemented as designed and planned.⁴

The rationale for selecting these two curricula to test was based on the Theory of Reasoned Action (TRA). TRA is based on research that demonstrates that intentions to behave are immediate predecessors to specific actions, and proposes that attitudes toward and perceived norms about the desired behavior facilitate the intention to change, modify, or adopt a particular behavior (Ajzen and Fishbein 1980; Fishbein 1967). Our interaction-based curriculum was designed to address negative attitudes and beliefs about dating violence, through interaction skill building, that in turn will lead to behavioral change. However, the law and justice curriculum was designed to change behavior more directly through a fact-based curriculum on the laws pertaining to dating violence. Knowledge of these laws and penalties was then expected to reduce violent behavior toward dating partners. Our use of TRA was based on the explanatory power of this theory, as demonstrated in a variety of fields for the past 30 years (Fores et al. 2002; O’Callaghan et al. 1997; McGahee et al. 2000; Budd et al. 1983; Conner et al. 1998; de Vroome et al. 2000).

⁴ A detailed description of the interventions and the roles of our project team members and project partners are provided in the project final report (see Taylor et al. 2008).

Research methods

Study design

This experiment was conducted in 2006 and 2007 with students in sixth and seventh grade classrooms from three suburban school districts in the Cleveland, Ohio area, including: 80 science classes, 17 social studies classes, 12 health classes and 14 other classes. The 123 classrooms were drawn from three participating school districts from Shaker Heights City School District, Berea City School District, and Cleveland Heights-University Heights School District. All sixth and seventh grade classrooms from these three school districts were selected and participated in the random assignment process, and student survey process). We selected these school districts because they had large numbers of sixth and seventh grade classes ($n > 100$) available for random assignment and the student body ($n > 15,000$) represented a diversity of ethnic groups to study the interventions. In total, seven schools from across these districts were included in the study ($n = 1,639$ students across 123 study classrooms).

With such a sample size, our study had a good degree of statistical power to find small to medium effect sizes. According to Cohen (1988), effect sizes can be classified in the following manner: Small effects = .25; medium effects = .75; large effects = 1.25. Using Optimal Design developed by Raudenbush and Liu (2000), it was possible to calculate the statistical power of this HLM-based study (assuming an alpha of .05, a two-sided test, and an intraclass correlation coefficient of .15). This study had enough power to detect large, medium and small effect sizes, although the power did not quite reach the .80 threshold for very small effect sizes (power just below .7).⁵

While we had 1,639 students in the study, not all the participants completed all of the questions on the study surveys across all the waves of the survey. Nevertheless, we were able to achieve a fairly high participation rate. At Wave 1, 1,507 of 1,639 study eligible participants completed the survey (92%), at Wave 2, we retained an 89% participation rate (1,460 of the original 1,639), and at Wave 3, we retained an 83% participation rate (1,356 of the original 1,639). As displayed in Table 1, our attrition of students was relatively balanced across the treatment and control groups. As reported in an earlier paper (Taylor et al. 2010), we found no differences in the survey participation rates across the Control, Interaction Treatment Group and Law and Justice Treatment Group for the three survey waves.

We used a randomized control trial (RCT) design. RCTs are typically considered the best method for eliminating threats to internal validity in evaluating social policies and programs (Berk et al. 1985; Boruch et al. 1978; Campbell 1969; Campbell and Stanley 1963; Dennis and Boruch 1989). RCTs provide a strong counterfactual description of what would have happened to the treatment group if they had not been exposed to the treatment (Rubin 1974; Holland 1986). Random

⁵ Due to resource constraints, our main interest was in detecting small to medium effect sizes, for anything below that level (given the time and resources to implement the program) might possibly be considered less meaningful for policy making purposes.

Table 1 Student, classroom and school attrition across the three waves

	Wave 1 (preceding the intervention)			Wave 2 (period during the intervention)			Wave 2 (period during the intervention)		
	Interaction treatment	Law and justice treatment	Control group	Interaction treatment	Law and justice treatment	Control group	Interaction treatment	Law and justice treatment	Control group
No. of schools	7	7	7	7	7	7	7	7	7
No. of classrooms	29	29	65	29	29	65	29	29	65
No. of students	392	414	701	374	404	682	345	374	637

assignment was implemented at the classroom level,⁶ and we worked carefully to maintain the integrity of the assignment process (e.g., avoiding contamination). We established procedures to monitor and maintain the integrity of the classroom assignment process (and monitor for expectancy, novelty, disruption, and local history events).

We used a stratified random allocation procedure (see Boruch 1997). Classes were classified by two relevant stratifying criteria (grade level and school).⁷ Also, given that our main question was whether treatment was more effective than no treatment, we randomly assigned about half of our classes (54%) to the control condition and the other half to receive an intervention (either the interaction-based or law and justice-based curriculum). Twenty-three percent of the classrooms ($n=29$) were assigned to treatment 1 (an interaction-based curriculum) conducted over a five-week period. Twenty-three percent of the classrooms ($n=29$) were assigned to treatment 2 (a law and justice-based curriculum) also conducted over a five-week period. Fifty-four percent of the classrooms ($n=65$) were assigned to the control condition.

All classes assigned to treatment received their appropriate treatment, and the same held true for the control group (i.e., our study had no “overrides” or cases that did not follow the random assignment protocol). Also, as reported in Taylor et al. (2008), our RCT design produced largely equivalent treatment and control groups prior to the delivery of the intervention. That is, we found no pre-treatment differences between the Control, Interaction Treatment Group, and Law and Justice Treatment Group for a whole series of baseline variables [demographics (including gender), history of victimization or perpetration, experience with prevention programs, and history of dating] (Taylor et al. 2008).

⁶ Logistically, it would not have been possible to take students out of their regular schedule and randomly assign them on an individual basis to new classes. Also, the funding necessary to assign a large number of schools (e.g., over 50 schools) randomly to our study conditions was not available.

⁷ Although not strictly necessary, pre-stratification helps ensure that groups start out with some identical characteristics and assure that we have adequate numbers of classrooms in each of the cells for each participating school (see Boruch 1997).

Measures

Student surveys were completed using paper and pencil, and were distributed by a member of the research team: (1) immediately before the assignment to one of the three study conditions, (2) immediately following after the treatment or control condition were completed, and (3) five to six months⁸ after their assignment to one of the three study conditions. To participate in the survey, we required the active written consent of the parents' of the students, along with the verbal assent of the students. There were no apparent differences in the survey participation rates across the three comparison groups for the three survey waves. That is, all the groups participated (both parents consented and child assented to completing a survey) at a rate of about 75% for the baseline survey and 70% for the first and second follow-up surveys. Below is a brief description of our survey measures. In Taylor et al. (2008), we include a copy of the survey, and present a more detailed review of these measures, along with reliability scores.

Sexual and non-sexual (physical) violence victimization and perpetration

The survey included prevalence (yes/no) and incidence (number of times) questions on the experience of being a victim and/or perpetrator of sexual violence and non-sexual (physical) violence by/of peers,⁹ and people that you have dated.¹⁰ While the intervention was focused on reducing violence among dating partners, we examine this issue to assess if the intervention's effect might extend to peers, as well as dating partners. The items for this survey were adapted from CDC's Youth Risk Behavior Survey and from a study by Foshee et al. (1998). Physical violence items included: slapping or scratching; physically twisting an arm or bending back fingers; pushing, grabbing, shoving, or kicking somewhere on the body other than in the private parts; hitting with a fist or with something hard besides a fist; and threatening with a knife or gun. Sexual violence items included: pushing, grabbing, shoving, or kicking in the private parts; and making you touch their private parts or touching yours when you did not want them to. All of the victimization measures have Cronbach's alpha scores above .71, except for the frequency measure of dating victimization in Wave 2 which had a score of .60. All the violent perpetration measures have Cronbach's alpha scores above .70.

Analysis plan

In order to address any missing data from partially completed questionnaires, we used multiple imputations in our analyses (Fichman and Cummings 2003). First, we

⁸ School scheduling precluded us from doing all of the surveys at the six-month follow-up point in time.

⁹ This was defined for students as, "People about the same age as you. They may be your classmates, kids in your school, neighborhood/community, and are both girls and boys the same age as you. You might or might not know them or think of them as your friends."

¹⁰ This was defined for students as, "People who you are 'going with', 'dating', 'going steady with' or have 'gone out with,' 'dated,' or 'gone steady with' for at least a week. This group also includes anyone who is or was your boyfriend/girlfriend for at least a week."

created five multiply imputed datasets in SAS 9.1 using the PROC MI procedure. Secondly, we analyzed our datasets in HLM 6.0, which supports multiple imputations. To address all of our quantitative study aims we used HLM 6 software developed by Raudenbush et al. (2004). HLM provides a conceptual framework and a flexible set of analytic tools to analyze the special requirements of our data (i.e., students are nested within classes that are nested within schools). We estimated numerous HLM models examining the effects of GV/SH classes on our outcomes immediately after the GV/SH classes and at a six-month follow up. We examined a number of HLM models for the experience of being a victim and/or perpetrator of sexual violence and non-sexual (physical) violence from/to “peers” and “people that you have dated.”

Results

The first part of this section presents the background characteristics of our sample, including descriptive statistics on the distribution of our outcome measures. The subsequent section presents the substantive results of our multivariate HLMs for each of our outcome measures.

Descriptive statistics

The students in our study were from the sixth and seventh grades and were generally between the ages of 11 to 13 years old. Our study is unique in our use of such a young group to study GV/SH. That is, most GV/SH studies are done with students in the ninth grade through twelfth grades of high school. Next, we had slightly more girls (52%, $n=831$) in our sample than boys (48%, $n=761$).¹¹ Approximately a quarter of our student sample were African American (27% or $n=392$), about half were Caucasian (52% or $n=750$), 3% were Asian ($n=43$), 3% were Hispanic ($n=40$), 2% Native American ($n=32$), and 13% multi-racial or other ethnicities ($n=187$). About a quarter of our sample (23% or $n=288$) also had prior experience with a violence prevention educational program. The majority of our sample (56% or $n=705$) had been in a dating relationship at least once in their lifetime (where the dating lasted longer than at least one week); about half of these students had either one or two dating partners (75% had five or fewer dating partners). Our sample consisted of a relatively large number of students who had already experienced dating violence in their lifetime prior to our study (28% or $n=445$). Also, 21% ($n=334$) of our sample reported in the baseline survey perpetrating at least one act of dating violence in their lifetime.

To provide an overview of the distribution of our outcome measures, we present descriptive statistics for each of our main outcome measures for boys and girls in Table 2 for our baseline (Wave 1), time 2 point immediately after the

¹¹ As discussed earlier, not all the respondents completed all of the questions on the survey. For example, 47 students did not answer the gender question on the survey.

Table 2 Descriptive statistics for main outcome measures by gender

Questions	Wave 1		Wave 2		Wave 3	
	Males	Females	Males	Females	Males	Females
Q1. Have your peers...						
Prevalence of any violence	1.63 (1.57)	1.06 (1.33)	1.26 (1.53)	.95 (1.33)	1.70 (1.71)	1.27 (1.47)
Frequency of any violence	2.37 (2.77)	1.41 (2.12)	1.83 (2.74)	1.24 (2.07)	2.75 (3.67)	1.78 (2.54)
Prevalence of sexual violence	.18 (.39)	.10 (.34)	.15 (.39)	.09 (.33)	.24 (.51)	.15 (.41)
Frequency of sexual violence	.24 (.58)	.14 (.54)	.20 (.62)	.12 (.51)	.41 (1.05)	.21 (.68)
Prevalence of Non-sexual violence	1.45 (1.38)	.96 (1.17)	1.11 (1.31)	.86 (1.19)	1.46 (1.40)	1.12 (1.28)
Frequency of Non-sexual violence	2.12 (2.44)	1.28 (1.85)	1.64 (2.34)	1.12 (1.84)	2.35 (2.93)	1.57 (2.18)
Q3. Has someone you have dated ...						
Prevalence of any violence	.28 (.73)	.19 (.65)	.27 (.84)	.17 (.57)	.35 (1.05)	.21 (.67)
Frequency of any violence	.38 (1.16)	.23 (.88)	.35 (1.16)	.22 (.80)	.61 (2.31)	.29 (1.03)
Prevalence of sexual violence	.07 (.28)	.05 (.25)	.05 (.24)	.04 (.20)	.08 (.33)	.07 (.28)
Frequency of sexual violence	.10 (.45)	.07 (.36)	.06 (.31)	.06 (.31)	.17 (.73)	.10 (.50)
Prevalence of Non-sexual violence	.21 (.58)	.13 (.51)	.22 (.69)	.13 (.46)	.27 (.80)	.14 (.52)
Frequency of Non-sexual violence	.28 (.93)	.16 (.69)	.29 (1.00)	.16 (.64)	.44 (1.69)	.18 (.77)
Q4. Thinking about peers, have you...						
Prevalence of any violence	1.03 (1.29)	.70 (1.14)	.76 (1.24)	.59 (1.02)	1.00 (1.39)	.76 (1.13)
Frequency of any violence	1.48 (2.28)	.91 (1.67)	1.17 (2.28)	.77 (1.62)	1.57 (2.81)	1.05 (1.88)
Prevalence of sexual violence	.07 (.25)	.05 (.22)	.05 (.23)	.05 (.22)	.09 (.33)	.05 (.24)
Frequency of sexual violence	.10 (.44)	.06 (.31)	.07 (.37)	.06 (.36)	.15 (.66)	.08 (.38)
Prevalence of Non-sexual violence	.96 (1.19)	.65 (1.04)	.71 (1.13)	.54 (.93)	.91 (.123)	.71 (1.03)
Frequency of Non-sexual violence	1.38 (2.08)	.85 (1.53)	1.10 (2.09)	.71 (1.48)	1.41 (2.39)	.98 (1.72)
Q6. Thinking about people you have dated, have you...						
Prevalence of any violence	.10 (.35)	.21 (.71)	.10 (.49)	.16 (.51)	.15 (.69)	.19 (.65)
Frequency of any violence	.12 (.50)	.27 (.98)	.14 (.71)	.19 (.67)	.27 (1.55)	.26 (.96)
Prevalence of sexual violence	.02 (.14)	.04 (.20)	.03 (.18)	.02 (.13)	.05 (.25)	.04 (.22)
Frequency of sexual violence	.02 (.21)	.04 (.28)	.05 (.32)	.02 (.21)	.11 (.57)	.05 (.33)
Prevalence of Non-sexual violence	.08 (.31)	.18 (.58)	.07 (.41)	.14 (.47)	.09 (.52)	.16 (.53)
Frequency of Non-sexual violence	.10 (.44)	.22 (.81)	.08 (.58)	.17 (.62)	.16 (1.11)	.21 (.79)

intervention (Wave 2) and time 3 (Wave 3) five to six months post-intervention measures (see below). As a reference point for the reader, we present the baseline data, but our focus is on changes that occurred after the intervention. For each main outcome of “any” violence (inclusive of sexual and physical violence), sexual

violence, and non-sexual (physical) violence we calculated prevalence and frequency scores. Prevalence was calculated by looking at the survey items in each domain and scoring student responses as “yes” and “no” and then summing these responses into a count of the number of times a student responded yes to each domain.¹² For example, a value of 1.26 for peer victimization (the upper left-hand corner value) means that, on average, male students face 1.26 out of 7 types of victimization in Wave 2 [for the same measure girls experienced just under 1 (.95) out of 7 types of victimization]. Also, on average, male students face .15 sexual victimizations from their peers out of 2 types of sexual victimization. On average, students face 1.1 non-sexual victimizations from their peers out of the 5 types of non-sexual victimization. Frequency was calculated by looking at the survey items in each domain and scoring student responses as the number of times they were victimized/ perpetrated violence, which means that the frequencies must always be higher than the prevalence measures.¹³ For example, a score of 1.83 (second row, upper left-hand column) means that on average male students were victimized more than 3 times (1=1–3 victimizations) in Wave 2 (the period during the intervention).

Overall, peer victimization is generally reported at the highest level by students followed by peer perpetration, dating victimization and dating perpetration. Based on Table 2, it can be seen that boys are experiencing higher level of victimization than girls for all categories across Waves 1, 2 and 3. also, boys are perpetrating more violence than girls in most of the categories from Table 2 (except for Wave 1 under dating perpetration and some of the categories under dating perpetration for Waves 2 and 3). Our tests of whether these differences are statistically significant are conducted in the context of our HLM models (see next section) which are well suited to address the nested nature of our data.

Hierarchical linear modeling (HLM)

The student, classroom and school-level variables used in the analyses were selected from the student surveys and included a level 1 classroom variable of a baseline score for each respective outcome variable selected (e.g., when sexual violence at time 2 follow-up is the outcome variable than we included a baseline measure of sexual violence). Our level 2 student variables included: a variable noting the treatment assignment (i.e., treatment 1, treatment 2 and control group), a gender variable (0=male and 1=female), a gender \times treatment interaction term, and a site

¹² Prevalence of “any” violence was the sum of all student responses for one domain, with a possible score of 7 for survey items a through g. Prevalence of sexual violence was the sum of all student responses for sexual violence, with a possible score of 2 for items d and f. Prevalence of non-sexual (physical) violence was the sum of all student responses for one domain, with a possible score of 5 for items a, b, c, e, and g. Each outcome measure represents a sum of the different types of violence individuals face/perpetrate.

¹³ If a student scored “0”, they had 0 victimizations; 1=1— victimizations; 2=4— victimizations; 3=10+ victimizations. Each frequency measure represents a sum of the number of times students face violence on those measures.

variable (coded as 1 to 7 for each school building).¹⁴ For each covariate introduced at the classroom level, it is centered at the grand mean for that variable.¹⁵

We ran 48 HLM models and used an alpha level of .05 (with a two-tailed test). Table 3 (see Appendix 1) presents our HLM models, including covariates for gender,¹⁶ treatment assignment¹⁷ and gender \times treatment. The tables include estimated beta coefficients, standard errors for each fitted model (the numbers in parentheses), and asterisks for p values that convey the level of statistical significance of the beta coefficients (* $<$.05, ** $<$.01).

Victimization outcomes

We explored personal victimizations perpetrated by the respondent's (1) peers and (2) individuals the respondent have dated. For each of these types of personal victimizations, we explored an overall victimization measure, sexual victimization, and non-sexual victimization. Within each of these three victimization measures, we explored prevalence post-intervention, and incidence/frequency post-intervention. Our victimization variable represents a sum of the seven types of victimization asked in our survey; therefore, a positive score is indicative of a greater level of victimization, while a negative number would indicate decreased levels.

Wave 2

During the intervention period (Wave 2 within the interaction-based treatment model), we found that girls experienced less sexual victimization from peers than boys experienced from peers [$\beta = -.044$ (.021), $p = .038$], less "any" victimization from dates than boys experienced from dates [$\beta = -.078$ (.039), $p = .046$], and less non-sexual victimization prevalence [$\beta = -.073$ (.033), $p = .026$] from dates than boys experienced from dates and less non-sexual victimization frequency [$\beta = -.109$ (.054), $p < .05$] from dates than boys experienced from dates. Over the same period, no statistically significant differences were observed for any of the treatment to control comparisons, nor were significant differences observed for the treatment multiplied by gender interaction terms for the victimization variables.

Wave 3

Six months after the intervention (Wave 3), we found that girls experienced fewer incidents of "any" victimization from peers than boys [law and justice model $\beta = -.439$

¹⁴ Site 1=Ford MS (Berea), Site 2=Roehm MS (Berea), Site 3=Monticello MS (CHUH), Site 4=this planned site did not participate in the experiment and was dropped from the analysis, Site 5=Wiley MS (CHUH), Site 6=Shaker Heights MS (Shaker Heights), and Site 7=Woodbury School (Shaker Heights) which served as the reference category.

¹⁵ That is, for each school, the intercept of the level 1 model is adjusted for the linear regression of the test scores on that variable. In a sense, that puts all school means on an equal footing with respect to that variable. In the HLM setting, the adjusted intercepts can be described as "adjusted school means." The variation among adjusted means will usually be less than the variation among the unadjusted means (see Raudenbush and Bryk, chapter 5 [2002]).

¹⁶ Coded as female=1 and male=0.

¹⁷ Coded as treatment=1 and control condition=0.

(.193), $p = .023$], less sexual victimization prevalence from peers than boys [law and justice model $\beta = -.067$ (.032), $p = .037$], fewer incidents (frequency measure) of sexual victimization from peers than boys [interaction-based treatment model $\beta = -.128$ (.054), $p = .017$; law and justice model $\beta = -.172$ (.059), $p = .004$], fewer incidents of non-sexual victimization from peers than boys (law and justice model $\beta = -.321$ (.159), $p = .044$], less “any” victimization prevalence from dates than boys [interaction-based treatment model $\beta = -.131$ (.053), $p = .013$; law and justice model $\beta = -.106$ (.052), $p = .040$], fewer incidents of “any” victimization from dates than boys [interaction-based treatment model $\beta = -.260$ (.104), $p = .013$; law and justice model $\beta = -.301$ (.110), $p = .007$], fewer incidents of sexual victimization from dates than boys [law and justice model $\beta = -.074$ (.037), $p = .046$], less non-sexual victimization prevalence from dates than boys [interaction-based treatment model $\beta = -.119$ (.040), $p = .003$; law and justice model $\beta = -.096$ (.040), $p = .018$], and fewer incidents of non-sexual victimization from dates than boys [law and justice model $\beta = -.241$ (.082), $p = .004$].

Over the same period, significant differences were observed for the interaction-based treatment compared to the control group for the prevalence [$\beta = -.071$ (.035), $p = .048$] and frequency [$\beta = -.144$ (.065), $p = .030$] of peer sexual violence victimization (indicating less sexual violence victimization for those in the interaction-based treatment compared to the control group). However, no significant differences were observed for the treatment multiplied by gender interaction terms for the victimization variables.

Perpetrating violence outcomes.

We also explored violence perpetrated by respondents against their (1) peers and (2) people the respondent dated, including an overall violence perpetration measure, a sexual violence perpetration measure, and a non-sexual (physical) violence perpetration measure.

Wave 2

Over this period, while no statistically significant variables were observed for the peer perpetration dependent variable, a number of significant variables emerged for the dating perpetration dependent variable. During the intervention period (Wave 2 within the interaction-based treatment model), we found that girls perpetrated less sexual dating victimization (prevalence) than boys [$\beta = -.022$ (.009), $p = .015$], and girls perpetrated fewer incidents of sexual dating victimization than boys (frequency) [$\beta = -.037$ (.016), $p = .022$].

Over the same period, statistically significant differences were observed for the interaction-based treatment [$\beta = .071$ (.030), $p = .020$] compared to the control group, and the law and justice treatment [$\beta = .064$ (.032), $p = .048$] compared to the control group for the prevalence of “any” violence against dating partners (suggesting that the interventions increased the perpetration of dating violence). Also of concern is that interaction-based treatment was associated with higher levels of the prevalence of perpetrating dating sexual violence [$\beta = .20$ (.010), $p = .039$]. Of note, no significant differences were observed for the treatment multiplied by gender interaction terms for the perpetration variables (indicating the treatment affected the girls and boys similarly).

Wave 3

Six months after the intervention (Wave 3 within the law and justice treatment model), we found that girls perpetrated fewer incidents (frequency) of sexual peer victimization than boys [$\beta = -.081$ (.036), $p = .024$], and that girls perpetrated fewer incidents (frequency) of sexual dating victimization than boys [$\beta = -.079$ (.029), $p = .007$].

Over the same period, statistically significant differences were observed for the law and justice treatment [$\beta = -.156$ (.076), $p = .043$] compared to the control group for the prevalence of “any” peer violence (suggesting that the interventions decreased the perpetration of peer violence). Similarly, the law and justice treatment was associated with lower levels of the prevalence of perpetrating peer non-sexual (physical) violence [$\beta = -.153$ (.071), $p = .034$]. However, statistically significant differences were observed for the law and justice treatment [$\beta = .187$ (.087), $p = .036$] compared to the control group for the frequency of perpetrating “any” dating violence and the frequency of perpetrating dating sexual violence [$\beta = .072$ (.032), $p = .025$]. These last two findings suggest that the interventions increased the perpetration of dating violence and dating sexual violence. Of note, no significant differences were observed for the treatment multiplied by gender interaction terms for the perpetration variables in Wave 3 (indicating the treatment affected the girls and boys similarly).

Discussion

In an earlier paper (see Taylor et al. 2010), we demonstrated the effectiveness of two approaches to youth GV/SH prevention programming. While most research on this topic has been on programs that target older middle/high school students, to serve as a primary prevention effort, we geared our intervention towards studying sixth and seventh grade students and found largely positive findings on effectiveness. In this paper, we explored whether these largely positive findings remain for both girls and boys, including whether girls experience higher levels of peer or dating violence than boys. Based on our analyses presented in this paper, the introduction of a gender variable substantively altered one of our original findings regarding whether our interventions reduced the perpetration of some forms of peer violence. Also, we found differences in levels of victimization and perpetration of peer and dating violence for boys compared to girls. Below we summarize our findings on whether treatment was more effective while controlling for gender effects, whether our treatment multiplied by gender interaction was statistically significant, and overall differences in rates of violence and perpetration for girls compared to boys.

Victimization

As reported in our earlier paper (see Taylor et al. 2010), we also found that six months after the intervention (Wave 3), statistically lower rates for the prevalence and frequency of peer sexual violence victimization for the interaction-based

treatment. That is, we confirmed our earlier finding of less peer sexual violence victimization for those in the interaction-based treatment (but not law and justice-based treatment) compared to the control group even when controlling for the variable of gender, and gender multiplied by treatment interaction term. Regarding our primary research question, we observed no statistically significant differences for the treatment multiplied by gender interaction terms for any of the victimization variables in Waves 2 or 3. Our results suggest that treatment was equally as effective for girls and boys on this measure.¹⁸ This positive finding is encouraging in our efforts to reduce violence for all students, for our analyses identified that during the intervention period (Wave 2 within the interaction-based treatment model) boys experienced more sexual victimization from peers than girls experienced from peers,¹⁹ and more “any” victimization and non-sexual victimization from dates than girls experienced from dates. Also, six months after the intervention (Wave 3), boys were still experiencing more sexual victimization from peers than girls were experiencing from peers, but were also now experiencing more “any” victimization and non-sexual victimization from peers than girls. In terms of violence by dating partners, six months after the intervention, boys were still experiencing more “any” victimization and non-sexual victimization from dates than girls, but were also now experiencing more sexual victimization from dates than girls.²⁰

Perpetration

As reported in our earlier paper (see Taylor et al. 2010), we also found that during the intervention period (Wave 2) statistically higher levels of prevalence of “any” violence against a dating partner for both treatments compared to the control group, and that the interaction-based treatment was associated with higher levels of the prevalence of perpetrating sexual violence with dating partners (also at Wave 2). Along the same lines, we found statistically higher levels of the frequency of perpetrating “any” dating violence and sexual violence against dating partners six months after the intervention for the law and justice treatment compared to the control group. These findings suggest that the interventions increased the perpetration of “any” dating violence and dating sexual violence. However, when we introduce a gender variable and a treatment multiplied by gender interaction term we now have an encouraging finding on our perpetration of peer violence measures. That is, six months after the intervention, statistically significant reductions were observed for the law and justice treatment compared to the control group for the prevalence of perpetrating “any” peer violence and peer non-sexual violence. Suggesting that the interventions decreased the perpetration of peer “any” violence and non-sexual violence. Below, we discuss the implications of our finding that

¹⁸ Conversely, our findings also demonstrate our interventions to be equally as ineffective on all of our other non-significant victimization outcome measures.

¹⁹ As stated in the measures section, our definition of sexual violence includes a range of very serious forms of sexual assault plus behaviors such as “butt grabbing.”

²⁰ Students were asked the following two questions regarding sexual violence: “Have any of your PEERS ever done any of the following things to you? Pushed, grabbed, shoved, or kicked you in your private parts? Made you touch their private parts or touched yours when you did not want them to?”

dating violence perpetration increased with treatment but that peer violence perpetration decreased with one of the treatments.

Regarding our primary research question, we observed no statistically significant differences for the treatment multiplied by gender interaction terms for any of the perpetration outcome variables in Waves 2 or 3. Our results suggest that the treatment had similar effects on the girls and boys on all of our perpetration measures. Despite this finding, we did observe that during the intervention period (Wave 2 within the interaction-based treatment model), that boys perpetrated more sexual dating victimization (prevalence and frequency) than girls. Six months after the intervention (within the law and justice treatment model), we found that boys also perpetrated more incidents (frequency) of sexual victimization against peers and dating partners than girls.

Implications of treatment findings

Both interventions were designed to prevent GV/SH. Two of our measures indicate that at least one of the interventions reduced peer sexual violence victimization or reduced peer perpetration. However, another measure indicated that dating perpetration increased. One possible explanation for the iatrogenic finding regarding dating violence perpetration is that as students were exposed to these lessons, they may have reflected on past behaviors associated with dating that had previously seemed normal, and now after the treatment, they viewed as acts of violence. However, the control group did not have any exposure to the interventions and likely continued to fail to identify their dating behavior as GV/SH. In the context of dating, students in the control group not exposed to the lessons might still have a hard time recognizing their behavior with dating partners as GV/SH, perhaps even believing that GV/SH is a normal part of a relationship. However, in the area of peer victimization or peer perpetration, the control group has fewer problems recognizing their behavior as GV/SH—leading to the result that one of the treatment groups has a lower rate of peer victimization and a lower rate of peer perpetration than the control group. Under this rationale, the interventions might have affected the student's sensitivity to the problem of GV/SH, and it made it more likely for them to identify and report certain dating behaviors as GV/SH. It is possible that this iatrogenic finding (increase in dating violence perpetration) is due to reporting issues as opposed to actual behavioral changes in GV/SH levels. The fact that there was not also an increase in dating victimization supports the possibility that some students might have exaggerated their reporting of violence or were more sensitized to recognizing certain behaviors as GV/SH. That is, if perpetration increased, we would likely have seen an increase in victimization (but we did not). Future research will need to consider this type of reporting problem, and design measurement strategies to disentangle these issues (e.g., build in questions distinguishing between actual behavioral changes and perceptual changes about behavior).

The other possibility is that this is just an anomalous finding. With two measures indicating that peer victimization and peer perpetration decreased for one of the treatment groups, and only one measure suggesting an increase in dating violence associated with treatment, the iatrogenic finding could be a spurious result.

Implications of gender findings

Overall, we observed in our study data that boys are more involved in violence than girls: both as victims and perpetrators. Boys experienced significantly more of all three types of victimization from peers and dating partners compared to what girls experienced at the hands of their peers and dating partners.²¹ As perpetrators, boys committed more sexual victimization against peers (Wave 2 only) and more sexual victimization against dating partners (Waves 2 and 3) than girls did as perpetrators. Our findings on perpetration are congruent with findings showing that boys are more physically aggressive than girls (Dodge et al. 2006; Foshee and Matthew 2007; Wolfe et al. 2009). Our finding of greater involvement of boys in violence compared to girls is also consistent with the general criminological literature of males more likely to be both the perpetrators and victims of violence than females.²² Girls may be more concerned with conformity and following school rules, and care more about “not getting in trouble.” Girls that perpetrate violence may get more noticed, especially when they act in sex role atypical or sexually deviant behavior (Stein 1995; Brown et al. 2003, 2007; Chesney-Lind 2005).

We were surprised to observe that boys were more likely to be victims of sexual violence than girls. One possibility is that schools are more geared to combat sexual violence against girls but largely ignore boys that are sexually victimized by either girls or boys. Schools may be inadvertently sending the wrong message to boys. Boy victims are told to “walk it off.” Boy perpetration of violence may be dismissed as “boys being boys.” Another possibility relates to a limitation in our study measures of sexual violence. Our measure of sexual violence includes a range of very serious forms of sexual assault but also behaviors such as pushing, grabbing, shoving, or kicking someone in their private parts. These items are all in one of our survey questions and cannot be disentangled. Therefore, it may be that boys are experiencing more behaviors such as “butt grabbing” as opposed to rape. Future research will need to consider including more detailed measures of sexual violence in the student surveys.²³

Future developments

The many non-significant findings and both positive and iatrogenic findings suggests that there is likely a need for further refinements in our interventions.

²¹ More specifically, boys experienced more sexual victimization, “any” victimization (Wave 3 only) and non-sexual victimization (Wave 3 only) from peers, and more “any” victimization, non-sexual victimization, and sexual victimization (Wave 3 only) from dating partners than girls.

²² Based on data from the National Crime Victimization Survey (NCVS) from 1973 to 2006, males have experienced higher rates of victimization for violence than females for all types of violent crime except rape/sexual assault (see <http://www.ojp.usdoj.gov/bjs/glance/vsx2.htm>). Also, males perpetrate much more crime than females regardless of whether the data analyzed are arrest rates, victimization reports on characteristics of offenders, or self-reports of criminal behavior (Heimer 2000).

²³ However, this will be a real challenge. Based on our experience working in schools, districts are very concerned about including sexual assault measures on surveys due to the potential negative feedback they may receive from parents. Researchers may need to work with parent groups to explain the rationale for these measures and carefully work through the wording of these items on surveys to get approval for more detailed items.

Future research should further investigate the interaction-based versus law and justice based curricula to provide further information as to which components are most successful or deleterious in reducing GV/SH. It would also be important to learn if booster sessions might be needed to enhance the intervention or if the curricula need to be longer than five sessions. We might also consider expanding the target of our intervention to saturate the whole middle school environment to include the 8th grade, as well as the sixth and seventh grades. Along with some changes to the intervention, future research will also need to consider if the effects detected at up to six months post intervention hold up after a year or more post intervention. Longer longitudinal research might help us sort through our mixed findings (e.g., perhaps the positive findings will continue to be measured but the iatrogenic findings may dissipate). Future researchers might also consider adding a qualitative component involving detailed interviews with students receiving the intervention to explore any possible iatrogenic effects. For example, is the intervention leading to real negative results or just increasing the reporting of it by those in the intervention?

Concluding comments

On balance, we believe we have mixed findings regarding the efficacy of our interventions in reducing perpetration. First, we have many non-statistically significant findings. As discussed earlier, with a sample of 1,639 students across 123 study classrooms, we had a good degree of statistical power to find small to medium effect sizes. Therefore, our absence of statistically significant findings could be a reflection of the modest effects on behavior that this type of prevention programming can have, as opposed to a by-product of one of our study features. Next, while two of our measures indicate that at least one of the interventions reduced peer sexual violence victimization or reduced peer perpetration, another measure indicated that dating perpetration increased. To sort through these mixed findings, more experimental research is needed to provide greater clarity to our findings in additional cities. However, some modifications may be needed in the tested interventions, as discussed above, to address the possibility of iatrogenic results. Also, additional study measures should be incorporated to address the possibility of iatrogenic results and help document why they may be emerging.

Nevertheless, there is some encouraging news based on our results. We now have an emerging sense of the types of lessons and pedagogy that can be helpful for students in sixth and seventh grades, under certain circumstances, in the area of reducing student-to-student violence. We also observed that the treatment had similar effects on girls and boys. There are positive implications to this finding, given our corresponding results that boys are more involved in violence than girls (both as victims and perpetrators). That is, we are now hopeful that building on our research, school districts will be in a better position to adopt interventions and then observe reductions in student-to-student violence with both boys and girls.

Appendix 1

Table 3 HLM Outcomes

Questions	Wave 2		Wave 3	
	Interaction-based treatment	Law and Justice	Interaction-based treatment	Law and Justice
Q1. Peer victimization				
Prevalence of any violence				
Treatment (1=treatment, 0=control)	-.032 (.093)	.084 (.102)	-.036 (.110)	.007 (.102)
Gender (1=female)	-.010 (.078)	.074 (.087)	-.084 (.101)	-.129 (.097)
Treatment × gender	-.232 (.159)	-.013 (.164)	.002 (.196)	-.107 (.215)
Frequency of any violence				
Treatment (1=treatment, 0=control)	-.151 (.148)	.125 (.161)	-.250 (.224)	.029 (.224)
Gender (1=female)	-.048 (.128)	.013 (.140)	-.257 (.180)	-.439 (.193) *
Treatment × gender	-.309 (.265)	-.060 (.271)	.379 (.369)	-.158 (.419)
Prevalence of sexual violence				
Treatment (1=treatment, 0=control)	.013 (.027)	.010 (.026)	-.071 (.035) *	-.008 (.036)
Gender (1=female)	-.044 (.021) *	-.020 (.022)	-.046 (.031)	-.067 (.032) *
Treatment × gender	-.024 (.045)	.049 (.046)	.045 (.063)	-.020 (.068)
Frequency of sexual violence				
Treatment (1=treatment, 0=control)	.000 (.039)	.006 (.039)	-.144 (.065) *	.010 (.071)
Gender (1=female)	-.058 (.033)	-.022 (.033)	-.128 (.054) *	-.172 (.059) **
Treatment × gender	-.008 (.071)	.102 (.070)	.192 (.114)	.061 (.126)
Prevalence of non-sexual violence				
Treatment (1=treatment, 0=control)	-.053 (.080)	.080 (.090)	.027 (.091)	.019 (.084)
Gender (1=female)	.011 (.069)	.070 (.076)	-.072 (.086)	-.094 (.082)
Treatment × gender	-.204 (.141)	-.072 (.146)	-.035 (.168)	-.090 (.177)
Frequency of non-sexual violence				
Treatment (1=treatment, 0=control)	-.156 (.127)	.131 (.141)	-.244 (.222)	.034 (.179)
Gender (1=female)	-.019 (.111)	.015 (.124)	-.259 (.180)	-.321 (.159) *
Treatment × gender	-.303 (.232)	-.179 (.241)	.366 (.373)	-.231 (.337)
Q3. Dating victimization				
Prevalence of any violence				
Treatment (1=treatment, 0=control)	.024 (.045)	.003 (.043)	.062 (.058)	.022 (.055)
Gender (1=female)	-.078 (.039) *	-.019 (.041)	-.131 (.053) *	-.106 (.052) *
Treatment × gender	-.108 (.082)	.074 (.085)	.074 (.116)	.128 (.109)
Frequency of any violence				
Treatment (1=treatment, 0=control)	.007 (.066)	-.002 (.065)	.032 (.109)	.045 (.116)
Gender (1=female)	-.112 (.060)	-.040 (.058)	-.260 (.104) *	-.301 (.110) **
Treatment × gender	-.037 (.122)	.185 (.119)	.322 (.222)	.197 (.233)
Prevalence of sexual violence				
Treatment (1=treatment, 0=control)	-.006 (.018)	-.008 (.014)	.011 (.021)	.011 (.020)
Gender (1=female)	-.008 (.014)	.008 (.013)	-.016 (.019)	-.018 (.018)
Treatment × gender	-.028 (.029)	.012 (.027)	.038 (.041)	.025 (.039)

Table 3 (continued)

Questions	Wave 2		Wave 3	
	Interaction-based treatment	Law and Justice	Interaction-based treatment	Law and Justice
Frequency of sexual violence				
Treatment (1=treatment, 0=control)	-.007 (.024)	-.002 (.019)	.017 (.041)	.027 (.040)
Gender (1=female)	-.004 (.018)	.021 (.017)	-.049 (.038)	-.074 (.037) *
Treatment × gender	-.031 (.038)	.031 (.036)	.129 (.082)	.043 (.080)
Prevalence of non-sexual violence				
Treatment (1=treatment, 0=control)	.035 (.036)	.009 (.036)	.053 (.044)	.010 (.043)
Gender (1=female)	-.073 (.033) *	-.031 (.034)	-.119 (.040) **	-.096 (.040) *
Treatment × gender	-.079 (.069)	.062 (.071)	.035 (.088)	.099 (.085)
Frequency of non-sexual violence				
Treatment (1=treatment, 0=control)	.020 (.058)	-.003 (.056)	-.106 (.148)	.019 (.086)
Gender (1=female)	-.109 (.054) *	-.063 (.050)	-.102 (.134)	-.241 (.082) **
Treatment × gender	-.001 (.108)	.153 (.103)	.059 (.289)	.144 (.173)
Q4. Peer perpetration				
Prevalence of any violence				
Treatment (1=treatment, 0=control)	-.014 (.070)	-.012 (.080)	-.006 (.078)	-.156 (.076) *
Gender (1=female)	.054 (.060)	.012 (.061)	-.053 (.076)	-.064 (.073)
Treatment × gender	-.004 (.126)	-.116 (.133)	.009 (.161)	-.057 (.161)
Frequency of any violence				
Treatment (1=treatment, 0=control)	-.042 (.117)	-.043 (.130)	-.106 (.148)	-.193 (.144)
Gender (1=female)	-.020 (.100)	-.046 (.100)	-.102 (.134)	-.165 (.141)
Treatment × gender	.092 (.210)	.056 (.220)	.059 (.289)	-.249 (.303)
Prevalence of sexual violence				
Treatment (1=treatment, 0=control)	.011 (.015)	-.008 (.014)	-.012 (.018)	-.001 (.019)
Gender (1=female)	.007 (.015)	.009 (.014)	-.028 (.018)	-.034 (.019)
Treatment × gender	-.003 (.032)	-.005 (.027)	.019 (.037)	-.005 (.039)
Frequency of sexual violence				
Treatment (1=treatment, 0=control)	.023 (.021)	.005 (.022)	-.034 (.034)	.004 (.037)
Gender (1=female)	-.004 (.021)	.018 (.021)	-.045 (.033)	-.081 (.036) *
Treatment × gender	-.018 (.044)	.036 (.043)	.080 (.068)	-.033 (.074)
Prevalence of non-sexual violence				
Treatment (1=treatment, 0=control)	-.023 (.068)	.000 (.076)	.007 (.075)	-.153 (.071) *
Gender (1=female)	.035 (.057)	-.003 (.057)	-.030 (.068)	-.037 (.065)
Treatment × gender	.004 (.115)	-.114 (.124)	.000 (.145)	-.048 (.144)
Frequency of non-sexual violence				
Treatment (1=treatment, 0=control)	-.057 (.114)	-.040 (.125)	-.066 (.137)	-.194 (.129)
Gender (1=female)	-.033 (.095)	-.070 (.093)	-.061 (.117)	-.098 (.120)
Treatment × gender	.100 (.195)	.018 (.205)	-.020 (.256)	-.208 (.261)
Q6. Dating perpetration				
Prevalence of any violence				
Treatment (1=treatment, 0=control)	.071 (.030) *	.064 (.032) *	.059 (.039)	.072 (.042)
Gender (1=female)	.022 (.026)	.037 (.030)	-.003 (.036)	.006 (.040)
Treatment × gender	-.051 (.057)	-.052 (.063)	-.024 (.077)	-.007 (.084)

Table 3 (continued)

Questions	Wave 2		Wave 3	
	Interaction-based treatment	Law and Justice	Interaction-based treatment	Law and Justice
Frequency of any violence				
Treatment (1=treatment, 0=control)	.086 (.044)	.065 (.044)	.055 (.062)	.187 (.087) *
Gender (1=female)	.005 (.039)	.035 (.042)	-.042 (.058)	-.091 (.082)
Treatment × gender	-.104 (.086)	-.053 (.086)	-.020 (.123)	-.151 (.174)
Prevalence of sexual violence				
Treatment (1=treatment, 0=control)	.020 (.010) *	.017 (.010)	.019 (.015)	.031 (.015)
Gender (1=female)	-.022 (.009) *	-.012 (.010)	-.012 (.013)	-.019 (.014)
Treatment × gender	-.025 (.019)	.001 (.020)	-.003 (.029)	-.018 (.030)
Frequency of sexual violence				
Treatment (1=treatment, 0=control)	.037 (.019)	.024 (.016)	.019 (.025)	.072 (.032) *
Gender (1=female)	-.037 (.016) *	-.020 (.016)	-.040 (.023)	-.079 (.029) **
Treatment × gender	-.047 (.034)	-.005 (.032)	.014 (.049)	-.067 (.062)
Prevalence of non-sexual violence				
Treatment (1=treatment, 0=control)	.050 (.028)	.046 (.028)	.040 (.031)	.039 (.033)
Gender (1=female)	.048 (.027)	.048 (.027)	.015 (.029)	.033 (.032)
Treatment × gender	-.029 (.052)	-.055 (.057)	-.025 (.061)	.002 (.067)
Frequency of non-sexual violence				
Treatment (1=treatment, 0=control)	.049 (.041)	.040 (.040)	.035 (.047)	.113 (.066)
Gender (1=female)	.047 (.036)	.056 (.037)	.003 (.044)	-.004 (.062)
Treatment × gender	-.063 (.078)	-.051 (.080)	-.041 (.094)	-.090 (.130)

(* $p < .05$, ** $p < .01$)

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Abstract

Relatively little is known about the prevalence of physical dating violence behaviors and perceived norms about dating violence among early adolescents. A sample of 5,404 sixth-grade students was recruited from four diverse U.S. sites. Over half of the respondents reported that girls hitting their boyfriends was acceptable under certain circumstances (e.g., if made mad or jealous) and more than one in four reported acceptance of boys hitting their girlfriends. Among those reporting that they had a recent boy/girlfriend, nearly one third of girls (31.5%) and more than one fourth of boys (26.4%) reported being physically aggressive toward this person (e.g., punching, slapping). These data support the need to address the problem of violence within students' perceived dating relationships in sixth grade or earlier and suggest that preventive interventions should focus on changing norms that support violence between males and females.

Keywords

dating violence; violence-related norms; perpetration; victimization

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Recent research has drawn attention to the high prevalence and serious physical and psychological consequences of dating violence among adolescents (Coker et al., 2000; Silverman, Raj, Mucci, & Hathaway, 2001). Most research on adolescent dating violence has focused on students in grades 9 through 12, with estimates of the proportion of adolescents reporting physical violence against a date varying widely from 9% to 46% (Black, Noonan, & Legg, 2006; Hickman, Jaycox, & Aronoff, 2004). Despite the high prevalence of adolescent dating violence, relatively little is known about the development of dating violence among early adolescents. This dearth of research has led to a call for studies of dating violence much earlier in adolescence to capture the earliest patterns of maladaptive behaviors as youth transition from mixed-peer groups to romantic relationships (Foshee, Linder, MacDougall, & Bangdiwala, 2001). It is quite likely that early behavioral patterns established with others perceived to be boyfriends or girlfriends set the stage for how conflicts are negotiated in more mature relationships. Efforts to prevent later intimate partner violence are likely to benefit from a better understanding of the development of physically aggressive behaviors among adolescents in their earliest dating relationships (Smith, White, & Holland, 2003).

Although research has been conducted on high school-aged adolescents, important gaps exist in our understanding of basic descriptive information about the youth at greatest risk for dating violence. For example, a comprehensive review by Lewis and Femouw (2001) showed inconsistent findings by race and ethnicity. Some studies have found higher rates of victimization among White respondents while others have found higher rates among African American respondents. The findings regarding sex differences are also mixed, with many studies showing that females are more likely to report perpetration of dating violence than males (Feiring, Deblinger, Hoch-Espada, & Haworth, 2002; Foshee, 1996; Swahn et al., 2008) and others showing no differences by sex (Lewis & Fremouw, 2001). However, male perpetration is consistently found to be more likely to result in physical injury than acts perpetrated by females (Arias & Johnson, 1989), suggesting the need to understand the specific types of violent behaviors used by males and females, as well as the relative frequency of the behaviors.

Fortunately, there is some evidence suggesting that adolescent dating violence can be prevented. For example, the Safe Dates Project was designed to improve conflict management skills and help-seeking behaviors, as well as change dating violence norms among boys and girls in eighth and ninth grades (Foshee et al., 1998). Students who participated in the program reported significantly less dating violence perpetration than nonparticipants and these

results persisted over a 3-year period (Foshee et al., 2005). The evaluation suggested that the program effects were mediated by lowered acceptance of norms supportive of dating violence and increased awareness of community services. This research underscores the relevance of dating violence norms to risk for dating violence behavior. Past research among middle and senior high school students has shown that norms accepting of dating violence are associated with increased risk for dating violence (Feiring et al., 2002). However, relatively little is known about the prevalence and role of norms supportive of dating violence among younger adolescents.

The current study begins to address gaps in understanding dating violence among early adolescents by providing information on the prevalence of perceived norms supportive of dating violence and the prevalence of victimization and perpetration of physical dating violence among youth who are considered “boyfriends” or “girlfriends” within a large, geographically diverse sample of sixth-grade students. We provide an estimate of the perceived support for dating violence among early adolescents overall and among the subgroup of youth who reported dating, and we test the association between perceived norms and behavior. Given the potential for variation by demographic factors, we calculate the prevalence of supportive norms and dating violence victimization and perpetration by sex and race and ethnicity. We also further explore sex differences in perpetration of dating violence by examining whether reports of frequent perpetration or use of specific types of behaviors differ for males and females.

Methods

Participants and Procedures

Data are from two consecutive cohorts (fall 2001 and 2002) of sixth graders surveyed as part of the Multisite Violence Prevention Project (MVPP, 2004; Miller-Johnson, Sullivan, Simon, & MVPP, 2004). The students were randomly selected from rosters of 37 schools in four diverse U.S. sites (Durham, North Carolina; Richmond, Virginia; Chicago, Illinois; and the Northeastern part of Georgia). The average poverty rate in the districts selected (28%) and the youth arrest rates for violent crimes in the counties served by the schools (63/100,000) exceeded the national averages (16% and 43/100,000, respectively; Henry, Farrell, & MVPP, 2004).

Active parent consent and student assent were obtained from all participants. Consent rates ranged from 68% to 84% across the two cohorts and four sites. We omitted data on nine students due to patterned responses

(e.g., 1, 2, 3, 2, 1, 2, 3). We deleted the second set of data collected from 112 students who were retained in sixth grade and were randomly selected again for inclusion in the second cohort. A total of 5,404 students completed the survey (49% boys: 48% African American, 21% Latino, and 18% Caucasian, and 13% Other ethnicity or multiracial).

Student data were collected in small groups (3:1 ratio of students to research staff) in a room outside of the classroom (e.g., media center or cafeteria). Students completed the surveys via a computer-assisted survey instrument (CASI) using laptop computers. Students listened to the questions through headphones while reading them on the computer screen and entered their responses using the keyboard.

Measures

Dating violence norms. For all students regardless of boy or girlfriend status, norms were assessed with eight items that measured their beliefs about girls aggressing toward boyfriends (four items) and boys aggressing toward girlfriends (four items): (1) because she or he made him or her mad, (2) because she or he insulted him or her in front of friends, (3) because she or he made him or her jealous on purpose, or (4) boys and girls sometimes deserve to be hit by the boys and girls they date (Foshee et al., 1998). Students rated the items on a four-point Likert scale ranging from 1 = *strongly disagree* to 4 = *strongly agree*. For the descriptive purpose of the current analysis the norms measure was dichotomized; students who either *strongly agreed* or *agreed* with at least one of the four statements for each type of violence (boys aggressing toward girls or girl aggressing toward boys) were coded as *positively endorsing male on female* (or female on male) violence. The overall internal consistency was good (overall $\alpha = .80$, boys hitting $\alpha = .73$, girls hitting $\alpha = .76$).

Dating violence perpetration and victimization. All participating students were asked whether they had a boy or girlfriend (defined as “someone that you dated, gone out with, or gone steady with”) in the 3 months prior. Those who indicated that they had a recent boy or girlfriend were then asked how often they had perpetrated or been the victim of seven types of physically aggressive behavior with their boy/girlfriend in the past 3 months (i.e., kicking, pushing or shoving, scratching, slamming or holding against a wall, slapping, punching or hitting with something that could hurt, and throwing something at the person that could hurt). The measure was adapted from an existing instrument designed for assessing adolescent dating violence (Foshee et al., 1996). Participants were instructed to exclude behaviors that they or their partner

had done in self-defense. The internal consistency was high (perpetration, $\alpha = .91$; victimization, $\alpha = .89$). For most of the data reported here, responses were dichotomized to reflect reports of victimization or perpetration of any of the seven behaviors. We also created a third variable that reflected experiencing both victimization and perpetration. Students who reported *experiencing both forms of violence* were coded as 1 and those who reported *experiencing neither or only one form* were coded as 0. We also examined the percentage of youth who engaged in frequent (i.e., 10 or more times) perpetration of any of the dating violence behaviors.

Analysis

We calculated the proportion of students who reported acceptance of male and female dating violence by dating status, sex, and race and ethnicity. We also examined the proportion of dating youth who reported perpetration, victimization, or both perpetration and victimization of dating violence by sex, race and ethnicity, and reports of acceptance of dating violence. We used multivariable logistic regression to test the association between the dichotomous outcomes of dating violence perpetration, victimization, or both perpetration and victimization and each independent variable (sex, race and ethnicity, norms) while controlling for the effect of these same variables as potential confounders. Logistic regression models provide the odds of an event occurring in one group relative to a reference group after adjusting for the influence of the other variables in the model. This is expressed as an adjusted odds ratio (AOR). An AOR greater than 1 indicates greater odds of the event relative to the reference group, while an AOR less than 1 indicates lower odds relative to the reference group. If the 95% confidence interval relative to the AOR does not include 1 then there is a 5% or less chance that the real odds ratio between the specific group and its reference group, holding the values of the other variables the same for each group, will be outside of this interval. In this case, we say that the observed difference between the two groups is statistically significant. We used chi-square analyses to test for sex differences in the proportion of students reporting specific types of physical aggression.

Results

The majority of males (59.9%) and almost half of the females (45.2%) reported having a boy or girlfriend in the 3 months prior to the survey.

All students—regardless of whether they were dating—reported on their acceptance of violence in dating relationships. Students were far more likely

Table 1. Acceptance of Dating Violence: Proportions by Dating Status, Sex, Race, and Ethnicity

	Sample N ^a	OK for a Boy to Hit His Girlfriend		OK for a Girl to Hit Her Boyfriend	
		Percentage	Adjusted Odds Ratio (95% Confidence Interval)	Percentage	Adjusted Odds Ratio (95% Confidence Interval)
<i>Had a boy/girl friend</i>					
No	2,538	22.2	1.00	44.8	1.00
Yes	2,806	32.3	1.56 (1.37–1.77)	59.8	1.82 (1.62–2.03)
<i>Sex</i>					
Female	2,724	23.9	1.00	51.6	1.00
Male	2,620	31.3	1.39 (1.23–1.58)	54.2	1.04 (0.93–1.17)
<i>Race and ethnicity</i>					
White	1,065	17.7	1.00	39.9	1.00
Non-Hispanic					
Black	2,787	29.9	1.92 (1.60–2.29)	57.4	1.91 (1.65–2.21)
Non-Hispanic					
Hispanic	1,137	29.8	2.01 (1.64–2.46)	52.7	1.70 (1.43–2.02)
Other	295	29.2	1.98 (1.47–2.66)	56.9	2.09 (1.60–2.72)
Total	5,344	27.5	—	52.9	—

Note: All variables (having a date, sex, race and ethnicity) were entered in the model simultaneously. Acceptance of dating violence is indicated by ratings of *strongly agreed* or *agreed* with any of three statements indicating it is "Okay for a boy to hit his girlfriend" (i.e., because she made him mad, jealous on purpose, or insulted him in front of friends) or the statement, "Girls sometimes deserve to be hit by the boys they date." Identical questions were asked about girls hitting boyfriends.

a. The number of respondents may not sum to the total sample due to missing data.

to agree that it is acceptable for a girl to hit her boyfriend (52.9%) than they were to agree that it is acceptable for a boy to hit his girlfriend (27.5%). Students who reported having a boyfriend or girlfriend were significantly more likely to report that it is acceptable for a girl to hit her boyfriend (59.8%) or a boy to hit his girlfriend (32.3%) than students who had not dated (44.8% and 22.2%, respectively). Boys were significantly more likely than girls to report that it is OK for a boy to hit his girlfriend, but there was no significant sex difference in acceptance of girls hitting their boyfriend. The non-Hispanic White students were significantly less likely than other students to report acceptance of dating violence by either sex (Table 1).

Table 2. Proportion of Dating Students Reporting Specific Types of Physical Dating Violence Perpetration by Sex

	Perpetration			Victimization		
	Females %	Males %	χ^2	Females %	Males %	χ^2
Scratched them	18.2	12.1	20.35**	17.2	37.8	142.99**
Slapped them	18.2	10.9	30.96**	8.3	26.2	148.34**
Slammed/held them against a wall	6.7	10.5	12.46**	7.9	13.4	21.55**
Kicked them	10.5	11.4	0.58	10.0	27.8	137.22**
Pushed/shoved them	16.0	15.0	0.45	14.6	25.8	51.71**
Threw something at them that could hurt	7.8	11.0	8.14*	7.9	19.2	72.44**
Punched/hit them with something that could hurt	7.5	10.5	7.57*	6.6	17.4	72.55**

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

Among the students who reported having a boyfriend or girlfriend in the past 3 months, the proportions of male and female students who reported experiencing each type of physical violence with a dating partner are shown in Table 2. Females were significantly more likely than males to report scratching and slapping, whereas males were significantly more likely to report slamming, punching, and throwing objects at their partner in the past 3 months. Pushing or shoving was commonly reported by both males (15.2%) and females (16.0%), with no difference by sex. Males were significantly more likely than females to report each type of victimization. The most common type of victimization experienced by both males and females was scratching.

Next, we examined dating violence victimization and perpetration among the subgroup of students who reported having a recent girl or boyfriend by sex, race and ethnicity, and perceived norms (Table 3). Among dating students, 42.1% reported being victimized by a boy or girlfriend, and 28.6% reported perpetration of dating violence in the past 3 months. Reports of perpetration were significantly more common among females (31.4%) than males (26.4%), and reports of victimization were more common among males (53.7%) than females (27.4%). However, the proportion of youth who reported the highest frequency (i.e., 10 or more times in the past 3 months) of perpetration for any of the behaviors did not vary by sex (5.6% for both males and females). The non-Hispanic White students were significantly less likely than

Table 3. Physical Dating Violence Perpetration and Victimization Among Dating Adolescents: Proportions by Sex, Race and Ethnicity, and Perceived Norms

	Sample N*	Perpetration		Victimization		Both	
		Percentage	Adjusted Odds Ratio (95% CI)	Percentage	Adjusted Odds Ratio (95% CI)	Percentage	Adjusted Odds Ratio (95% CI)
Sex							
Female	1,235	31.5	1.00	27.4	1.00	19.3	1.00
Male	1,575	26.4	0.76 (0.64–0.90)	53.7	3.23 (2.74–3.83)	24.1	1.34 (1.10–1.62)
Race and ethnicity							
White Non-Hispanic	486	13.8	1.00	30.2	1.00	10.9	1.00
Black Non-Hispanic	1,656	31.6	2.49 (1.87–3.30)	43.7	1.69 (1.35–2.13)	23.9	2.23 (1.63–3.05)
Hispanic	517	32.9	2.66 (1.93–3.68)	48.0	1.96 (1.49–2.58)	25.9	2.47 (1.73–3.51)
Other	120	27.5	1.97 (1.21–3.22)	41.7	1.43 (0.92–2.22)	21.7	1.84 (1.07–3.14)
Perceived norms							
Ok for a boy to hit							
No	1,899	22.8	1.00	36.0	1.00	16.8	1.00
Yes	907	40.5	1.85 (1.54–2.22)	54.9	1.70 (1.42–2.04)	32.7	1.87 (1.54–2.28)
Ok for a girl to hit							
No	1,116	18.7	1.00	32.6	1.00	13.8	1.00
Yes	1,690	35.0	1.83 (1.50–2.22)	48.3	1.69 (1.42–2.02)	27.2	1.83 (1.47–2.27)
Total	2,810	28.6		42.1		22.0	

Note: The number of respondents may not sum to the total sample because of missing data. All variables (sex, race and ethnicity, norms for boys hitting girls, norms for girls) were entered in the model simultaneously.

other students to report victimization, perpetration, or both victimization and perpetration. Students who reported acceptance of boys or girls hitting their dating partners were significantly more likely to report dating violence victimization, perpetration, or both victimization and perpetration. Overall, most students who reported dating violence reported experiencing both victimization and perpetration (i.e., 77% of perpetrators also reported victimization and 52% of victims also reported perpetration).

Discussion

These findings add to the growing knowledge on youth dating violence by extending research to the early adolescent years. The majority of boys and nearly half of the girls in this geographically diverse sample of sixth-grade students reported having a girl or boyfriend in the past 3 months. Given that acceptance of hitting by girlfriends and boyfriends was consistently high and nearly 30% of dating adolescents reported perpetrating dating violence, the relevance of dating violence prevention efforts for sixth-grade students is clearly supported. Moreover, the wide variability in acceptance of dating violence and the strong association between acceptance and behavior suggest the importance of strategies to reduce norms supportive of dating violence and the need to tailor these efforts to specific groups. The sex differences observed in perpetration and victimization and the use of specific behaviors also have implications for future research and prevention practice.

The strong associations observed between attitudinal acceptance of dating violence and involvement in recent dating violence, as either a victim or perpetrator, are consistent with research on older adolescents and highlight the need for prevention efforts to reduce norms supporting dating violence among early adolescents (O'Keefe, 1997). Acceptance of dating violence is particularly high among those who are actively dating, racial and ethnic minority youth, and male youth (i.e., acceptance of male perpetration). Future research should examine why acceptance of dating violence is higher among dating youth. A better understanding of whether youth become more accepting of dating violence after they initiate dating or whether the youth who hold more aggressive attitudes are precocious daters could provide useful information for prevention practice. Prevention strategies that are informed about the relatively high baseline acceptance of dating violence in these groups and sensitive to subgroup differences in perceptions of dating violence are likely to be seen by youth as more appropriate and relevant. Additional research on perceived support for prosocial strategies to resolve disputes or express frustration with a boy or girlfriend could also help inform the content of dating

violence prevention efforts for early adolescents by helping youth to replace violent strategies with normatively acceptable alternatives.

The high prevalence of recent dating violence perpetration observed among students who are just starting sixth grade extends the results from research with students in late middle and high school and indicate that aggression is very common in early dating relationships (Arriaga & Foshee, 2004). The higher prevalence of perpetration and victimization reported by racial and ethnic minority students is compelling, particularly as it remained significant after controlling for differences in perceived acceptability of dating violence. However, given the limitations in data, we are unable to control for potentially important confounders such as socioeconomic status or prior exposure to intimate partner violence in the home or community. The sex differences observed are consistent with past research with older adolescents showing that males are more likely to report victimization of dating violence than females and that females are more likely to report perpetration of dating violence. However, the motivational factors influencing these behaviors remain unclear. Some adolescents may use aggressive behaviors, such as pushing, shoving, and provoking others as basic strategies for showing interest, expressing intimacy, and resolving disputes (Wekerle, & Wolfe, 1999). The extent to which motivations differ by race and ethnicity or sex could have important implications for the interpretation of these results.

The significant differences in the specific types of physically aggressive behaviors used by young males and females provide some insights into the sex differences in perpetration. Girls were more likely to report behaviors that were potentially less injurious (e.g., scratching, slapping), while boys were more likely to report engaging in potentially injurious behaviors (e.g., punching, throwing something at them that could hurt). The finding that boys are more likely to report some types of perpetration (e.g., slamming/holding partner against the wall) than girls but that they are also more likely than girls to report being victims of the same types of violence appears to be an inconsistency in the results. This apparent discrepancy may be due to sex differences in the willingness to disclose victimization or perpetration. Girls may be less willing to disclose victimization given the relatively lower acceptability of male perpetration. Social desirability may also reduce disclosure of perpetration, particularly by boys. Also, although it is likely that many of the boys and girls in the sample reported on relationships with each other, we cannot assume that is the case. It is possible that some of the students, particularly the girls, reported on relationships with older partners. In addition, important sex differences are likely in the meaning, context, and severity of dating violence. Sex differences in the behaviors used suggest that youth

dating violence prevention efforts and research should reference a range of behaviors (e.g., scratching, slapping, and throwing things) to help young males and females understand and relate to what is meant by dating violence. Additional research on the motives behind specific behaviors and the emotional and physical consequences for the victim and perpetrator could provide important content for future prevention efforts and guide the development of more valid assessments of sex differences in dating violence behavior.

Several limitations should be considered when interpreting the results. First, the data rely only on one type of assessment, self-reports. Although every attempt was made to encourage honest reporting and students completed the survey on laptops in a relatively private setting, the possibility of misreporting involvement in aggressive behaviors or acceptance of violence exists. The relatively lower acceptance of dating violence perpetrated by boys may contribute to male students being more reluctant to report dating violence perpetration than girls and girls being reluctant to report victimization. Second, this descriptive analysis was not able to control for socioeconomic status or other factors associated with violence-related behavior and norms that could potentially explain the differences observed by race and ethnicity. Race and ethnicity are likely an indicator of unmeasured factors that account for variations in behavior. Third, this study did not include questions about sexual violence or the most severe types of physical violence (e.g., assaults with weapons). Therefore, the prevalence of these behaviors, variations by sex, and associations with norms could not be examined. However, the physically aggressive behaviors studied can cause injury and contribute to risk for escalating violence. Fourth, because the data are cross-sectional we are unable to draw conclusions about the temporal sequencing of the associations observed or the persistence of involvement in dating violence. The norms supportive of dating violence may be a precursor to or a consequence of involvement in dating violence, and the extent to which youth who reported perpetrating dating violence at sixth grade become persistent abusers in adolescents and adulthood remains to be studied. These behaviors may reflect early adolescents' developmental immaturity, social deficits, or experimentation with different approaches to interpersonal communication and asserting control. Finally, although the communities studied were geographically diverse, they were communities with relatively high rates of poverty and youth crime. These results may not generalize to youth in lower-risk communities.

Despite these limitations, the results underscore the need to better understand the etiology of dating violence in early adolescence and to design dating violence prevention programs for young teens who are beginning to

develop dating relationships. Although the results from the Safe Dates program for eighth- and ninth-grade students are promising, we do not know whether similar efforts would prevent dating violence among early adolescents. The results from the current study support the need to correct norms supporting dating violence and to prepare early adolescents to develop healthy relationships and avoid dating violence. The national Choose Respect initiative in several U.S. cities is an example of such an effort focused on youths aged 11 to 14 years (Choose Respect, 2007). Choose Respect is a multimedia effort to provide messages to youth, parents, caregivers, and teachers that promote recognition of unhealthy, violent relationships, encourage respectful relationships, and facilitate access to dating violence prevention tools. Parents, educators, and community leaders can play an important role in primary prevention by recognizing the potential for violence in early adolescent dating relationships and by helping to discourage normative support for dating violence among young teens.

Authors' Note

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Bios

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