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Using Athletics to Mitigate the Negative Relational Outcomes Bullying Has on Youth with Disabilities

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Studies demonstrate middle and high school students with disabilities are more likely to experience bullying than other student groups. The high rates of bullying victimization observed among youth with disabilities can result in severe socio-emotional consequences. These socio-emotional consequences often manifest in detrimental impacts on the students' personal relationships. Past studies indicate participating in extracurricular athletic activities can have several socio-emotional benefits for students with disabilities. Given the findings of past studies demonstrating the positive relationship between mental health and participation in sports among students with disabilities, it is possible participating in athletics could have a moderating relationship on the severity of the impact bullying has on a student's relationships with family and friends. Using the National Crime Victimization Survey/School Crime Supplement (NCVS/SCS), this study employs an ordinal logistic regression to determine if participation in extracurricular athletic activities mitigates the damaging impact bullying has on the personal relationships with friends and family among students who have disabilities. This study identified statistically significant results suggesting students with disabilities who participate in athletics reported reduced levels of negative personal relationships resulting from bullying compared to their peers who did not participate in athletics.

Keywords: special education, disabilities, bullying, regression, sport, athletics

The U.S. Department of Justice (2015) estimates approximately 5.0 million bullying cases filed among students 12 and older during the 2013 to 2014 school year. Studies show middle school and high school students who have disabilities are more vulnerable to victimization from bullying than other marginalized or minority student populations (Forber-Pratt et al., 2021; Rose et al., 2015). Several past studies indicate being a victim of bullying can

have severe emotional and psychological consequences that impact students' relationships with their family and friends, as well as lead to anxiety, depression, and poor academic outcomes (Halliday et al., 2021; Nocentini et al., 2019). Since students with disabilities are more susceptible to being bullied than other student populations (Rose et al., 2015), educators and researchers must explore methods that could assist in mitigating the adverse relational outcomes associated with being a victim of bullying. The negative impact of bullying on students with disabilities could be influenced by extracurricular activity participation, which is frequently linked to academic and social benefits for children (Pomohaci & Sopa, 2017).

For adolescents with disabilities, extracurricular athletic activities have several psychological and socio-emotional benefits, such as better mental health and emotional regulation (Eime et al., 2013; Kim, 2019; Schaefer et al., 2011). Due to the socio-emotional benefits obtained from being included in school-based extracurricular activities, it is possible that participation in extracurricular athletic activities among students with disabilities can directly impact their personal relationships with family and friends. To explore the moderating relationship of athletic extracurricular activity participation and students with disabilities, this study utilizes the National Crime Victimization Survey – School Crime Supplement (NCVS/SCS) to determine if participating in athletic activities influenced the impact of bullying had on the student's relationships with their family and friends. Implications for future research and practice are also discussed.

Literature Review

Defining Disabilities

Individuals can have wide-ranging disabilities that impact them intellectually, physically, psychiatrically, developmentally, or any combination of areas (Bills, 2017; Yamatani et al., 2015). The Americans with Disabilities Act (ADA) (1990) operationally defines persons with disabilities as “A person who has a physical or mental impairment that substantially limits one or more major life activity” (ADA, 1990, section 3). Individuals in school who fall within this definition and where it negatively impacts school performance are provided with individualized education programs (IEPs) through special education. These programs target the child's specific needs while including the child in the least restrictive environment (Chan, 2016; Gavish, 2017; Hornby, 2015). They are designed to provide the additional academic or other necessary support the student needs to succeed with their grade-level peers. Individualized Education Plans may include modifications to instruction or accommodations in assessment requirements to support the needs of the individual. Unfortunately, qualifying for special education can result in students with disabilities experiencing higher rates of bullying than their non-disabled peers (Dupper, 2013; Rose et al., 2015).

Defining Bullying

While different definitions exist for bullying, the Center for Disease Control and Prevention (CDC) defines bullying as: “any unwanted aggressive behavior(s) by another youth or group of youths who are not siblings or current dating partners that involves a real or perceived power imbalance and is repeated multiple times or is highly likely to be repeated” (Gladden et al., 2014, p.7). The Department of Education identifies four different categories

through which bullying can be perpetrated. These categories include: (a) verbal, (b) physical, (c) indirect, and (d) sexual remarks and/or acts (Cornell & Limber, 2015). Within these four categories, bullying can occur in various forms, including verbal harassment, name-calling, physical gestures, physical attacks, and unsolicited electronic/cyber communication (Bradshaw et al., 2015). It is also important to note the CDC (Preventing Bullying, 2019) reports that 1 in every five high school students reports being bullied on school property within a 12-month timeframe.

Consequences of Bullying Victimization

Bullying victimization manifests in several socio-emotional facets of a student's life. When explicitly assessing the psychological consequences caused by bullying, bullying victimization can lead to anxiety, depression, self-harm, and suicidal ideation (Forber-Pratt et al., 2021; Halliday et al., 2021). Bullying has also been linked to decreased feelings of school connectedness among victims (Forber-Pratt, 2021). Many of these psychological bruises negatively impact students' social relationships with their family and peers leading to decreased quality of relationships both in the short and long-term (Halliday et al., 2021; Kahn & Lindstrom, 2015). The lasting impact of bullying can also result in financial and work-related problems and the risk of re-victimization in adulthood (Brendgen & Poulin, 2018; Copeland et al., 2013; Wolke et al., 2013). These findings hold especially true among underrepresented populations who experience bullying victimization at a greater magnitude, such as students with disabilities.

Bullying Victimization and Disabilities

Bullying victimization rates are more prevalent among minority groups; however, they are not equal across demographic groups. Compared to other populations, k-12 students with disabilities are at a higher risk of experiencing bullying than any other underrepresented population (Farmer et al., 2012; Hicks et al., 2018; Rose et al., 2015). The Farmer study examines 5th graders across the US and found that females with disabilities are 4.8 times more likely to be bullied, and males with disabilities are 3.2 times more likely to be bullied than students who do not have a disability. Supporting these results, Rose et al., (2015) also indicated middle school and high school students with disabilities were two times more likely to be bullied than other student populations. Peguero (2008) found males are more likely to be bullied among all students and that Hispanic/Latino and Black students were less likely to report being the victim of bullying.

Higher bullying victimization rates among students with disabilities often occur due to having communication deficits, delayed social skills, emotional regulation difficulties, social isolation, and being portrayed as "different" (Blake et al., 2012). Due to their differences, students with disabilities are less likely to be included in social groups and activities (Blake et al., 2012; Cumming et al., 2017; Halliday et al., 2021). Being excluded from social experiences makes students with disabilities more prone to having unhealthy relationships with their families and peers (Halliday et al., 2021; Kahn & Lindstrom, 2015). Rose et al. (2015) also found that for students with disabilities, having a larger peer social support was the most significant predictor of decreased victimization.

Socio-Emotional Benefits of Athletic Extracurricular Activities

Participating in extracurricular activities positively impacts students across all populations (Eime et al., 2013; Pomohaci & Sopa, 2017). The benefits of participation include increased self-esteem, increased school involvement, and academic achievement (Palmer et al., 2017; Pomohaci & Sopa, 2017). When examining students who have disabilities, studies indicate several social and health benefits acquired from participating in extracurricular athletic activities, including promoting the continuation of current friendships while increasing the frequency of building new positive relationships (Bills, 2020; Pomohaci & Sopa, 2017; Schaefer et al., 2011). Rose and colleagues (2015) found extracurricular participation significantly influences increasing peer social support. Considering the positive social outcomes gained from extracurricular activities, it is possible that participating in athletics can also mitigate the magnitude of the adverse effects derived from being a victim of bullying among students who have disabilities.

Athletic Extracurricular Activities and Disabilities

In a study conducted by Brooks et al., (2015), students with intellectual or learning disabilities demonstrated an increase in social competence in their classroom and home life when they were members of an athletic team or extracurricular activity. Students with disabilities who have an increased level of social competence are more likely to report having healthier relationships (Brooks et al.). Pomohaci and Sopa (2017) found that for students identified as marginalized, including individuals with disabilities, participating in extracurricular activities led to increased feelings of social integration into the social group, increased socialization, and an improved sense of cohesion in school. These findings emphasize how extracurricular activity involvement is critical to students' foundation with disabilities formulating more beneficial relationships with their parents and classmates. Given these findings, educators must determine if the inclusion of students with disabilities in extracurricular athletic activities can mitigate the negative relationship consequences due to bullying victimization.

Current Studies on Extracurricular Activities and Bullying

While Peguero (2008) examines the different types of extracurricular activities students participate in; the present study specifically focuses on the impact of athletic extracurricular participation on bullying for students with disabilities. Peguero found students who participate in three or more classroom-related extracurricular activities and students who participate in one or more intramural sports activities are more likely to report being the victims of bullying. However, in a more recent study using the National Survey of Child's Health, Haegele et al., (2020) found conflicting results demonstrating that children with disabilities who participate in extracurricular activities experience less bullying than students who do not participate in extracurricular activities. The present study explicitly examines athletic extracurricular participation to determine if Peguero's (2008) and Haegele et al., (2020) conflicting results can be concluded using a different national representative dataset.

Method

R1: Does extracurricular activity involvement lessen the impact that bullying has on personal relationships among adolescents with disabilities?

This study used a cross-sectional approach to analyze participants in the most recent wave of the National Crime Victimization Survey/School Crime Supplement (NCVS/SCS) longitudinal and nationally representative study from 2015. This wave contains data on adolescents and teenagers from the 2014-2015 school year. To focus on students with disabilities, the sample was restricted to middle school and high school students who were classified as having a disability based on whether or not the student had an Individualized Education Program (IEP) or not. This sample included individuals with physical, intellectual, and cognitive disabilities. It is hypothesized that extracurricular activity involvement will mitigate the negative effects bullying has on personal relationships.

Sample Demographics

The sample contained 728 eligible students identified as having a disability ($N = 728$) and were on the diploma track for graduation. Disability was measured dichotomously (yes/no). The participants' ages ranged from 12-18. The gender representation of the sample was male (62%) and female (38%). Ethnicity demographics of the sample included (19%) who identified as Hispanic/Latino/a and (81%) who did not. The racial demographics of the sample were White (80%), Black (13%), Asian (3%), Native American (1%), Native Hawaiian/Island Pacifier (0.4%), and two or more races (1.6%).

Measures

Independent Variable

In the NCVS/SCS, participants were asked closed-ended survey questions related to student demographics, athletic extracurricular activity participation, and the negative impacts bullying had on their relationships with family and friends. The independent variable of interest was dichotomous (yes/no) to determine if the participants were involved in extracurricular athletic activities.

Dependent Variable

Using an ordinal Likert-scale, the dependent variable in this study was the impact of bullying on the student's relationship with family and friends. For this variable, students were asked, "How much has the bullying negatively impacted your relationships with family and friends?" Answer choices ranged from 0 to 3 (0 = Not at all, 1 = Not very much, 2 = Somewhat, 3 = A lot).

Additional Control Variables

Control variables included age, gender, ethnicity, and race. Age was applied as a continuous variable ranging from 12 to 18 years old. Gender was a dichotomous variable in which participants were classified as either male or female. Ethnicity was a dichotomous variable in which participants identified themselves as Hispanic/Latino/a or not Hispanic/Latino/a. Race was a categorical variable in which participants identified as White, Black, Asian, Native American, Pacific Islander, or two or more races.

Due to small cell counts, racial demographics could not be analyzed using the six original categories included in the dataset. To ensure assumptions were not violated due to small cell counts, the race variable was collapsed to Caucasian and Persons of Color. Persons of Color included Black, Asian, Hispanic, Pacific Islander, Native American, and individuals identified as multi-racial.

Analysis

An ordinal logistic regression model was applied to analyze the direct relationship between participating in extracurricular athletic activities, and the level of impact bullying had on the participant's relationships with family and friends. The demographic control variables were also included in the regression model. Since this study was exploratory, the ordinal logistic regression and the overall model fit were tested for statistical significance using a significance level of $p < .05$ (Cohen, 1968). A test of parallel lines was regressions to determine if the regression models met proportional odds assumptions. The test of parallel lines met the assumption of proportional odds ($\chi^2(12) = 19.944, p = .068$).

Results

Logistic Regression Model: Bullying Impact on Relationships with Family and Friends

Independent variables in the model included extracurricular athletic involvement, gender, race, ethnicity, and age. The outcome variable was the level of negative impact bullying had on the student's friendships. Results of the overall model were statistically significant ($\chi^2(6) = 17.223, p = .008$) (See Table 1). The test of parallel lines met the assumption of proportional odds ($\chi^2(12) = 19.944, p = .068$). Meaning that assumptions were not violated because the parameters across all responses were reasonable (Williams, 2016).

Athletic Extracurricular Activities

When examining the impacts bullying had on the students' relationships with family and friends. The results indicated that students who participated in extracurricular athletic activities were more likely to have lower scores on the negative impact on the friendships scale ($\chi^2(1) = 6.914, p = .009$). This result indicates students who did not participate in athletics were more likely to report that being a victim of bullying had a more significant impact on their relationships with friends and family than students who were involved in athletics. Students who did not participate in athletics were 1.62 times more likely to report that bullying had a more significant negative impact on their relationships than students who participated in athletics (OR = 1.619, 95% CI, 1.130 to 2.313) (See Table 1).

Other Control Variables

Other statistically significant relationships with the negative personal relationship outcomes faced by students who are bullied included gender ($\chi^2(1) = 4.057, p = .044$) and ethnicity ($\chi^2(1) = 5.271, p = .022$). Controlling variables that did not have statistical significance included age and race (See Table 1). Meaning, that gender, and ethnicity had a significant relationship between bullying victimization and personal relationship outcomes, while age and race did not.

Discussion

Students who have disabilities experience marginalization and have increased susceptibility to bullying victimization and the adverse outcomes derived from being a victim of bullying (Farmer et al., 2012; Rose et al., 2015). Since extracurricular athletic activities prove to increase psychological health among all students who have disabilities (Peguero, 2008; Schaefer et al., 2011), it was predicted that extracurricular athletic activities would also diminish the negative consequences bullying had on the student's relationships with friends and family. The findings of this analysis add to past studies by demonstrating the power of athletic extracurricular participation to reduce the negative impact that bullying had on relationships with friends and families among students with disabilities.

A statistically significant relationship was observed between extracurricular athletic involvement, and the harmful impact bullying had on the participant's relationships with their family and friends. This result allowed the null hypothesis to be rejected for the binary logistic regression model.

Results indicated that the students who participated in athletics were less likely to report negative outcome scores in comparison to the students who did not participate in athletics. In fact, students with disabilities who were involved in sports were twice as likely to answer "not at all" when asked if the bullying victimization hurt their relationships with friends and family. This finding indicates that victimization from bullying had less of a detrimental effect on the student's relationships if they were involved in athletics compared to students who were not involved in athletics.

Limitations

For better results, including students without disabilities would have strengthened the analysis. Due to missing data, students without disabilities could not be included in the study. Otherwise, the test for parallel lines would have been violated due to the disproportion between students with disabilities and students without disabilities in the sample (Williams, 2016). Additionally, the different disability categories were not differentiated in this dataset. Thus, making it difficult for generalization across all disability populations. Different disability types may result in different experiences with bullying or limitations in an individual's ability to participate in athletics; thus, these categories must be differentiated in future studies.

Conclusion and Future Directions

Overall, extracurricular athletic activities were demonstrated to reduce the negative outcomes bullying victimization had on the student's relationships with family and friends. It is crucial that educators, social workers, and disability researchers continue investigating the impacts extracurricular activities have on students with special needs to further advocate for more inclusive extracurricular activities being offered in the community and school settings.

Implications for Practice

Although the promotion of inclusive athletic extracurricular activities is a growing trend among the disability community, students with disabilities are still limited in extracurricular options due to the lack of accessibility inside schools and outside of school (Blake et al., 2012; Cumming et al., 2017; Rose et al., 2015). For example, very few schools offer athletics that accommodate students with disabilities (Rose et al., 2015). While schools are required to provide all students with physical education as part of their education, school-based athletics are not always inclusive for students with disabilities (Bills, 2017; Murphy & Carbone, 2008). This situation means that students with disabilities are forced to find extracurricular activities outside of their school to participate in them, but this process can be highly challenging for families due to the costs of participation and the lack of nearby facilities (Murphy & Carbone, 2008; Starr, 2015).

The findings of this analysis support past research: there remains a need for parents and education professionals to advocate for more inclusive extracurricular activities that accommodate students who have disabilities. As students with disabilities are four times more likely to experience bullying victimization and the negative consequences associated (Farmer et al., 2012), educators, social workers, and disability researchers must ensure students with disabilities are provided equal access to extracurricular activities so they can receive the social-emotional benefits. Findings from this exploratory study suggest that increasing participation in extracurricular athletic activities may reduce the detrimental impacts of bullying on interpersonal relationships.

Implications for Future Research

In a study by Peguero (2008), results indicated that different forms of extracurricular activities (e.g., clubs versus athletics) impacted the students' emotional well-being differently. It is possible that the findings in this study may have had different outcomes depending on the type of extracurricular activities being examined. Suppose different types of extracurricular activities result in varying levels of socio-emotional benefits. In that case, it is possible that non-athletic extracurricular activities would produce different results among victims of bullying who have a disability. Implications for future research include investigating how different types of extracurricular involvement may have varied influences on the personal relationships among bullying victims with disabilities.

Conclusion

The results of this study support the results of past studies. This study found that children with disabilities showed more relational resilience when participating in extracurricular activities compared to students who did not participate. Although implications indicate that different extracurricular activities may have different results, this study sets a foundation for future studies examining the socio-emotional benefits for students with special needs.

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Table 1: Ordinal Logistic Regression - Negative Bullying Impact on Personal Relationships with Family and Friends

Parameter	B	Std. Error	Hypothesis Test			Exp(B)	95% Wald Confidence Interval for Exp(B)	
			Wald Chi-Square	df	Sig.		Lower	Upper
Threshold								
Personal Relationships Outcome = 1	.272	.6971	.153	1	.696	1.313	.335	5.148
Personal Relationships Outcome = 2	1.048	.6987	2.251	1	.134	2.852	.725	11.218
Personal Relationships Outcome = 3	2.497	.7133	12.256	1	.000	12.151	3.002	49.181
Participates in Athletics [No]	.480	.1827	6.914	1	.009*	1.617	1.130	2.313
Participates in Athletics [Yes]	0 ^a	.	.	.	.	1	.	.
Gender [Male]	-.346	.1718	4.057	1	.044*	.707	.505	.991
Gender [Female]	0 ^a	.	.	.	.	1	.	.
Race [Non-Minority]	.125	.2150	.341	1	.559	1.134	.744	1.728
Race [Minority]	0 ^a	.	.	.	.	1	.	.
[Not Hispanic/Latino/a]	-.531	.2313	5.271	1	.022*	.588	.374	.925
[Hispanic/Latino/a]	0 ^a	.	.	.	.	1	.	.
Age	-.047	.0458	1.048	1	.306	.954	.872	1.044

Pearson Chi-Square: $\chi^2(6) = 17.223^a, p = .008$

Source: National Crime Victimization Survey: School Crime Supplement; Year 2015 Wave



Social Justice in the National Football League: How an Internal Initiative Could Help Dismantle Racism and Promote Player Activism

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Social injustice remains a painfully present issue in American society. The evidence of inequality for people of color in the United States of America is woven throughout history--and is still present today. Despite years of grassroots movements fighting for civil rights and policy reform that have shaped change, there is still an undeniably volatile racial climate in America ignited by years of injustice. Most recently, this injustice can be seen through the lens of iPhones-which have captured the vexing reality of police brutality experienced by people of color, and the absence of justice for those responsible. What should be considered a humanitarian issue has been warped into a divisive political controversy. The racial tension is palpable, and arguably inescapable. Some Americans consider professional football to be a "civil religion," according to Dr. Michael Butterworth, Director of the Center for Sports Communication & Media at University of Texas at Austin. Butterworth also argues that at its best, "civil religion unites Americans around a set of "sacred" heroes, documents, and ideals." In contrast, this civil religion at its worst, "distorts the community, hailing its members in righteous conformity at the (all too often) violent expense of democratic diversity," (Butterworth, 2008). This idea of "civil religion" encapsulates an important contradiction: while some turn to sports as a reprieve from the world's problems, on the other hand, some of the athletes and coaches providing the sports entertainment live in a reality steeped with racism and social injustice outside the bounds of the turf. This article presents in detail the history of social justice and civil rights within the confines of sports, offering an internal training initiative aimed at dismantling racism and promoting player activism in the NFL. By dismantling racism and unconscious bias internally team by team, the NFL could support their staff and players of color. In turn, this would allow for more autonomy for players in the realm of social justice advocacy and utilizing player platforms more effectively through community engagement.

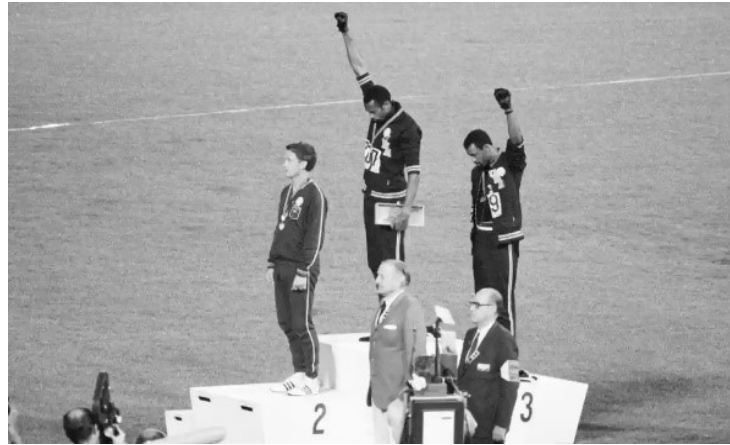
Keywords: social injustice, professional sports, football, racism, activism

George Floyd is now a household name for many Americans. Floyd was a Black man killed by former police officer Derek Chauvin in an act of police brutality in May of 2020. The footage of Chauvin kneeling on Floyd's neck for eight minutes until Floyd took his last breath was captured on an iPhone and widely circulated across several social media channels. The nature of Floyd's death, inarguably caused by a police officer, served as a catalyst for an uprising and demand for social change. Some protests calling for justice assumed the form of riots and looting in several cities across the country. This event, though not the first of its kind, created new conversations surrounding race relations and police protocol. Companies examined the value of adding social justice workshops into their onboarding. Others made statements summarizing their stance on injustice, vowing to take more ownership of their role in promoting a more tolerant, just society. In the 30 days following George Floyd's death, more than 80 million people took to social media to express their own beliefs about social justice and condemn racism through Twitter, Facebook, Reddit, and blogs (Young, 2020). Companies that were not as swift to respond to this call for change were noticed just as much as those that took a stance. Several sports leagues made statements in solidarity with the promise to promote social justice (NFL, 2020). However, in the realm of sports, social justice and the matter of Black lives is far from an emerging issue. The unequal and inhumane treatment of people of color has evolved over time. Though the Civil Rights Act of 1964 prohibited the discrimination of race, unequal treatment has continued-- today a Black person is *five* times more likely to be stopped by a police officer without just cause than a white person (NAACP, 2020). The oppression people of color face in the United States have been fought for decades in many forms, one of which is in the sports arena by athletes using their platform to fight against the oppression of Black Americans.

Literature Review

History of Black Activism in Sports- 1968 Olympic Games

African American athletes Tommie Smith and John Carlos raised their fists high on the winners' podium during the Mexico City Olympic Games in an illustration of Black Power (see Fig. 1). The year was 1968, civil rights activist Dr. Martin Luther King was assassinated only months before in Memphis, Tennessee. Smith and Carlos had helped orchestrate the Olympic Project for Human Rights, which advocated for Black Pride and better treatment for Black athletes and non-athletes alike (Blakemore, 2018). On the Olympic podium, Smith and Carlos, along with fellow Olympian and Australian ally Peter Norman, wore Olympic Project for Human Rights badges, furthering their collective stance (Blakemore, 2018).

Figure 1. *Mexico City Olympic Games, 1968*

Peter Norman, Tommie Smith, John Carlos (Blakemore, 2018).

Smith, originally from north Texas, was 24 years old during the 1968 Olympic Games. Previously, Smith was a record-breaking NCAA men's outdoor track and field champion at San Jose State (Shapiro, 2020). Unfortunately, Smith's success on the track did not translate into respect from the community. Smith recalled, "We would break a world record or run a good meet and we would still be relegated back to second-class status when we returned to campus or returned to our communities," (Shapiro, 2020). John Carlos could relate to this well--as he and Smith were teammates at San Jose State. Carlos had transferred to San Jose State from East Texas State University and at 23 years old, the Harlem native won bronze in the 200-meter dash the day of the Black Power Salute (Ruffin, 2009).

Unlike Smith and Carlos, Peter Norman was white, and raised in Melbourne, Australia. By 1968, Norman was 28 years old and was experiencing protests in his hometown amidst nonwhite immigration policies in Australia, oppressing the Indigenous Aboriginal population (Montague, 2012). Norman was an "anti-racism advocate", and when Smith and Carlos planned their salute, Norman asked to borrow United States' rower Paul Hoffman's Olympic Project for Human Rights badge in solidarity with the two Black Americans.

Smith and Carlos felt they had to use their platform to make a visual proclamation. They wore black socks with no shoes to represent Black poverty. The two shared a pair of black gloves signifying Black unity and Black Power. They also wore beads around their neck, a haunting reminder of lynching, and the photographs capturing 'strange fruit' as Carlos called it, hanging from Southern trees (Blakemore 2018). These visual cues were the best shot Smith and Carlos had at making a statement. Smith recalled in an interview with Smithsonian, that the 1968 protest, "was a cry for freedom and for human rights," he said, "we had to be seen because we couldn't be heard," (Davis, 2008).

The Olympic athletes experienced backlash immediately for their political protest at the games. Smith and Carlos were suspended from the U.S. team and promptly removed from the Olympic Village. They returned home to death threats. Sportscaster Brent Musburger said the two Olympians were "Black-skinned stormtroopers," who were met with opprobrium. Carlos claimed the pressure was so severe that he believed it played a role in his wife's suicide less than a decade later in 1977 (Davis 2008). As for Norman, though he was white, he too experienced extreme consequences. Norman was considered a pariah and was never invited to partake in the

Olympic games again (Montague, 2012). All three men went their separate ways after their time in Mexico City, but they remained friends up until Norman's passing in 2006--when both Smith and Carlos gave a eulogy (Montague, 2012).

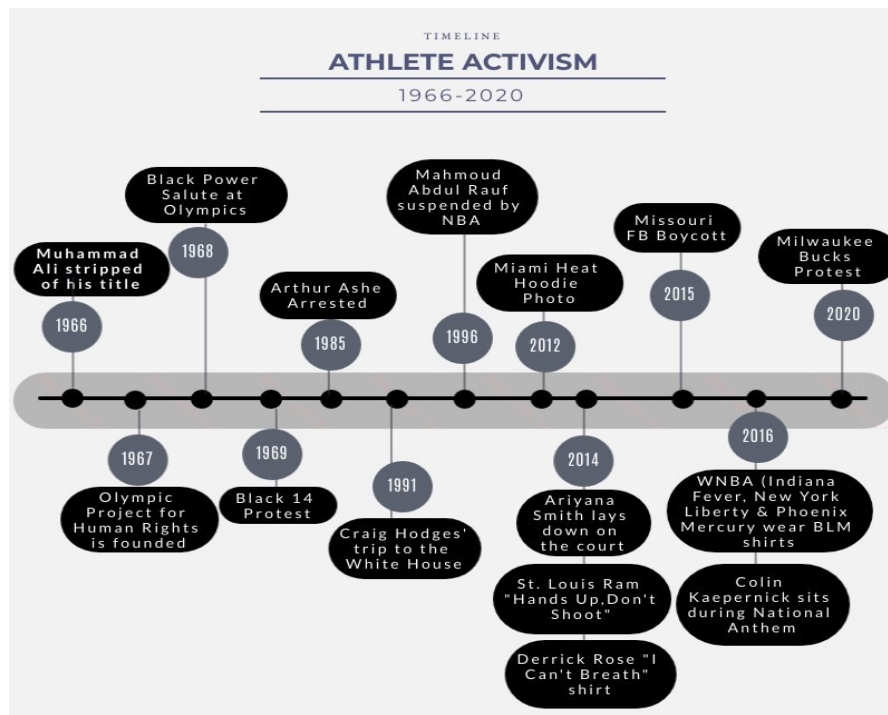
This protest in many ways was a microcosm of a much greater conflict- the questionable relationship between sports and politics. The 1968 demonstration, "threatened to expose the ways in which liberal ideology and sports culture are intimately intertwined," (O'Bonsawin, 2015).

Police Brutality Protests

Michael Brown

In more recent years, athletic protests have narrowed from overall oppression, more specifically, to the impact police brutality has had on the Black community after several Black lives were lost senselessly (see Figure. 2 below). One of which was Michael Brown, an unarmed 18-year-old shot and killed by former police officer Darren Wilson in Ferguson, Missouri (Razek 2020).

Figure 2. *Timeline of Athlete Activism in America (1966-2020)*



In 2014, college basketball player Ariyana Smith of Knox College in Illinois, decided to lay down on the court in protest for 4 minutes and 30 seconds in the wake of Michael Brown's death. Smith said this was meant to symbolize the amount of time Brown's body was left out in the street--4 hours and 30 minutes before it was removed by authorities. She was suspended from the team until Knox College reluctantly reinstated her, after alleged pressure from the media (Sports Illustrated, 2014).

Around this same time, NFL players with the St. Louis Rams organization performed a visual statement of their own. Athletes Stedman Bailey, Tavon Austin, Jared Cook, Chris Givens, and Kenny Britt emerged from the tunnel on game day with a “hands up, don’t shoot” stance, mirroring that of protestors in Ferguson in the aftershock of Brown’s murder (Woody & Geary, 2014).

Trayvon Martin

In 2012, unarmed Black teenager Trayvon Martin was killed by his own Florida neighbor. NBA stars LeBron James and Dwyane Wade took notice. In some ways, painting homage to Martin, who was wearing a hoodie when he was shot and killed by self-proclaimed “neighborhood watchman” George Zimmerman, James and Wade wore hoodies before a game with other members of the Miami Heat NBA team. One photo posted by James featured the hashtag #WeWantJustice, signaling for justice to be served in Trayvon Martin’s murder. For athletes like Wade who had his own sons at home, Martin’s death was a startling reminder of the reality of racial profiling. Heat Forward Udonis Haslem stated, “I couldn't imagine if my son went to a store just to get some Skittles and a pop or iced tea and they didn't come home” (Windhorst, 2012).

A year later, when Zimmerman was acquitted in the murder of Trayvon Martin, a movement of its own was born. The #TheBlackLivesMatter movement was created by three Black, self-proclaimed radical organizers, Alicia Garza, Patrisse Cullors, and Opal Tometi (Steinbuch, 2020). The Black Lives Matter movement spread quickly with the hashtag #BLM, which, when used on social media, encompassed the deaths of every person of color that fell prey to police brutality and all other violence inflicted in Black communities (Steinbuch, 2020). It is important to make mention of the birth of this movement now as it becomes a cornerstone that the NFL in many instances struggled to validate until 2020 (Donahue, 2020).

One athlete ignited a new conversation about protest and the Black Lives Matter movement in 2016 when he sat on the bench during the National Anthem. Colin Kaepernick, quarterback of the San Francisco 49ers explained, “I am not going to stand up to show pride in a flag for a country that oppresses Black people and people of color. To me, this is bigger than football and it would be selfish on my part to look the other way” (Donahue, 2020). Kaepernick's protest centered around lack of accountability--police officers that were never indicted for killing people of color. A culmination of deaths from 2014 to 2016 including Freddie Gray, Philando Castile, Alton Sterling, Walter Scott, Michael Brown, and Eric Garner were all part of the reason Kaepernick decided to sit down while the National Anthem played (Donahue, 2020).

Similar to the other athletes highlighted in this background, Kaepernick fell under scrutiny for his demonstration. While Kaepernick went from sitting to kneeling after consulting with Military Veteran Nate Boyer, his actions were controversial (Rugg, 2019). NFL executives called Kaepernick a traitor. “He has no respect for our country,” one team executive said, “I don’t want him anywhere near our team,” (Donahue, 2020).

NFL Commissioner Roger Goodell’s statement about Kaepernick’s protest in 2016 gave no definitive action points on what the league would do differently but simply validated that everyone should be standing for the National Anthem. Goodell said, “We also care deeply about our players and respect their opinions and concerns about critical social issues. The controversy over the Anthem is a barrier to having honest conversations and making real progress on the

underlying issues,” Goodell said. “We need to move past this controversy, and we want to do that together with our players,” (Donahue 2020).

Though Goodell mentioned making progress on underlying issues, the NFL made no definitive changes during the 2016 season regarding social justice measures. Kaepernick opted out of his contract with the San Francisco 49ers in 2017 and has remained a free agent ever since.

The NFL’s Ever-Changing Tune

By 2017, tension started to rise as more players peacefully protested during the National Anthem by kneeling (Rugg, 2019). During a political rally in Alabama on September 22, 2017, former President Trump encouraged NFL owners to fire protesting players, who Trump referred to as, “sons of bitches” (Butterworth, 2020). To Trump, the behavior of protesting players did not reflect or align with the “militaristic patriotism” the NFL or the rest of America should stand for (Rugg, 2019).

Trump’s comments sent owners into a tailspin attempting to redirect their sails as a league. They gathered immediately to discuss what could potentially relieve the pressure they were experiencing, hoping to end the protests and political attention. In a recording of the meeting obtained by *The New York Times*, Terry Pegula, owner of the Buffalo Bills said, “we need to put a band-aid on what’s going on in this country” (Rugg, 2019). It was clear the owners were interested in solving these deep-rooted social justice issues with a public-relations approved, lip service solution. New England Patriots’ owner Robert Kraft spoke specifically about the curation of a potential press release saying, “It would be good if you could work in the word ‘unified’ or ‘unity’ in some fashion” (Rugg, 2019).

Hush Money Initiative

In an effort to make the NFL’s “unity” concept tangible, they partnered with the Players Coalition to develop a new initiative (Rugg, 2019). The Players Coalition, a 501c3 advocacy organization made up of athletes working to end systematic and civic inequities, along with owners and some other members of the NFL, set in motion an almost 90-million-dollar program dedicated to social justice. The initiative felt eerily similar to every other corporate social responsibility project the NFL had conjured up before. So much so, that one group of NFL players led by Eric Reid broke off from the Players Coalition and claimed the league was trying to “buy an end to the protests” (Rugg, 2019). Derrick Morgan, linebacker of the Tennessee Titans, considered the initiative “hush money” made to influence players to “stop talking about the issues” (Rugg, 2019).

Fairfield University scholar Adam Rugg captured the events that transpired after the social justice initiative was agreed upon. Rugg notes that just one day after the agreement was made, a policy was created requiring all athletes to stand for the National Anthem. Those that tried to protest would be subject to team suspension or fines. This new rule was placed directly into the NFL game operations manual-- which meant it did not require any sort of notice or approval from players or the NFL Players Association (NFLPA) (Rugg, 2019). It was no surprise that the National Anthem standing policy was disappointing to players, as they realized that the social justice initiative was mainly a vehicle to quell protests (Rugg, 2019). Chief Executive of the NFLPA, DeMaurice Smith stated, “Today, the CEOs of the NFL created a rule that people who hate autocracies should reject” (Rugg, 2019). Malcom Jenkins of the

Players Coalition considered the action to be thwarting players' constitutional rights (Rugg, 2019). After enough backlash, the NFL and NFLPA "indefinitely suspended" the anthem policy. Still, the NFL wanted the protests to come to an end (Rugg, 2019).

By January of 2019, the 89-million-dollar social justice initiative named, "Inspire Change" was formally launched. The efforts created a long-form documentary project, *Indivisible* highlighting social change and as Rugg stated, attempted to capture the "sprawling complexities" of social injustice by creating "digestible narratives." Rugg said the NFL had hoped to stifle the player protest issue by, "diluting it across a campaign steeped in the rhetoric of unification and positive outcomes" (Rugg 2019).

The most notable point Rugg makes in relation to this article subject matter stems from the incongruence the NFL exhibited pouring millions into a social justice initiative only to turn around the next day and ban players from protesting during the anthem, missing the root of the issue entirely, and feeding into the same patterns of indifference and apathy by ignoring player plights (Rugg, 2019).

The Death of George Floyd

The NFL's social justice initiatives prior to 2020 were simply meant to pacify as many parties as possible from management to fans, but not always players (Butterworth, 2020). One common mindset among Americans that Michael Butterworth of University of Texas noted, was prior to 2020, Americans had formed idealistic notions of unity surrounding sports. Meanwhile the reality of creating that authentic harmony is more elusive. Butterworth's research focused on the role that sports plays in society, what he found was that sports served as a veil of kinship, but no one wanted to recognize any politically charged issues faced by Black athletes (Butterworth, 2020). Americans could easily "suppress dissent and romanticize unity" when it came to sports, even if that meant turning a blind eye to players protesting for their livelihood. This American mindset of suppressing dissent made most social justice initiatives in the NFL fruitless in the eyes of fans-- they just wanted to unite, drink a beer, and watch the football game in peace (Butterworth, 2020).

The NFL's tune changed in 2020 after the death of George Floyd prompted NFL players Davante Adams, Jamal Adams, Saquon Barkley, Anthony Barr, Odell Beckham, Ezekiel Elliott, Stephon Gilmore, DeAndre Hopkins, Eric Kendricks, Jarvis Landry, Marshon Lattimore, Patrick Mahomes, Tyrann Mathieu, Patrick Peterson, Sterling Shepard, Michael Thomas, Deshaun Watson and Chase Young to post a video on social media. In the video, the players are featured asking the NFL to take accountability and, "condemn racism and a systemic oppression of Black people ... admit wrong in silencing our players from peacefully protesting ... believe Black lives matter," (NFL, 2020). This pressure from players was met with swift action from the NFL Commissioner.

Goodell promptly responded with a statement contrasting from the 2016 verbiage released around Kaepernick's kneeling protest. Instead of making comments about respecting the flag and moving past controversy, Goodell stated the league was wrong "for not listening to NFL players earlier" and that the recent protests were clearly "emblematic of the centuries of silence, inequality, and oppression of Black players coaches, fans, and staff," (NFL 2020).

Several researchers have honed in on aspects of how the NFL has approached the Black Lives Matter movement in contrast to how the Colin Kaepernick protest was handled. Ben Donahue, MS, MEd's social phenomenological approach delves into the responses from both

NFL personnel and the commissioner and uses the Interpretive Phenomenological Analysis (IPA) to code these statements into different themes. The IPA studies how people make sense of an event that happens and how they assign meaning to what happens. In this case, studying the NFL personnel and the verbiage they used during the protesting events of 2016 and the events of 2020 surrounding social justice, especially after George Floyd's death.

The results from Donahue's study show that while the drive of protests in 2016 and 2020 were the same (advocating for black lives), the public response from the NFL differed entirely from 2016 to 2020. Donahue attributed this change in response to, "influences of external interest" namely "government figures, NFL fans, and the public at large" (Donahue, 2020). These entities put pressure on the NFL causing the league to respond with more compassion and affirmation than before. In other words, it took an extreme amount of overwhelming pressure for the NFL to recognize that the league would not exist without Black players, and that it was time to condemn systematic racism and oppression. The NFL's contrasting reactions to player protest can be broken down by the situational factors that were at play during each period.

In 2016, Trump played a huge role in influencing how protests were received by NFL executives (Donahue, 2020). Once Trump voiced his staunch disapproval of player protest, some executives worried about being Tweeted at by the president, while others had contributed to Trump's 2016 presidential campaign and felt allowing player protest would make them seem unpatriotic (Donahue, 2020). One of Trump's campaign supporters was Texans owner Bob McNair, who made statements indicating players needed to be reminded of who was really in charge, "We can't have the inmates running the prison," McNair said (Donahue, 2020).

Donahue noted that for the NFL, the actual cause of the protests was overshadowed by the idea of national pride, losing revenue, and appeasing the president. Police brutality and the BLM movement were never part of the discourse in 2016.

Donahue's research lays an important foundation for this article through the critical analysis of contrasting messaging given by the NFL in 2016 and 2020. It explains the reasoning behind the NFL's verbal response to protests but does not explore tangible actions taken by the NFL to illustrate their commitment to change that was voiced in the 2020 statement by Goodell after Floyd's death.

Diversity Through Statistics

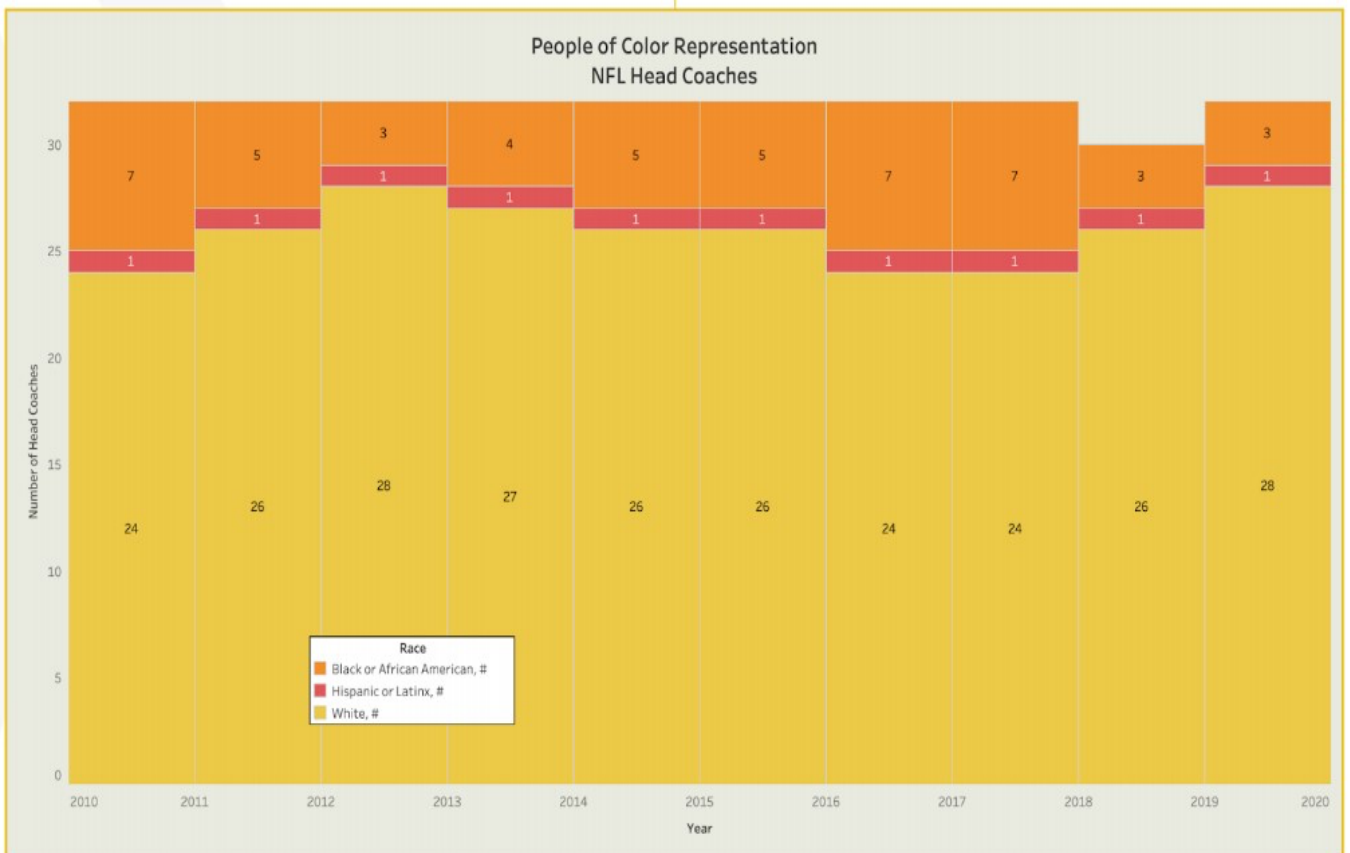
Another telling piece of research that focuses solely on the numbers is the work of Dr. Richard Lapchick. Dr. Lapchick, founder & director of the Institute for Diversity and Ethics in Sport (TIDES), has played an influential role in analyzing the racial breakdowns across several major sports from year to year. As recently as December of 2020, while some changes in diversity were made, the NFL was still lacking in racial and gender equity--especially at the team levels where decisions are made (Lapchick, 2020). In 2019, the NFL had what was considered to be a combined overall grade of 79.3% which decreased to 79.2% in 2020, giving the NFL a B-. Lapchick attributed this to a drop in gender hiring diversity, yet in racial hiring practices, the NFL increased 3.2 percentage points, meaning while the overall grade was a B-, the NFL did achieve a B+ for racial hiring alone (Lapchick, 2020).

Lapchick's research further breaks down those racial hiring numbers to reveal improvements in different racial categories including:

Increases from 10.9% to 13.9% for C-Suite executives, 12.8% to 13.7% for team vice presidents and 28.0% to 30.5% for league office management. However, underrepresentation of women and people of color in significant decision-making roles at the team level remains a persistent issue. For senior administration, the NFL scored 23.9%, compared to last year's 24.4%. Professional administration scored 32.3%, compared to last year's 35.9%” (Lapchick, 2020).

Lapchick points out that African American athletes make up 69.4% of the NFL’s roster, yet in the past year there were only four head coaches and two managers of color, creating a contrast between those playing on teams and those making important decisions (see Figure 3) (Lapchick, 2020).

Figure 3. *People of Color Representation NFL Coaches*



There is a lack of representation in terms of people of color in leadership positions. This shows that there is an overwhelming majority of white coaches (yellow) as opposed to coaches of color (orange) in the NFL.

While Lapchick’s research shows the NFL has made some small changes, his analysis of other leagues, like the NBA, illustrate just how far the NFL still has to go. Unlike the NFL, Lapchick graded the NBA at an A+ for racial hiring, and a B for gender hiring--granting the league an A- overall. This grade, in large part, begins with people of color in

decision making positions--which the NBA has continued to excel at, with 39% people of color in the league office (Lapchick, 2020).

Social Justice and the NBA

The NBA has been trailblazing in many areas when it comes to racial equality, and social justice efforts are no different. In August of 2020 as the NBA postseason was set to resume, NBPA Executive Director Michele Roberts and NBA Commissioner Adam Silver put out a joint statement regarding the changes to be made in the wake of continued social justice and racial equality measures.

Freelance writer Bruce Schoenfeld followed the NBA's reaction to social justice issues, specifically the same issues that created so much turmoil within the NFL. Schoenfeld's observations spark a palpable contrast between league reactions. For example, in response to Kaepernick's protest in 2016, San Antonio Spurs' NBA coach Gregg Popovich stated: "You're grown men. Do what you want" (Schoenfeld, 2017). As more and more NBA players chose to speak out about Kaepernick's protests, there was no talk of league threats or fines. (Schoenfeld, 2017).

Schoenfeld also noted the support Golden State Warriors point guard Steph Curry received after following up on a comment made by Under Armour CEO Kevin Plank regarding former President Donald Trump. While Plank called Trump an "asset to the country," Curry, a stakeholder and sponsor of Under Armour, said in response, that Plank's description was accurate "if you remove the E-T," (Schoenfeld, 2017). Curry endorsed candidate Hillary Clinton in the 2016 presidential election and had been "surprised" by Plank's support of Trump (Joseph, 2017).

Following Curry's statement, Plank clarified that his support of Trump was "limited to his business and not the controversial executive order on immigration." (Joseph, 2017). Plank stepped down as CEO of Under Armour at the beginning of 2021 after sales declines in 2019. Meanwhile, Curry remains tied contractually to Under Armour until 2024 (Zagoria, 2022). Curry, Schoenfeld states, was respected for speaking up, "NBA players could be confident that they wouldn't be punished for expressing and acting on their beliefs," which cannot be said for the NFL (Schoenfeld, 2017).

NBA commissioner Adam Silver has played a large role in molding the NBA into what it is today. While Silver's role encompasses several of the same leadership roles as Goodell's, Silver's approach was remarkably decisive.

My job as a commissioner is not to be a political activist," Silver Stated. "I recognize that. There's always a line that I'm trying to be careful not to cross. And I may have crossed it in certain situations that may not have been apparent to me at the time. But in the same breath, I don't think we have an option. Whether it's a sports league or a consumer-products company, in this day and age, you are required to take a stand. It's what your customers expect of you. It's what fans expect. (Schoenfeld, 2017).

It would come as no surprise then, that when footage of George Floyd surfaced and gained enough traction to start an uproar in all corporate circles, the NBA had a well laid plan of action. NBA Executive Director Michele Roberts and Commissioner Adam Silver announced

that the NBA was establishing a social justice coalition, with focal points on voting access, community engagement and criminal justice reform (Kochkodin, 2020).

Silver understood that players were “uniquely positioned to have a direct impact on combating systemic racism in our country,” and in doing so made every effort to give them the chance to express themselves (NBA, 2020). One of the ways the NBA embraced player voices was through allowing players to wear several messages on their jerseys including: Black Lives Matter; Say Their Names; Vote; I Can’t Breathe; Justice; Peace; Equality; Freedom; Enough; Power to the People; Justice Now; Say Her Name; Sí Se Puede (Yes, We Can); Liberation; See Us; Hear Us; Respect Us; Love Us; Listen; Listen to Us; Stand Up; Ally; Anti-Racist; I Am a Man; Speak Up; How Many More; Group Economics; Education Reform; and Mentor.

While kneeling during the anthem, players also wore shirts sporting, “Black Lives Matter,” that same statement adorned the court in the bubble as well (Medina, 2020). The breadth of the scholarly articles found for this article largely detailed the past oppression of athletes of color, the conflict teams and fans face understanding the intersection of politics and sports, and the attempts that leagues have made in an effort to acknowledge shortcomings and create tangible solutions with the platform of the NFL and NBA.

Thesis

This article offers to help dismantle racism within the NFL through the implementation of an internal social justice initiative based on education and training, that would be then carried out into Black communities creating a corporate social responsibility (CSR) initiative. Through this internal approach, enforced by the NFL and run by a diversity consultant, players will feel a level of authentic support, and feel supported in their social justice endeavors. Player advocacy would not be perceived as stigmatic or outspoken against the NFL, ultimately allowing fans a chance to positively receive this league-driven messaging.

Original Content and Analysis

Internal League-Wide Initiative

One of the biggest differences between the NFL and NBA are the internal responses emitted from the most recent social justice movement spurred by Floyd’s death. Players with the NBA were a part of the decision-making process when it came time to create a social justice game plan (Medina, 2020). The NFL came out with a reactive statement after a push from players through social media. Player involvement and internal initiative are key. Mary Davis, a human resource expert with over 35 years of experience in professional sports, expressed the importance of implementing a new infrastructure-- creating a training for each NFL team based on awareness, education, and compliance (M. Davis, personal communication, March 19, 2021).

The idea of a “league-wide” program implemented by each team is the ultimate goal. *From The Inside Out* (FTIO) would involve internal training, team empowerment from the inside out, and community outreach that puts the team’s support for social justice into action. As opposed to starting with a league-wide initiative, realistically, a case study focusing on one team would be the best place to start. If successful, it creates a blueprint for all future programs, and illustrates to any skeptical team owners that this can, in fact, be done efficiently.

It makes sense to initiate this program where it would be most sought after and could benefit the surrounding community. For example, given the recent tragedy in Minnesota with George Floyd, the Minnesota Vikings would be an ideal team to start with as a proposed case study. For the sake of this argument, the Vikings will be the “pilot” for the following concepts.

In 2018, the Vikings created a social justice committee that was dedicated to having important conversations about race and as well as giving their time to organizations working to fight against systemic racism in the Minneapolis community (Cronin, 2020).

The Vikings also took direct action when Floyd died. The Wilf family, who have ownership of the Vikings, donated 5 million dollars to social justice causes nationwide. The Vikings' social justice committee created the George Floyd Legacy Scholarship for high school seniors of color in the Minneapolis area pursuing a post-secondary education (Cronin, 2020).

As opposed to the previously mentioned outward facing initiatives, this would begin with internal training with the Minnesota Vikings that would later be extended into the community as an ongoing initiative.

Breaking Down the Numbers in Minneapolis

African Americans are the second largest population in Minneapolis behind Caucasians. African Americans account for 19.3 percent of the population. The Black community in Minnesota might not be the largest in population, but they do come in first as the largest percentage of race living below the poverty line in Minnesota. As of 2018, the poverty rate for Black families in Minnesota were 36.5 percent (Data USA, 2018). In terms of police brutality in Minneapolis, according to data documented by the Minneapolis Police Department, body weight pinning has been used by police officers twice as many times against Black people than white people since 2015 (Beer, 2020). This research by the Minneapolis Police Department also revealed that officers were seven times more likely to use violence against Black people (Beer, 2020).

This data illustrates that a notable percentage of the Black community in Minneapolis Minnesota is up against challenges in terms of poverty and risk for incidents involving police brutality. Given these numbers there is reason to believe that FTIO could play a role in positive change in the Black community in Minneapolis.

Why Dismantling Starts Internally--and at the Top

The Vikings' social justice committee is made up of players of color and white players as well. Black leaders like former Vikings' safety Anthony Harris and Vikings' linebacker Anthony Barr have played an integral role in leading the team's efforts, however there is still work to be done within the organization on a leadership level that should not be falling on the shoulders of Black employees (Morris, 2020). “We want to be part of the solution, but we can't carry that weight by ourselves,” Harris explained, “We have conversations in the locker room about our different backgrounds, but we want to start bridging the gap,” (Young, 2020).

According to inclusion strategist Carmen Morris, just because members of an organization are Black, does not mean it should be their responsibility to lead the social justice charge. “The top dressing of race equality issues only serves to protract and exacerbate workplace inequalities,” (Morris, 2020).

Another important point Morris makes stems from the fact that the organizational policies and systematically reinforced behaviors are integral to brand inclusion. In other words, when power structures continue to enable group think and historic influences of the past, racism

flourishes (Morris, 2020). This may sound familiar, as it clearly explains the behavior the NFL exhibited for so long, fiercely avoiding intentional changes or addressing social justice protests and condemning players who participated in that conduct, especially back in 2016.

Morris also eloquently explained the dynamic that for many NFL players, describes the reality they face in terms of being suppressed from acting on social justice the way they want to:

Racist sentiments can be emboldened into the fabric of organizational culture. This helps to support the marginalization of those who do not have the power to shape the culture in an informative way. Having been denied access to the top table, where critical decisions around organizational culture, culture and processes are decided, Black employees and others from diverse groups, face an uphill struggle. (Morris, 2020).

Dr. Lynn Hampton, a sociologist and race relations expert and professor at Texas Christian University explained that, as Morris also noted, positional hierarchy plays a large role in these dynamics. That is where change begins. Hampton said owners and upper management that are part of the Caucasian make-up of a team often do not recognize that African American players, outside of their sport, are humans with their own level of agency and activism. When the top of a hierarchy (in this case owners and other decision makers) makes the conscious decision to validate the full humanity of a Black player, “that they are an independent, thinking, breathing person independent of how they perform on the field-- that affirmation can be healing” (L. Hampton, personal communication, April 30, 2021). Anthony Harris expressed this as a player as well, “we need to see each other as human beings, for our uniqueness, that is part of the goal,” (Young, 2020). This leads to the importance of a mandatory program that provides education and awareness for all team members, beginning the process of validation, affirmation, and healing for Black athletes.

First Steps

Phase one of this new social justice initiative would include a mandatory training program which would be facilitated by an external race relations expert. This would mean coaches and front office personnel would have the same training as players. It is imperative that the players are not the only ones receiving this training, coming from Morris, an expert in leadership diversity and inclusion, “leadership must make a forceful commitment to the prioritization of race equality, within organizational systems and across agendas. It starts at the top,” (Morris, 2020).

These trainings could have the potential to cover some civil rights background as well as briefings on police brutality and race relations, education on microaggressions, protests, and social activism in action. With consistent messaging coming from the inside out, this would foster support with the addition of progressive policies and procedures, empowering both staff and players. While it may be uncomfortable, subjecting some to fragility, however, that is part of the key to disassembling the processes and actions that negatively impact Black players (Morris, 2020).

In several past cases players in the NFL were undermined by upper management when it came to crucial decision making. In contrast, the NBA made its players part of that decision process.

Action Plan

The second phase of this implementation would allow players to take a more involved approach, taking this initiative from internal to external by infiltrating the community. As Davis explains, employee education is an integral first step, while corporate social responsibility and community outreach is a second phase of action (M. Davis, personal communication, March 19, 2021).

For accountability purposes as well as form of support, it would be beneficial for each team to hire an outside race relations expert. Someone that is either in-house or has a consistent in-person presence-- a race, equity, and inclusion consultant dedicated to helping companies to better their leadership and position themselves for diversity and inclusion in their communities.

Community Engagement Initiative

The Wilf Family, partnered with the Vikings Social Justice Committee put out a statement in August of 2020 highlighting three main areas where action would be taken including voting and registration education, supporting educational curriculums based on Black history, and advocating for criminal reform.

While this is a powerful start, and echoes what many other teams have done individually, creating their own outward-facing social justice initiatives, the common pattern seems to be a lack of internal resources and education. FTIO would be different because it would engage teams internally on every operational level, and then move outward into communities. By giving players and personnel the chance to be present in the community in ways that create exposure yet are not solely concentrated on racial topics but rather community involvement, the team can promote humanitarianism and bond as a group by doing good and perhaps find common ground. In terms of financial considerations, it would benefit the community at large as well as the Vikings to create sponsorship opportunities centered on Corporate Social Responsibility.

Financial Considerations

Critical Race Specialist Cost

A study done by Society of Human Resource Management showed that diversity departments range from 30 thousand dollars to 1.5 million dollars each year, when a diversity specialist was made part of human resources, that annual budget was 239 thousand dollars (Barry, 2021). Other groups, like specialists out of University of North Carolina Chapel Hill, charge hourly depending on group size from 6 hundred dollars an hour to 4 thousand dollars per day (UNC Chapel Hill, 2019). This illustrates the range in potential cost for a specialist to come facilitate an internal training for each team. To put this cost into perspective, it would cost less than the last social justice initiative the NFL approved (which was 9 million dollars), coming in at 7.9 million dollars annually to have a critical race & diversity specialist on every single NFL team staff.

Community Sponsors

General Mills, which donated more than 92 million dollars to charitable causes in 2020, is based in Minneapolis, Minnesota. There could be a natural partnership here, as the company has previously donated 293 million meals since 2010 and fit the framework for an organization that cares about corporate social responsibility (General Mills, 2020). Financially, if General Mills was willing to carve out space to donate, it would be possible for the Vikings to partner with General Mills, secure a food donation, and work with local food banks. The players and staff would have the opportunity to serve the community as part of the FTIO initiative. Target is also a Minneapolis based company. According to Target CEO Brian Cornell, “the company is intrinsically linked to the health and vitality of the communities in which we live and work,” and The Target Foundation focuses on investing in organizations that work to break down barriers facing the Black community (Target, 2020). With the common goal of racial equity and community empowerment, a partnership and alliance between the Minnesota Vikings and Target headquarters makes sense.

When Target reached a 1-billion-dollar donation milestone for education, the company’s CSR model shifted from education to wellness, creating Target’s Meals for Minds in-school food pantry program and Target Field Trips. Target’s unwavering commitment to the success of the community could offer a new spin on education. Minnesota Vikings players could rotate in an off-season program where they could come in once a month to their local Target and do a reading in the book section. This would be a great opportunity for players to interact with youth in the community, promote education, and give Target free promotion as well. By utilizing powerhouse companies with a home base in the team’s city, cost is minimized, CSR opportunities can be capitalized on, and the community benefits.

Measurement of Success: Return on Investment or Return on Objective

While it can be challenging to measure something as intangible as social justice, a return on objective can be done by studying the numbers from the FTIO Initiative in Minneapolis. Internally, owners, management, personnel, and players would take anonymous surveys both before and after the educational training to measure growth. These surveys would have questions designed by the race relations expert that measure the effectiveness of the program asking questions designed by the race specialist to measure efficacy, tolerance, and sense of belonging (L. Hampton, personal communication, April 30, 2021). As Dr. Hampton states, this is similar to students on a campus. Those that feel a sense of belonging to the school are more likely to stay at the university, contributing to the long-term retention rate (L. Hampton, personal communication, April 30, 2021).

Tailoring this to the Minnesota Vikings, the survey questions would ask how comfortable players feel posting about social justice issues, whether or not they worry about their job when posting social justice related material, and how validated they feel as a member of the team. Measuring results at the beginning of the FTIO initiative and at the end would be an indicator of the racial climate (L. Hampton, personal communication, April 30, 2021). From a social media standpoint, measurements could be implemented to study how fans are responding to the Vikings’ community outreach portion of the FTIO initiative. The impressions of each player post, as well as team posts using an engagement tool like Sprout Social, could

track trends and illuminate critical insights regarding the team's public perception as it relates to social justice (Sprout Social, 2021).

Community engagement could be measured by the number of individuals that come to events at Target as well as monitor the people helped by the General Mills food drives. On a much broader, long-term scale trying to measure how these projects impact NFL viewership, an econometric analysis could be completed to see how racial perspectives impact NFL attendance, and how those perspectives may change as the FTIO initiative infiltrates different communities and fan bases. This has been conducted previously by Nicholas Watanabe, data curator at University of South Carolina. Watanabe measured racial attitudes and implicit bias to create an econometric model fluctuating attendance at NFL games (Watanabe, 2020).

A culmination of these approaches would be able to project an arch of results indicating the return on objective for the FTIO Initiative and corresponding CSR community engagement.

Conclusion

On April 20th, 2021, former police officer Derek Chauvin was found guilty on all three counts for the murder of George Floyd (Griffith & Siemaszko, 2021). Minnesota Attorney General Keith Ellison said the verdict could not be true justice, because that would imply true restoration (Griffith & Siemaszko, 2021). However, Ellis said, the verdict did mean accountability, the "first step towards justice," (Griffith & Siemaszko, 2021). That is the goal of this initiative, while it is an idea that can never bring true restoration, could still be the first step toward accountability. By dismantling racism starting within organizations at the top where the most power is, the NFL has the opportunity to be held accountable. More than that, they have the chance to use their platform to create meaningful change within their communities, supporting those who need it, and for the first time, take a true step towards justice.

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Commentary: When the Game Stands Tall: Social Work in an Athletic Context

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The current discussion reviews the extant literature on student-athlete mental and advocates for a social work perspective in addressing the needs of this uniquely at-risk, and vulnerable population. Sports social work practitioners focus on the personal and contextual influences that potentially affect athlete mental health and well-being. In this way, social work is uniquely qualified to address challenges of the athletic experience and provide athletes with the resources and support needed both on and off the field to thrive in all areas of life.

Keywords: sport social work, athletes, mental health, well-being

In recent years, the specialty of sports social work has emerged to address and meet the needs of athletes and their wellbeing, both on and off the field. The core values of social work are clearly aligned with the needs of athletes and the athletic community. That is, *dignity and worth of the person*, and *the importance of human relationships* are core social values that lend themselves to improving social and developmental outcomes for the athlete. Historically, athletics have generally sought to improve the development, character, and resilience of the individual (Ghildiyal, 2015). However, more recently, with greater emphasis on high level performance, and increased competitiveness, athletes are more likely to be exploited and potentially over-burdened at all levels of sport.

Disciplines like sports psychology serve as a complement to the athletic context by assisting athletes with the development of “*in-game*” mental acuity and focus which is believed to enhance athletic performance. Sports social work is concerned primarily with athlete mental health and overall well-being. As such, social workers and the social work profession are well positioned to serve as complements to the athletic context through advocacy, case coordination, counseling, and program and policy change to better serve this uniquely vulnerable population.

An athletic career can provide a host of lifetime benefits. Prior research suggests that former collegiate athletes tend to earn higher incomes than their non-athlete peers (Curtis, McTeer & White, 2003; Henderson, Olbrecht, & Polachek, 2006). Other benefits of an athletic

career include positive health behaviors (Pate, Trost, Levin, & Dowda, 2000). Yet, many current and former athletes may suffer from debilitating conditions resulting from their experiences on the playing field (Simon & Docherty, 2017). Some may carry with them mental and physical conditions specific to the experience of athletics. The physical toll of an athletic career, along with the psychological stress that comes with it, may increase likelihood for a host of conditions including but not limited to, depression, anxiety, substance abuse, cognitive issues, and chronic pain (Gil, de Andrade, & Castaldelli-Maia, 2016; Webner & Iverson, 2016; Schwenk, Gorenflo, Dopp, & Hipple, 2007).

The current discussion reviews the extant literature on student-athlete mental and co-morbid conditions in an effort to provide greater understanding of how the athletic context presents an exceptional set of stressors that places student-athletes at risk for poor mental health outcomes. This discussion advocates for a social work perspective in addressing the needs of this at-risk, and vulnerable population. Sports social work practitioners focus on the reciprocal personal and contextual influences that potentially affect athlete mental health and well-being. In this way, social work is uniquely qualified to address challenges of the athletic experience and provide athletes with the resources and support needed both on and off the field to thrive in all areas of life.

College Athletics: Coin of the Realm

College athletics programs represent a multi-billion-dollar industry. As such, college athletic programs are inextricably linked to school branding and reputation. Further, college athletics have been found to play an integral role in student enrollment and increase college / university profiles (Goff, 2000; Eggers, Groothuis, Redding, Rotthoff, & Solimini, 2020). This in turn often results in financial windfalls in the form of corporate partnerships and donations that ultimately contribute to the financial solvency of the institutions.

As it pertains to the athletes themselves, participation is generally thought develop good habits of fitness, competitiveness, drive, and discipline (Ghildiyal, 2015). The principles of teamwork, individual responsibility, determination, and task completion are thought to serve them long after their athletic careers have ended. However, embedded in these processes are unique stressors that the general student population does not encounter. Student-athletes may experience stress and anxiety over their performance, push physical limits, and feel pressure to maintain good academic standing in order to compete (Kreig, 2013). These and other such stressors may pose a significant threat to the mental health and well-being of some student-athletes.

Get Your Head in the Game

Mental health is often an overlooked aspect of student-athlete development. Anxiety, depression, suicidality, sleep disorders, alcohol misuse, substance misuse, and eating disorders represent mental health challenges that are highly prevalent among this population. Student-athletes appear to experience mental health symptoms and disorders in similar proportion to the general population, yet mental health treatment-seeking behaviors among student-athletes is low (Castaldelli-Maia et. al., 2019) Recent discussions suggest that this may be particularly so for student-athletes of color (Wilkerson, Stokowski, Fridley, Dittmore & Bell, 2020). A recent survey conducted by the National Collegiate Athletic Association (NCAA) indicates that African

American athletes are disproportionately and negatively affected by mental health issues (Peter, 2020). A full examination of disparate mental health outcomes among African American college athletes is beyond the scope of the current discussion. Yet, future research should more fully explore this phenomenon.

To be sure, the COVID-19 pandemic presented additional mental health challenges unique to the student-athlete population (Grubic, Jain, Mihajlovic, Thornton, & Johri, 2021). Some student-athletes struggled with social identity issues and may have experienced some degree of separation anxiety due to being away from campus and/or teammates. They may have also experienced feelings of isolation as normal routines were significantly disrupted (Graupensperger, Benson, Kilmer, & Evans, 2020). Lastly, some may have experienced financial strain, as some student-athletes may enjoy a better a standard of living on campus compared to their home environments. Nonetheless, it seems as though the COVID-19 pandemic brought greater attention to the mental health needs of college athletes (Grubic et al., 2021).

Student-Athlete Mental Health

While the mental health and well-being of student-athletes is as important as physical health, it rarely receives the same level of attention (Moore & Gummelt, 2019). Recent studies indicate that college athletics significantly increases levels of stress for the participating individual (Garinger, Chow, & Luzzi, 2018; Asztalos et al., 2012; Pritchard & Wilson, 2005). The dual demands of academics and athletics at the college / university level, extensive time demands, overtraining, injuries, the possibility of being benched, and conflicts with coaches, are among some of the stressors that may pose significant risks to student-athlete mental health and well-being.

Invincible?

College athletics, and sports in general, occupy hallowed territory in the American landscape. As such, college athletics represent idealized notions of strength, speed, power, toughness, and the ability to overcome adversity. In many ways, athletes are the prototypical embodiment of these idealized notions. Struggling with mental health related challenges therefore runs counter to such notions and has been, heretofore, interpreted as a sign of weakness and vulnerability. This kind of perverse interpretation is indicative of the lack of understanding and awareness of mental health and well-being and underscores the common tendency to value physical attributes over mental health.

The stigma commonly associated with mental illness among the general population takes on somewhat of a more pronounced tenor in an athletic context. Recent studies suggest stigma is the most prevalent factor preventing athletes with mental health issues from seeking intervention (Reardon et. al., 2019). Once again, the belief persists among athletes that mental illness is a sign of weakness and is closely followed by the justifiable fear that peers, coaches, and the public fanbase will view them as such. These attitudes and beliefs may be part and parcel of an athletic socialization process that extols the virtues of over-coming adversity, playing through pain, and winning. Some athletes may be apprehensive about disclosing mental health symptoms, as doing so could potentially have a negative impact on future opportunities (Reardon et. al., 2019). This may be further exacerbated by limited knowledge and awareness of the signs of mental

disorders, fear of losing a scholarship, and compromised relationships with teammates (Watson, 2005; Steinfeldt, Steinfeldt, England, & Speight, 2009).

Clear and Present Danger.

Prior research suggests that for some, the rigorous demands of being a student-athlete presents a significant threat to mental health and well-being. The athlete mindset, which may consist of obsessive-compulsive tendencies associated with the drive to improve performance may further exacerbate this threat (Cromer, Kaier, Davis, Stunk, & Stewart, 2017). Briefly, competitive athletes' traits, including over-responsibility, perfectionism, and secrecy, often mask obsessive compulsive disorder (OCD) identification and diagnosis. In a study of Division 1 college athletes, Cromer et al. (2017) found that while most denied OCD diagnosis, they nonetheless exhibited behaviors related to OCD and reported moderate to severe distress. OCD may affect as much as five percent of college athletes (Cromer et al., 2017).

Student-athletes, in some instances, may be exposed to several risk factors that increase vulnerability to mental illness. One area of risk that is easily overlooked is the status of being an elite athlete and the process of gaining such an identity. Personal attributes such as determination, focus and commitment, along with the pressure to consistently perform at a high level may lead some to over invest in a singular personal identity (i.e. athlete) (Martin, Fogarty & Albion, 2014).

Who am I?

Briefly, a well-established body of research suggests that crafting multiple positive identities is a common protective factor against mental illness (i.e., investing in more than one aspect of the self, such as being a successful student, professional, parent, and/or friend) (Thoits, 1991). Conversely, the fewer identities one possesses, and the greater investment in those few identities, the greater the threat to mental health in the event one of those identities are compromised (Hoetler, 1983). Once again, in this regard, the COVID-19 pandemic represents an additional threat to a population that is already uniquely at risk for poor mental health outcomes. Many college athletic programs have since cancelled their seasons in the wake of the pandemic, leaving many athletes without the very vehicle through which they define themselves. Yet, to be sure, student-athletes have been subject to this identity-based threat to mental health and well-being long before the COVID-19 pandemic.

Athletic identity refers to the extent to which one identifies with the role of being an athlete (Ronkainen, Kavoura, & Ryba, 2016; Brewer, Van Raalte, & Linder, 1993). Athletes, particularly elite athletes, are thought to develop a self-concept in relation to their chosen sport. Recent investigations suggest that athletic identity is highly important to the vast majority of collegiate athletes and has strong implications for mental health and well-being (Di Lu, Heinze, & Soderstrom, 2018; NCAA, 2013). According to a 2013 study conducted by the National Collegiate Athletic Association (NCAA), approximately two-thirds of both male and female student-athletes possess a strong athletic identity. However, females were found more likely to also have a strong student identity as well.

In some instances, student-athletes may experience conflict between their identity as a student versus their identity as an athlete (Cooper & Cooper, 2015). This identity conflict may have consequences for the mental health and well-being of some student-athletes (Miller &

Hoffman, 2009). That is, over-identification with athletic identity may lead an athlete to neglect other areas of life including family, friends, school, and social roles. Further, the strong identity of the athlete may also increase the risk of injury (Heird & Steinfeldt, 2013). Moreover, disproportionate emphasis on athlete identity may pose significant difficulties in the transition to civilian life when the athletic career ends (Beamon, 2012). Ultimately, many college athletes have a strong athlete identity. This may be due in part to student identity becoming less salient over time, as athletes experience more demanding expectations, peer subcultures, and a lack of reinforcement around academic accomplishments (Di Lu, Heinze, & Soderstrom, 2018).

In addition, psychological factors, such as adjustment and satisfaction have been cited in this identity conflict (Killeya-Jones, 2005). Some individuals may more easily adjust to, and therefore embrace the athlete role. That is, some individuals may derive greater satisfaction as athletic accomplishments are reinforced in greater magnitude than academic accomplishments. In such instances, student-athletes are likely to “over identify” with the athlete role (Lally & Kerr, 2005; Miller & Kerr, 2003).

To be sure, especially in the case of elite athletes, this identity crisis begins long before an athlete reaches college (Howe, 2022). The increasingly competitive nature of youth sports has spawned national sports organizations like MaxPreps, Perfect Game, and Rivals. These entities produce local, state, and national rankings of athletes (according to their skill level) as early as age 12. This potentially contributes significantly to the developing self-concept as primarily an athlete (Camiré & Santos, 2019). Without question, a strong athlete identity is a prerequisite for being a college athlete. However, over-emphasis on such may be a precursor to a myriad of mental health challenges (Gould, 2019; Moore & Gunmelt, 2019; Poucher & Tamminen, 2017). Depression, anxiety, and other psychosocial impediments may be a function of over-identifying as an athlete (Di Lu, Heinze, & Soderstrom, 2018).

Mental Health and Comorbidity

Are you hurt or are you injured?

Prior research suggests that one in five college athletes may be struggling with depression (Wolanin, Gross, & Hong, 2015; Proctor & Boan-Lenzo, 2010; Yang, Peek-Asa, & Corlette, 2007). Several factors have been noted in the etiology of depression among college athletes. According to Putukian (2016), physical injury can trigger depression. In a prior study of Division-1 football players, 33% of injured athletes reported high levels of depressive symptoms, compared with 27% of non-injured athletes. Depressed athletes are thought to be at increased risk for injury, as athletic performance may be adversely affected by emotional disturbances. The severity of the injury may further exacerbate this dilemma. Rao and Hong (2016) assert that injured athletes with a prolonged period of non-participation are at increased risk for depressive symptoms.

Concussion in particular is strongly linked to depression (Wolanin, Gross, & Hong, 2014). Concussions may impair function in areas of the brain that are also commonly affected among individuals with major depressive disorder (Roiger, Weidauer, & Kern, 2015). Prior investigations have found elevated levels of depression and mood disturbances in athletes with concussion compared to non-injured athletes, and non-athletes (Mainwaring, Hutchison, Bisschop, Comper, & Richards, 2010; Hutchison, Mainwaring, Comper, Richards, & Bisschop, 2009; Mainwaring et al., 2004). Once again, athletic identity may influence depression outcomes

in student athletes. The inability to participate in their chosen sport due to injury may threaten one's sense of identity and increase likelihood for depressive episodes (Giva & Hovda, 2001; Green & Weinberg, 2001). Prior research suggests that while a concussed individual may feel physically able to return to practice or competition, certain cognitive, emotional, or social deficits may preclude safe return. As such, feelings of anxiety, anger, and fear may arise, all of which have been linked to depression (Yang, et al., 2007).

No Days Off

Overtraining syndrome (OTS) has also been cited as a potential risk factor for depression in athletes. Historically, OTS was characterized as a physical performance issue. More recently, it has been reconceptualized. The overtrained state is now thought to be more easily identified if considered from a biopsychosocial perspective. According to Jones and Tenenbaum (2008), by shifting focus away from only excessive training loads and inadequate recovery schedules to a comprehensive model of maladjustment, the full scope of the phenomenon becomes clearer. OTS is now characterized as psychological and physiological disturbances, coupled with decreased performance that may result in clinically significant symptoms, potentially triggered by a stressor of any magnitude (Meehan, Bull, Wood, & James, 2004). Recent investigations have found that the same biological markers exist for both OTS and depression. This in some ways would seem to suggest that depression may be part and parcel of OTS (Chang et al., 2020; Frank, Nixdorf, & Beckmann, 2017).

In addition to concerns about depression, student athletes also experience other behavioral and mental health challenges. Recent studies suggest that anxiety may be a prominent issue among student athletes (Drew & Matthews, 2019; Ryan, Gayles, & Bell 2018; Goldman, 2014). While occasional anxiety is generally not uncommon, athletes struggling with an anxiety disorder may experience signs and symptoms frequently and severely enough that it adversely affects their ability to function (Drew & Matthews, 2019; Goldman, 2014). Anxiety is a distinct emotional response induced by future-oriented thoughts and emotions. This future-oriented thought pattern perceives upcoming tasks or events as potential threats to one's (athlete) identity. This includes dealing with the specter of getting injured or not performing well and being perceived as a loser.

Gamechangers

In some instances, student-athletes may mask psychological disturbances with certain behavioral (mal)adaptations. This includes the excessive use of alcohol and illicit substances as a means of self-medicating to allay psychological symptoms. Often times, this mal-adaptive response exacerbates the challenges presented by the psychological disturbance resulting in comorbid conditions. Prior research suggests that self-medicating behaviors may be influenced by the intensity and rigor of the athletic experience as well as self-imposed social pressures to perform well (Locquet et al., 2016). Ultimately however, these behavioral mal-adaptations may have an adverse effect on athletic performance and impede social functioning.

Hold My Beer

Alcohol is commonly used recreational substance. The consumption of alcohol is deeply embedded in many aspects of Western society. Athletes are not exempt from the influence alcohol has on society. Moreover, athletes are thought to consume greater volumes of alcohol in comparison to the general population (Barry, Howell, Riplinger, & Piazza-Gardner, 2015; Barnes, 2014). This despite conventional wisdom which suggests that athletes should abstain from alcohol to avoid the negative effects on athletic performance. Briefly, acute alcohol consumption may negatively impact normal immunoendocrine function, blood flow and protein synthesis thereby inhibiting optimal recovery from skeletal muscle injury (Barnes, 2014).

According to a recent study by the NCAA, between 33% and 44% of college athletes surveyed reported excessive alcohol consumption (NCAA, 2014). Male athletes are significantly more likely to engage in binge drinking than female athletes (Mastroleo, Barnett, & Bowers 2019; Yusko et al., 2008). Athletes exhibiting chronic patterns of excessive alcohol consumption are believed to be at greater risk for unintentional alcohol related injuries, and more likely to carry out actions that may threaten athletic performance (Parisi, Bugbee, Vincent, Soong, & Arria, 2019; Wahesh, Milroy, Lewis, Orsini, & Wirick, 2013).

Prior research has established that student-athletes consume more alcohol than the general non-athlete student population (Mastroleo, Barnett, & Bowers, 2019). However, it remains unclear as to why this is so. Once again, this seems to fly in the face of conventional wisdom which suggests that athletes should abstain from alcohol use. Barry, Howell, Riplinger and Piazza-Gardner (2015) assert that as intercollegiate athletic involvement increases, so too does alcohol consumption. While research has yet to fully elucidate the relationship between athletic participation and alcohol consumption, Yusko, Buckman, White, & Pandina, (2008), suggest that sensation seeking behaviors among student-athletes may be a critical factor in alcohol consumption outcomes. Further, some athletes may use alcohol as a means by which to allay symptoms of anxiety associated with competition (Gil, de Andrade, & Castaldelli-Maia, 2016).

To be sure, student-athletes represent a special population among college students. The dual roles of student and athlete create a unique set of challenges that some have argued places them at greater risk for substance use (Egan, 2019; Ford, 2007). Student-athletes have reported perceived pressure from others to be successful in multiple areas of life, especially athletic participation, and performance (Ryan, Gayles, & Bell, 2018; Coakley, 2006; Evans, Weinberg, & Jackson, 1992). These stressors are thought to inhibit appropriate social, occupational, and/or academic functioning in athletes (Watson, 2005; Nattiv & Puffer, 1991). Further, these stressors may lead to significant levels of anxiety and compel some student-athletes to self-medicate with alcohol and controlled substances (Reardon & Creado, 2014; Lisha & Sussman, 2010).

Highs and Lows

With heavy emphasis on success and optimal performance, substance use / abuse, like alcohol consumption, among student-athletes seems counter-intuitive. Yet substance use / abuse among this population has become a key area of concern (Erickson, Stanger, Patterson, & Backhouse, 2019). A recent self-report survey of substance use among collegiate student-athletes conducted by the NCAA found that approximately 25 % reported using marijuana, 6% reported using pain medication without a prescription, and 3.8 %

used cocaine (NCAA, 2014; see also Moore & Gunmelt, 2019; Cook, Radford, & Durham, 2018).

The research literature has yet to thoroughly elucidate the causes and consequences of substance use for the student-athlete. As such, clear assessment of substance use disorders among college student-athletes is incomplete. Research as to the prevalence of substance use / abuse among this population is equivocal at best. Several studies have reported that collegiate student-athletes have higher rates of substance use than non-athlete college students (Yusko, Buckman, White, & Pandina, 2008; Ford, 2007; Meilman, Leichter, & Presley, 1999). While still others suggest that rates of substance use among college athletes is lower compared to the general student population (Kwan, Bobko, Faulkner, Donnelly, & Cairney, 2014). Gender has been identified as an important consideration in student-athlete substance use / abuse (Grossbard, Geisner et al., 2009). According to Cook et al., 2018, males report greater use of illicit substances compared to females. This may be explained in part by male athletes generally reporting attitudes that may endorse illicit substance use to a greater extent than their female counterparts.

Prior research conducted by the NCAA suggests that substance use/misuse may vary as a function of the level of athletic competition (i.e., NCAA athletic divisions). Alcohol consumption has been found to be prevalent among student-athletes across all three athletic divisions. However, cocaine use has been found to be significantly higher among student-athletes competing at the Division III level compared to those competing at the Division I or Division II level. Divisional variation has also been observed with marijuana use. Once again, marijuana use was more prevalent among Division III student-athletes, followed by those in Division II and Division I (NCAA, 2018) So, while there appears to be notable variation of substance use/misuse across NCAA divisions, research has yet to determine why such variation patterns exist.

What's Cookin'??

For student-athletes, proper nutrition is an integral part of achieving and maintaining peak performance. However, for some student-athletes, nutrition in the form of eating disorders may pose a significant threat to health and well-being. Briefly, eating disorders are behavioral conditions characterized by severe and persistent disturbance in eating behaviors (Cheng, Perko, Fuller-Marashi, Gau, & Stice, 2019). Eating disorders may affect physical, psychological, and social function including heightened risk for suicide, osteoporosis, gastrointestinal, cardiovascular, and endocrine system pathologies (Franko & Keel, 2006; Klein & Walsh, 2004; Mehler & Krantz, 2003). Often associated with preoccupations with societal pressures and cultural aesthetics, eating disorders occur primarily in females and most often develops in adolescence and young adulthood (Cheng, Perko, Fuller-Marashi, Gau, & Stice, 2019). Behaviors associated with eating disorders include but may not be limited to, restrictive eating, food avoidance, binge eating, purging by vomiting or laxative misuse, and compulsive exercise.

The prevalence of eating disorders has been found to be higher among athletes than non-athletes (Mancine, Kennedy, Stephan & Ley, 2020). Prior reports indicate that non-athletes hold a lifetime prevalence rate of approximately 5%. In comparison, the lifetime prevalence rate of eating disorders among athletes has been shown to be as high as 13.5% (Sundgot-Borgen & Torstveit, 2004; Sundgot-Borgen, 1993). More recent data suggest college athletes continue to be 2-3 times more likely to suffer from an eating disorder (Blair et al., 2017). The comparatively

high rates of eating disorders among athletes in some ways suggests that athletic participation may actually increase risk for developing an eating disorder (Gritti et al., 2016).

Research also suggests that the prevalence of eating disorders among student-athletes is greater among those who participate in sports where there is a weight requirement or where weight is emphasized (e.g., cheerleading, distance running, wrestling) (Moore & Gunmelt, 2019; Baum, 2006). Additionally, student-athletes who compete in sports that use judges as opposed to referees are at greater risk for developing an eating disorder (Moore & Gunmelt, 2019). While female athletes are more commonly affected by this pathology, recent studies have revealed that while less prominent, male athletes may be affected by eating disorders as well (Baum, 2006). This represents a quiet danger in that symptoms and risk factors for pathological eating behaviors may be overlooked among male athletes.

To be sure, additional research is needed to more firmly establish the epidemiology of eating disorders and eating-disordered behaviors. Research efforts must explore and delineate sex differences in eating disorders among athletes. This is essential in terms of developing optimally effective prevention and intervention strategies for the student-athlete population. Doing so will assist those working within the athletic context to identify at-risk behaviors. Finally, research must also encompass those associating with alternative gender roles to help prevent physical and mental health consequences associated with eating disorders.

Social Work in an Athletic Context

As stated previously, college athletics occupy hallowed territory in the American landscape. Given the symbolic importance of competitive sports, along with tangible indicators of success such as wins and losses, and revenue generated from sporting events, athletes face multiple pressures and demands at various stages of their development. These pressures and demands may affect not only athletic performance, but the civilian lives of athletes as well. Where athlete mental health is concerned, it is imperative to acknowledge and understand the ramifications of the athletic context. While the casual observer may look upon sport as a leisurely past-time or a form of entertainment, athletes themselves are immersed in a cultural reality with specific pressures, demands and expectations. A significant portion of these individuals' personal identity is inextricably linked to this reality (i.e., athletic context).

What can social workers do?

Areas of research like kinesiology and sport science have greatly advanced athletic performance. However, it is important to recognize that athletes' mental health status can greatly influence their athletic performance as well. Social work is ideally suited to address the mental health needs and challenges that student-athletes may encounter and ultimately serve as a means to address such needs beyond the athletic context as well (Moore, Ballesteros, & Hansen, 2018).

At present, efforts to support athlete mental health and wellbeing have centered primarily on de-stigmatizing mental illness and increasing mental health literacy. While greater awareness is most certainly necessary, it still falls short in terms of competently addressing the varied mental health needs of athletes. Practice methods and intervention models must be designed specifically to address mental health challenges and promote mental health and wellbeing within and across social contexts including the athletic context.

Social workers, as part of a multidisciplinary effort, could be effectively utilized to assist athletes develop self-management skills to cope with psychological distress. To be sure, special consideration should be given to the athletic context as a potential source of said distress. Moreover, understanding of “*athlete in environment*” dynamics is important as it is a major facet of this population’s identity as an athlete. Social workers may also be useful in educating coaches, sports medicine, and high-performance support staff to better recognize and respond to concerns regarding athlete mental health. Collectively, such efforts increase the likelihood that student-athletes receive needed intervention and support. Such an approach would be beneficial in augmenting athletic culture and acknowledging that athlete mental health is as important as athletic performance. Proper attention to both mental health and physical health is likely to contribute to the optimization of well-being and athletic performance.

Sport Social Work Theory

Theory serves as a prospective guide for efficacious social work practice and intervention. In order to be effective, social work must transfer the theoretical components used to assist individuals in other areas of practice to the athletic context and the lived experiences of student athletes. Several social work theories and behavioral models may be particularly relevant to improved understanding of the mental health related issues and challenges facing many student-athletes. The ecological perspective, systems perspective, and social learning perspective, each provide a critical lens through which to view the needs of student-athletes and explain the ways in which athletes may attempt to manage psychosocial challenges.

Ecological Framework.

The ecological perspective is based on the premise that athletes are best understood in the context of the various systems in which they live (Moore & Gunmelt, 2019; Bronfenbrenner, 1977). This framework acknowledges micro, mezzo, and macro level factors and examines person-in-environment transactions and how said transactions may impact student-athlete mental health and well-being. This approach broadens understanding of the multiple factors that may influence athlete behavior. The ecological perspective allows social workers to explore the student-athletes thoughts and feelings regarding social and environmental dynamics that may have or continue to have an impact on their lived experiences.

Systems Theory.

Similar to many institutional and organizational entities, athletics operates as a system. Due to the rigors, demands, and expectations of many college athletic programs, those systems are somewhat closed off from the broader campus community. As such, athletes typically come to regard individuals within these systems as “*family*”. To be sure, given the time and energy invested in pursuit of athletics, student-athletes are certain to develop individual, group, and organizational relationships (Moor, 2019; Lopez-Felip, Davis, Frank, & Dixon, 2018). The culture of athletics, particularly the dynamics of team sports, evolves into a surrogate family. The athletic context, like a family, may be characterized by a series of interrelated factors including but not limited to collective goals and objectives (e.g. a winning season) coherent behaviors, regular social interaction, and interdependence.

Systems theory has long served as a prospective guide for efficacious social work practice and intervention with various client systems. This utility can be expanded to include sport social work. Systems theory in an athletic context may be used to explore how an individual's characteristics and behaviors may influence interaction with others. Given the boundaries of many college athletic programs, it is imperative to have sport social workers who understand the athletic context, and who can assess and apply the principles of systems theory in this specific context. In those instances where behavioral and psychosocial risks may be present, some athletes may require support from "family" (i.e., the athletic milieu) to re-establish stasis. This is more likely to occur when there is well functioning interaction, interdependence and stability within the system facilitated by sport social work practitioners.

Social Learning Theory.

Much of human behavior can be understood through the lens of social learning theory. Briefly, social learning theory is a theory of learning and social behavior which proposes that new behaviors may be acquired by observing and imitating others. Learning is a cognitive process that takes place in a social context and can occur purely through observation or direct instruction, even in the absence of motor reproduction or direct reinforcement. In addition to the observation of behavior, learning may also occur through the observation of rewards and punishments. This process has been referred to as vicarious reinforcement. When a particular behavior is rewarded regularly, it will most likely persist; conversely, if a particular behavior is constantly punished, it will most likely desist (Bandura & Walters, 1977).

As it pertains to the athletic context, the social learning model is a key component for understanding both individual and collective behavior dynamics. Certain attitudes, beliefs and behaviors of the athlete may be a function of lived experiences within the family of origin. Other behaviors may be influenced, if not dictated by the demands and expectations of the athletic milieu. Social work practitioners may utilize the social learning perspective to understand the presence, role, and function of student-athlete behaviors and also how to facilitate positive change in service of mental health and well-being.

Social Work Practice and Intervention with Athletes

As stated previously, student-athletes are uniquely at risk for a number of mental health concerns. Recent studies have begun to explore the impact of adverse childhood experiences (ACEs) on student-athlete populations (Bennett, 2022; Brown, 2019). Indeed, it is likely that many student-athletes may be coping with catastrophic / traumatic experiences, chronic stressors, and other challenges stemming from adverse childhood events. Despite a well-established body of literature linking ACEs to poor social outcomes later in life for the general population, less is known about the impact of ACEs on the mental health and well-being of student-athletes.

Nonetheless, an increasing number of college athletic programs have begun to recognize that athlete mental health and well-being is critical to individual as well as program success. Social work practitioners are uniquely qualified to assist in this regard., A social work perspective may be useful in exploring critical events (e.g., family disruption, trauma, catastrophic events, loss) as well as chronic stressors experienced by student-athletes. As such, social work practitioners may be instrumental in helping athletic programs to develop practices that ultimately benefit student-athletes affected by ACEs.

Trauma Informed Practice.

These efforts, undergirded by a social work perspective and guided by theory, may be framed as trauma informed practice (TIP) for athlete mental health. This method of practice is strength-based and designed to enhance well-being and avoid re-traumatization. As such, this practice method acknowledges the prevalence of trauma and/or ACEs among student-athletes and examines how these phenomena may impact the student-athlete's ability to function within the system (SAMSHA, 2014). TIP advocates for mental health and well-being as an integral part of athletic development.

Conclusion

Sport social work is a burgeoning area of practice that potentially looms large for athletic programs as well as student-athlete populations. Depression, anxiety, post-traumatic stress disorder (PTSD) and other psychological disorders may be more commonly found in athletic populations compared to the general population. As such, sport social work and trauma informed practice represent complements to the athletic context that may improve the mental health and well-being of student-athlete populations (see Aron, Harvey, Hainline, Hitchcock, & Reardon, 2019).

To be sure, student-athletes may develop psychological and physiological adaptations that mask common symptoms of psychological distress. Therefore, a multi-disciplinary approach that includes sport social work for the management of trauma must be developed. This includes creating trauma-informed environments within athletic programs with an emphasis on treatment / intervention for symptomatic athletes including social work counseling and medications where appropriate. Social workers possess the skills and knowledge to work in various capacities within athletic contexts. This includes academic advising, support services, and program compliance. In sum, sport social work is uniquely equipped to enhance the athletic context and assist student-athletes navigate the challenges of the athletic experience by providing them with the resources and support to excel athletically and academically.

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Behavioral Health Care: An International Approach to Student-Athlete Mental Health

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Worldwide, mental illness affects a variety of student-athletes. 41% of student-athletes were frequently overwhelmed. Nearly a quarter of student-athletes reported exhaustion from the mental demands of their sport. 10-21% of student-athletes reported depressive symptoms but did not know how to handle them. With mental illness affecting many student-athletes, the purpose of this study was to analyze a student-athlete's access to both psychological services and resources between the United States Ivy League Conference and Japan's Kansai Big Six League. Results confirmed that the United States focused on performance; whereas, Japan focused on holistic health. Furthermore, young adulthood is a period of heightened susceptibility for mental health disorders, making college an important setting for a student-athlete's early identification and management. Early identification is critical, yet diagnosed student-athletes rarely seek help as 19.4% of student athletes experience some form of mental health disorder, 360,000 student-athletes struggle with depression, and only 18% of student-athletes seek treatment when struggling with poor mental health.

Keywords: holistic health, help-seeking behavior, mental health programming, psychological services, stigma

A student-athlete's mental health is important; yet, psychological services/care is underutilized (Schleider et al., 2020). This is a problem as substance and mental health disorders negatively impairs a student-athlete's performance and functioning and is the second largest cause of disease and disability worldwide (Mathers et al., 2008). Without access to psychological services and institutions advocating for the help-seeking behavior of their student-athletes, student-athletes continue to struggle as mental health concerns spread to different areas of their life (e.g., substance abuse, academic failure, unemployment, adverse social outcomes, etc.). Some student-athletes may not want to seek help, but it is vitally important for student-athletes to

be given a variety of opportunities to access psychological services and receive cognitive and behavioral interventions for distressing symptoms they may be experiencing. Student-athletes having access to these mental health services and cognitive/behavioral interventions could be a helpful approach in combatting negative mental health experiences domestically and abroad. Through an understanding between the United States and Japan's healthcare structure (the focus of our paper), this paper will fill a gap in the literature by examining whether structural, cultural, and interpersonal factors between Japan and the United States positively or negatively affect whether behavioral health services are likely to be accessed by student-athletes at their respective institutions.

The reason we selected the United States and Japan for comparison was their unique healthcare structure. With the United States private insurance model and Japan's free healthcare model, this paper will look at institutional resources and help-seeking behavior. By comparing the results between student-athletes in both countries, researchers will gain a better understanding of whether healthcare structure has anything to do with the stigma and help-seeking behavior of student-athletes. Based on our findings, each healthcare model could be further examined to determine if certain healthcare variables positively or negatively affect a student-athletes access to psychological services.

Using a summative qualitative content analysis, which is a research method for the subjective interpretation of content or text data (Hsieh & Shannon, 2005), our sample population for the United States include NCAA member institutions within the Ivy League Conference; whereas, our sample population for Japan include institutions of the Kansai Big Six League. These two specific groups of institutions have been chosen based on university prestige and similarities of athletic department structure. Viewing each individual institution's website, the purpose of this study was to examine the mental health services provided and details regarding if there are any specific student-athlete specialists on their respective campuses. Internal mental health resources are likely available that are not located on the institution's websites; however, we have taken this approach to reflect what student-athletes may see if they do not feel comfortable asking their coach or support staff about mental health resources and decide to search these resources on their own. From these findings, the information could help determine if student-athletes have access to a variety of mental health programs tailored to their role as student-athletes, and the extent in which student-athletes feel comfortable disclosing their mental health concerns with peers, coaches, administrators, and social workers/care providers.

Literature Review

Mental Illness

Worldwide, mental illness affects a variety of cultures. Some cultures believe mental illness is a result of spiritual warfare (e.g., certain West African cultures). Other cultures believe individuals with mental illness are inherently bad, have something wrong with them, and should be avoided at all costs (e.g., certain Indian cultures). For the purposes of our study, however, the definition of mental illness we will be using to discuss Japan and the United States is from the World Health Organization (WHO), which is a United Nations agency to promote health, keep the world safe, and serve the vulnerable. According to the WHO, mental illness is defined as, "a clinically significant disturbance in an individual's cognition, emotional regulation, or behavior" (World Health Organization, 2022).

Individuals domestic and abroad struggle with their affective, behavioral, and cognitive functioning. In Japan, children and adolescents report emotional and behavioral problems before the age of 14 and even more children and adolescents before the age of 24 (Masuda, 2009). More children than ever are reporting distressing symptoms, yet fewer youth in Japan are seeking help (Masuda, 2009). In comparison, the United States is seen as a prosperous nation that can offer different mental health programming. The United States has spent more money on mental health services than any other country in the world, yet up to 80% of youth with mental health needs went without service or received insufficient or untested care (Schleider et al., 2020). This lack of access is not a new concept but is often exacerbated by mental health concerns developed during childhood (Masuda, 2009). Many undiagnosed youth and mental health concerns have never been treated; therefore, it is no wonder life-stressors and psychological concerns increase when student-athletes transition to intercollegiate athletics.

Many believe that talking about mental health, especially within intercollegiate athletics, should only be done with licensed professionals. Sport practitioners and clinicians can provide a variety of psychotherapy and resources, but the information does no good if student-athletes do not seek help. What would happen if professors, coaches, and peers, who student-athletes see on a daily basis, were trained to identify individuals struggling with their mental health and had the tools to promote healthy living, thoughts, and attitudes? This does not replace the need for mental health counselors and physicians but creating a welcoming environment/sense of community with others could reduce any underlying fears associated with mental illness and seeking help.

Taken further, there are many mental health concerns student-athletes may not be comfortable sharing with a licensed professional due to fear of being hospitalized or not being understood (e.g., eating disorders, suicidal/homicidal ideations). This does not reduce the impact mental health professionals can have when working with these topics, but many mental health concerns are heightened when student-athletes are fearful of seeking help or do not relieve stress in ways that are adaptive/beneficial for them (Stock & Levine, 2016). When student-athletes use adaptive coping skills to process loss, lack of performance, and setback, they are likely to enact positive behaviors; whereas, student-athletes who use maladaptive coping skills to process loss, lack of performance, and setback, are likely to enact negative behaviors (Stock & Levine, 2016). Negative behaviors may feel good in the moment but do not relieve stress long-term (Bauman, 2016). The negative stress cycle that is created can introduce student-athletes to anorexia nervosa, bulimia, and binge eating, all of which can severely impair affective, behavioral, and cognitive functioning (Brown, 2014; Stock & Levine, 2016). Anorexia nervosa is often conceptualized as a lack of eating, bulimia as vomiting after overeating, and binge eating as excessive eating with no exercise (Stock & Levine, 2016; Thompson & Sherman, 2007). Student-athletes often turn to the aforementioned disordered eating patterns to stay in shape, maintain societal expectations, and enhance their way of life. (Greenleaf et al., 2009; Thompson & Sherman, 2007).

In addition to eating disorders, substance abuse is another concern for student-athletes, coaches, and administrators in the United States and Japan. With 1,825 student-athletes dying from alcohol related incidents each year, accessing services becomes even more important for student-athletes (Hingson et al., 2009). By accessing psychological services, student-athletes are able to learn adaptive self-care strategies to help prevent drug and alcohol abuse from occurring. Reducing any help-seeking barriers that may exist is important as addiction takes the lives of

student-athletes and is comorbid with mental illness and other presenting concerns (Brown, 2014).

Finally, many mental health concerns of student-athletes in the United States and Japan are not being treated. There are many reasons this may exist (stigma, low help-seeking behavior, health and finance structure). This is a problem, especially when student-athletes do not feel comfortable seeking help or are facing barriers to seeking help for disorders and presenting concerns such as bipolar, schizophrenia, sexual violence, hazing, bullying, and sexual discrimination (Brown, 2014). If students are not accessing services, they are not receiving treatment and their psychological needs are not being met (Alang, 2015). The need for mental health services within intercollegiate athletics is of paramount importance (Cutler & Dwyer, 2020). Therefore, it is important for institutions to provide treatment for disorders and presenting concerns not closely monitored and to be a positive resource for student-athletes who hold multiple intersecting identities (Brown, 2014; Cutler & Dwyer, 2020).

Stigma

Many factors prevent student-athletes from accessing psychological services. For the purposes of our study, however, we will be focusing on the United States and Japan's conceptualization of stigma, help-seeking behavior, and their health and finance structures. This focus will provide distinct similarities and differences between the United States and Japan and how accessing psychological services could be strengthened in both countries. Beginning with stigma, there are two different types. Self-stigma is a negative attitude where a student-athlete may think lowly of themselves for seeking help (Wahto et al., 2016). Public stigma, however, is concerned with negative attitudes others may have toward a student-athlete seeking help (Wahto et al., 2016).

According to research from Alang (2015), stigma prevents access to treatment and contributes to unmet psychological needs. This is a problem for student-athletes in the United States and Japan as student-athletes believe they can solve their own mental health concerns by attempting to diagnose themselves, believing their symptoms will go away without treatment, and assuming help is not needed (Alang, 2015). Stigma in the United States and Japan have similar characteristics. Student-athletes in Japan are often more intrinsically driven, guarded, and choose to go through their mental illness alone; whereas, student-athletes in the United States also keep their mental health to themselves, but are more likely to open up to close friends and family than student-athletes in Japan (Alang, 2015).

Student-athletes who choose to keep their mental health to themselves may first view this as adaptive (i.e., not having to talk about their mental health with others) but can later become maladaptive by negatively affecting their cognitive functioning and athletic/academic performance (Rafael et al., 2018). It may be comfortable for student-athletes in Japan and the United States to keep their mental health and well-being to themselves, but battling mental health concerns alone often exacerbates stress and psychological symptoms (Eistenberg et al., 2009; Topkaya et al., 2017; Vogel et al., 2007). The more a student-athlete tries to seek help, the more isolation and stigma can prevent them from doing so (Eistenberg et al., 2009; Topkaya et al., 2017). Through stigma's association with negative attitudes, research also shows that public stigma is often mediated by self-stigma (Topkaya et al., 2017; Vogel et al., 2007; Vogel et al., 2017). When public stigma is internalized, it often leads to more self-stigma. This is a problem

as stigma surrounding mental health services is already a major barrier to accessing psychological services (Cutler & Dwyer, 2020; Hogan, 2003).

Help-Seeking Behavior

Young adulthood is a period of heightened susceptibility for mental health disorders, making college an important setting for a student-athlete's early identification and management (McGorry et al., 2011). With early identification, stress is often reduced (Ryan et al., 2018). This is critical, yet according to an American College of Sports Medicine statement in 2021, approximately 30% of female student-athletes and 25% of male student-athletes report having anxiety, 35% of elite athletes struggle with disordered eating, burnout, and depression, and only 10% of all college athletes with known mental health conditions seek help from a mental health professional (ACSM, 2021). Low help-seeking behavior is a problem, especially when considering that collegiate student-athletes are an at-risk population with many barriers to accessing support (Cutler & Dwyer, 2020; Watson, 2006).

In understanding the relationship between stigma and help-seeking behavior, it is an important connection for researchers, professors, coaches, and administrators to make in order to strengthen the mental health and well-being of student-athletes in Japan and the United States. In the United States, stigma and lack of knowledge often prevent help-seeking behavior from taking place (Bauman, 2016). McAllister et al. (2017) reinforce this point as those with mental health concerns often do not seek help due to stigma. Many student-athletes feel conflicted when seeking help and often think seeking help minimizes mental toughness and goes against who they are as a person (Bauman, 2016; Ryan et al., 2018). Considering this cognition is common in both countries, the United States and Japan's student-athletes often do not seek help due to stigma and lack of knowledge (Rafael et al., 2018). Given student-athletes in both countries are not getting the help they need (Gavrilova et al., 2017, Gulliver et al., 2012), the lack of knowledge (e.g., knowing the symptoms of their mental health concerns, expectations from seeking help, and lack of mental health literacy) often keep student-athletes from accepting and coping with their mental health and psychological well-being. Student-athletes who are not able to take their mental health seriously have a much harder time with their identity, misinterpret their symptoms, think nothing is wrong, and attribute mental health concerns to over-training and busy schedules (Gulliver et al., 2012; Ryan et al., 2018). Misdiagnosis and overprescribing is already a common occurrence in both countries, which can sometimes be attributed to a country's health and finance structure (e.g., how mental health services are delivered and giving a diagnosis that is covered by insurance).

Health and Finance Structure

The United States uses a private insurance model for their healthcare system (Robertson-Preidler, 2020); whereas, Japan uses a universal healthcare system. With the United States private insurance model, universal coverage is not guaranteed, individuals often pay out of pocket, and access to services are not combined. Although the United States implements different policies to increase equitable access to healthcare than Japan, the insurance model and universal healthcare model can prevent access to certain services in which various populations are not given the help they need (Robertson-Preidler, 2020). As services are not readily available, many individuals in the United States are not able to access services, especially if their

insurance does not cover the cost and they have to pay out of pocket for services often out of their price-range (Robertson-Preidler, 2020).

With Japan's model, 90% of the population is covered by statutory contributors; whereas, the remaining 10% comes from private contributors (Masuda, 2009). Even with free healthcare, help-seeking behavior was low (Masuda, 2009). With student-athletes not seeking help, the services were there, but student-athletes were not using them (Masuda, 2009). This was interesting as the Democratic Party of Japan was commissioned by the Ministry of Health and Welfare to conduct continuous health reporting on mental health in Japan (Jeong & Niki, 2012). With the aim of promoting positive mental health, the institute noticed one in three adults fulfilled the criteria for mental health disorders, yet were not receiving treatment (Kanehara et al., 2015). Considering the initiative to uncover which populations are at-risk for mental illness is important to Japan, providing mental health education could be a key source for reducing stigma and providing student-athletes access to psychological services. This disconnect between public and mental health services in the United States and Japan often keeps student-athletes and everyday individuals from seeking help; resulting in lower access to psychological services (Gulliver et al., 2012; Masuda et al., 2009).

To put this in perspective, it is important for student-athletes to have access to psychological services as one-in-five adults struggle with mental health concerns (Brown, 2014). Treatment is important, yet student-athletes in different countries are having a difficult time accessing mental health services (Schleider et al., 2020). Many reasons such as stigma and lack of education prevent access to psychological services, but even with different healthcare structures, countries are still struggling to give student-athletes the help they need (Jeong, & Niki, 2012).

Methods

A summative qualitative content analysis was used to analyze the United States' Ivy League conference and Japan's Kansai Big Six league. This approach is used when an analysis involves counting and comparisons of keywords or content, followed by a subjective interpretation of content or text data (Hsieh & Shannon, 2005). The standard approach for this analysis is (1) selecting the content that will be analyzed, (2) defining the units and categories of analysis, (3) developing a set of rules for coding, (4) coding the text according to the rules, and (5) analyzing the results/drawing conclusions (Hsieh & Shannon, 2005). This study was done in October of 2020, did not require IRB approval (human participants were not involved), and was viewed weekly between October and December (two months). The two-month timeframe was to account for any changes to the institution's websites. During that timeframe, no changes were observed.

In total, 22 websites were examined to determine the psychological services institutions provided to both student-athletes and non-student-athletes. The respective institutions websites were viewed to mimic what student-athletes may see if they do not feel comfortable asking their coach or support staff about mental health resources and decide to search these resources on their own. With an emphasis on finding which programs provided access and resources to students and if specific treatment interventions were offered to student-athletes, the distinction between what an institution provided to student-athletes and non-student-athletes could determine if there was a shortage of material, access, and treatment for the student-athlete population. Coding with specific labels (e.g., annual health checks, counseling center, health services, mental health

external resources page, mental health/initiatives for student-athletes, student-athlete mentorship programs, and student-athlete workshops/training), these labels enhanced the analysis by examining the number of student-athlete services and non-student-athlete services offered for each institution measured (Hsieh & Shannon, 2005; Krippendorff, 1980).

Coders

A Master's student was the primary researcher during the beginning phase of data collection. The Master's researcher was led by an advanced Ph.D. researcher who has extensive experience with data collection and coding. All decisions were discussed between the Master's student and the advanced researcher to ensure all methods, procedures, and results were given ample consideration. If both the Master's student and advanced researcher did not reach the same coding decision, a third-party expert in the Social Psychology and Clinical Mental Health Counseling program was used to resolve any coding conflicts. We were able to agree on all coding decisions and did not need to consult with the third-party expert.

Procedures

Each website was viewed independently where data was entered for the eight Ivy League institutions and the six Kansai Big Six League institutions. These institutions were selected based on university prestige and similarities of athletic department structure. The data were collected by the Master's student and placed in an Excel Spreadsheet. Data that was not appropriate for the collection was reviewed by the Master's student and the advanced researcher. Labels that did not advance the intended research were removed. When consensus was reached, an interrater reliability analysis using the kappa statistic was utilized to find consistency between the raters. The consistency determined level of agreement between the Master's student and the advanced researcher to interpret the information found on each website.

Following data collection, the corresponding labels/data were analyzed to find themes between the Ivy League institutions and the Kansai Big Six League institutions. If discrepancies or errors were found within the data, corrective action was taken to regain an appropriate assessment between the institutions. Through extended dialogue and viewing the websites and data, the coders were able to agree on all themes from the data analysis.

Using the eight Ivy League institutions and the six Kansai Big Six League institutions, multiple steps were taken. To begin, the Master's student and the advanced researcher created an Excel spreadsheet to record data on the mental health resources offered by both the Ivy League and Kansai Big Six League institutions. Next, seven categories were used as comparative factors between the Ivy League institutions and the Kansai Big Six League institutions. These seven comparative factors were selected based on the literature and the corresponding health structure of the United States and Japan. Intended to determine general themes, the seven comparative factors (i.e., annual health checks, counseling center, health services, mental health external resources page, mental health/initiatives for student-athletes, student-athlete mentorship programs, and student-athlete workshops/training) captured the findings from each institution's website.

Finally, once labels were created, each institution was searched by (1) typing the institution's name followed by mental health resources, (2) annual health checks, (3) mental health initiatives, and (4) student-athlete workshops/training. These were selected to receive

information about what each institution offers for their student-athletes but also to capture if there were any other mental health programming opportunities implemented by each institution.

Results

Annual Health Checks

None of the Ivy League institutions required an annual health check from their student-athletes and non-student-athletes. Consistent with the health structure of the United States (i.e., private based insurance model; Robertson-Preidler, 2020), Ivy League institutions gave student-athletes and non-student-athletes the opportunity to complete an annual health check using the institutions health services, but the annual health checks were not required. Interestingly, as none of the United States' Ivy League institutions required an annual health check, all of Japan's Kansai Big Six league institutions required an annual health check. Without an annual health check, student-athletes and non-student-athletes from Japan's Kansai Big Six League were not able to participate in class, lecture, or sport.

The results for annual health checks support a different focus between the United States and Japan, which was highlighted by Robertson-Preidler (2020) and Kanehara et al. (2015). In the United States performance seemed to be the primary focus (Robertson-Preidler, 2020). This is not negative (i.e., performance); however, too much emphasis on performance could lead to discrepancies in other areas (e.g., a student-athlete's holistic health). Holistic health in the United States, which seems to be prioritized much lower than performance, becomes problematic as student-athletes could be performing at the highest level of competition, yet if their holistic health is not taken care of, they may not perform at full capacity. Japan on the other hand, seemed to recognize the importance of a student-athlete's holistic health as annual health checks were used as a baseline for starting/continuing the season. The difference, however, is that Japan seemed to focus heavily on holistic health, which is a good practice as a healthy student-athlete is likely to consistently perform at higher levels.

Counseling Center

Each Ivy League and Kansai Big Six League institution had a counseling center that could be used for student-athletes and non-student-athletes. The counseling center for Ivy League institutions often involved opportunities to set appointments and provided external links for student-athletes and non-student-athletes to engage with mental health resources. The Kansai Big Six League also contained counseling centers for student-athletes and non-student-athletes to schedule appointments; however, the websites did not include external links for student-athletes and non-student-athletes to access material for mental health resources. Consistent with existing literature, mental health resources were available, but student-athletes were often not aware they existed or how to access them (Gonzalez-DeHass et al., 2005; Masuda et al., 2009; Way et al., 2020).

From these results, it is important for counseling centers to provide access to all student-athletes. This could start with websites being user-friendly and having websites that are easy to navigate. For student-athletes with high demands and stressors, they may not have the energy to sift through a website where they cannot easily find the information they are looking for. Thus,

having websites that are user-friendly could be a step in the right direction for student-athletes seeking help from counseling centers at their respective institutions.

Health Services

All institutions from the Ivy League conference and the Kansai Big Six league had a health service that student-athletes and non-student-athletes could access. The Ivy League institutions had several physicians, doctors, and practitioners to aid student-athletes or non-student-athletes; whereas, the Kansai Big Six League did not have as many physicians and health service models. This distinction aligns with the healthcare structure between the United States and Japan: The United States' private insurance model and Japan's free healthcare model (Kanehara et al., 2015; Robertson-Preidler, 2020).

Moreover, the current service models between the United States and Japan can create a surplus or shortage of primary care providers, in which student-athletes having access to the right providers could be beneficial for help-seeking behavior. In the United States there seems to be an overflow of providers; however, many student-athletes do not seek help because they feel they would not be able to relate to the practitioner (Gill, 2008; Martin et al., 1997). In order to combat this, it could be beneficial to give student-athletes the opportunity to meet with practitioners who specialize in sport. This is not always feasible (i.e., only hiring/contracting sport practitioners), but it could also be helpful in training non-sport practitioners to develop a sport lens to the extent they can relate to the perspective/experiences of student-athletes.

In Japan, however, a lower number of practitioners could make it difficult for student-athletes to schedule an appointment. If resources are being utilized and student-athletes are scheduling appointments with providers, there is a limited number of student-athletes that a practitioner will be able to see each day. Results suggest that more providers could be advantageous for student-athletes seeking help. Just like the United States, though, it may be helpful to have sport practitioners assess student-athletes (Gill, 2008). Sport practitioners could help student-athletes open up about their mental health, but will also have sport/athlete experience knowledge that non-sport practitioners may not have.

Mental Health External Resources Page

The Ivy League institutions all had external links for student-athletes and non-student-athletes to access. Whether the links were accessed or not, the Ivy League institutions had several external links to help student-athletes and non-student-athletes with their mental health (e.g., stress, anxiety, depression, etc.). Oppositely, only one Kansai Big Six League had external links to help student-athletes and non-student-athletes with their mental health (e.g., Ritsumeikan University). The external links for Ritsumeikan University provided student-athletes and non-student-athletes with several mental health models to help student-athletes and non-student-athletes with stress and anxiety.

The results for the mental health external resource pages suggest that having links on service webpages could be beneficial for student-athletes seeking help/accessing psychological services. The resources could be a way to provide additional information before scheduling a consultation or could be a way for student-athletes to gain access to resources before meeting with a practitioner. Having loads of information on a webpage could have its limitations, however, (e.g., it might result in certain student-athletes trying to diagnose themselves and avoid

treatment since the necessary information is provided on the webpage; Alang, 2015), but by putting the information out there, it could give student-athletes the courage to seek help. Regardless of which approach is taken, providing mental health resources could be a great way to get student-athletes to care about their mental health to the extent they are not neglecting their thoughts and feelings. This could lead to more student-athletes seeking help and could be a positive step in reducing stigma and low help-seeking behavior (Masuda et al., 2009; Robertson-Preidler, 2020; Vogel et al., 2017; Way et al., 2020).

Mental Health Initiatives/Programming (SA)

The following mental health initiatives/programming were implemented from Ivy League institutions (e.g., Brown University: HEALTHY Athletes; Columbia University: SUCCESS THROUGH WELL-BEING; Cornell University: Especially for Student-Athletes; Dartmouth College: DARTMOUTH Cares; Harvard University: Crimson Mind and Body Performance Program; Princeton University: The Student-Athlete Experience; University of Pennsylvania: Mental Health Resources For All Student-Athletes; and Yale University: YUMatter Initiative). Each Ivy League institution and their corresponding mental health initiative/programming served as a specific aid for the student-athlete population. Considering the mission and purpose of each Ivy League institution was different, the inclusion of student-athlete mental health initiatives gave a tailored approach to helping the student-athlete population with their mental health and daily demands they face. Comparatively, for the Kansai Big Six League's institutions, none of their websites contained mental health initiatives/programming for student-athletes. This is in line with previous research as there is often not enough programming in place to increase a student-athlete's mental health and well-being (Way et al., 2020).

Results for the mental health initiatives and student-athlete programming led to high inclusion rates in the United States and high exclusion rates in Japan. The United States implemented several programs tailored toward student-athletes, which gave student-athletes the opportunity to feel included with programming that was beneficial for their mental health. In contrast, as Japan's mental health initiatives and student-athlete programming was not found on their websites, it seems that student-athletes were not given the opportunity to interact with programs tailored toward their student-athlete roles. As a result, this could lead to student-athletes feeling excluded and could cause them to think their institution is not providing the appropriate resources to feel a sense of belonging and inclusion to their team, school, sport, and academic experience. With mental health programming playing a significant role in a student-athlete's development, having specific programs tailored to student-athletes could be a helpful way to enhance their holistic health and performance (Kanehara et al., 2015; Robertson-Preidler, 2020).

Student-Athlete Mentorship Program

In measuring specific mentorship programs designed for the student-athlete population, only three institutions had mentorship programs specifically tailored to student-athletes (Harvard University, Princeton University, and University of Pennsylvania). The remaining Ivy League institutions had mentorship programs; however, they were not specifically designed for student-athletes. Pertaining to student-athlete mentorship programs, only three were found for the Ivy

League conference; whereas, none of the Kansai Big Six League institutions had student-athlete mentorship programs.

These results suggest that student-athlete mentorship programs may not be a priority for certain collegiate institutions. Additionally, even though student-athletes have their team, coaches, professors, and peers, sometimes student-athletes need a group of people to take their mind off their current athletic and academic responsibilities. Mentorship groups could include alumni, employers, or former student-athletes from the university. Allowing student-athletes to be a part of mentorship groups could open the door to conversations student-athletes may not feel comfortable having with their coaches and professors about their mental health. As a result, mentorship programs could be helpful for student-athletes in the United States and Japan.

Student-Athlete Workshops/Training

Websites for the Kansai Big Six League did not contain workshops/training opportunities for student-athletes. The Ivy League conference, on the other hand, had six institutions with workshops/training for student-athletes. Those schools include Brown University, Columbia University, Harvard University, Princeton University, University of Pennsylvania, and Yale University. The workshops/training were offered to student-athletes but were not required.

These results suggest a higher focus in the United States on workshops and training for student-athletes. This could be an effective way to build a student-athlete's confidence and knowledge; however, it could also be beneficial for workshops and training to include mental health. Whether topics include mindfulness, seeking help, accessing mental health resources, maintaining positive thinking patterns/emotion regulation techniques, etc., these topics could give student-athletes additional information that could positively enhance their mental health and well-being. Thus, implementing various mental health workshops and training could be helpful for student-athletes in the United States and Japan.

Discussion

The present study examined 22 websites to determine the psychological services Ivy League institutions in the United States and Kansai Big Six League institutions in Japan provided to student-athletes and non-student-athletes. Specifically, emphasis was placed on whether structural, cultural, and interpersonal factors between Japan and the United States positively or negatively affect whether behavioral health services are likely to be accessed by student-athletes at their respective institutions. Several of these findings are important and can be used by social workers, clinicians, coaches, and academic faculty/administrators to further advance how institutions advocate for the mental health and well-being of their student-athletes.

In particular, the results of our study suggest that the United States focused on the performance of student-athletes; whereas, Japan focused on the holistic well-being of student-athletes. Consistent with the literature, the healthcare structure of both countries played a key role in a student-athlete's access to psychological services (Jeong & Niki, 2012; Robertson-Preidler, 2020). The United States private insurance model placed emphasis on practitioner volume (variety); however, more practitioners did not increase the help-seeking behavior of student-athletes. Instead, student-athletes often avoided practitioners. Considering this is problematic on many levels, student-athletes are often not using the resources provided by their

institutions. As a result, student-athletes are not getting the help they need, which often leads to negative health outcomes (Stock & Levine, 2016).

As negative health outcomes were similar within Japan and the United States student-athletes, Japan's institutions did not have as many resources as the United States (e.g., student-athlete programming, workshops, training, self-help interventions, etc.). Having access to fewer resources, Japan's student-athletes were not seeking help. Because of this, the limited number of resources provided to Japan's student-athletes may have attributed to low help-seeking behavior.

In contrast, Japan provided fewer practitioners for student-athletes to access, but lower volume did not change a student-athletes help-seeking behavior. Whether high or low practitioner volume, the healthcare structures of Japan and the United States were different, yet produced similar help-seeking outcomes (i.e., low help-seeking behavior). Some student-athletes chose to avoid institutional resources; whereas, other student-athletes did not know institutional resources were available (e.g., how to access counseling/health/contracted services, when to set up appointments, where to go, etc.).

Considering counseling centers, health services, private practice contracted, and fully embedded models are a key resource for student-athletes, the resources are not helpful for student-athletes if they do not know how to access them (Way et al., 2020). In the United States several self-help interventions were provided on Ivy League Websites. This was helpful for student-athletes if they went looking, but if student-athletes did not feel comfortable reaching out to their coaches and support staff about their mental health or never took the time to search the institutions website, the information would not be helpful for those particular student-athletes. Moreover, as Japan had limited resources and programming tailored toward student-athletes, having mental health campaigns, emails, or trainings could be a helpful way to inform student-athletes of available resources. Knowing which resources are available to student-athletes could be helpful, but in order for student-athletes to feel comfortable seeking help, it is important for several barriers to be addressed (e.g., stigma/lack of education and low help-seeking behavior).

As stigma often plays a part in the low help-seeking behavior of student-athletes (Eistenberg et al., 2009; Rafael et al., 2018), it is evident that lack of resources and education play just as much of a role. Therefore, it is important for institutions to inform student-athletes of the resources that are available. Doing so could be a great way to change a student-athlete's attitude toward seeking help. For the Ivy League institutions there was ample programming tailored toward the student-athlete. However, student-services and various departments could increase the volume and rate in which they are providing mental health information to their student-athletes. Student-athletes may not engage with the resources at first, but education is a great first step to changing the stigma surrounding a student-athletes help-seeking behavior.

With Ivy League institutions providing more resources than the Kansai Big Six league, it is imperative for both countries to educate student-athletes (Way et al., 2020). Regardless of which healthcare model a country uses, stigma is an issue, yet stigma could be lowered through education (Jeong, & Niki, 2012). The NCAA's mental health best practices documents are great resources for reducing stigma and Japan creating similar documents could be helpful for their practitioners and coaches. A previous mental health best practices document from 2020 focused on clinical licensure of practitioners providing mental healthcare, procedures for identification and referral of student-athletes to qualified practitioners, pre-participation mental health screening, and health-promoting environments that support mental well-being and resilience (NCAA, 2020). As Japan and the United States take the time to educate their student-athletes on available resources, how to access them, and how to create more resources tailored toward the

student-athletes development, it could be a great opportunity to change the cognitions of student-athletes', coach's, and administrator's thoughts toward seeking psychological services. Resulting from student-athletes having access to the aforementioned mental health resources, it can help student-athletes in coping with their multiple roles, while also helping them live a healthier life (Hingson et al., 2009).

As countries use different models to enhance the mental health and well-being of each culture (e.g., the United States private insurance model and Japan's free healthcare model), implementing behavioral healthcare with public health visits could be beneficial (Evans et al., 2016; Kanehara et al., 2015; Schleider, 2020). By doing this, both countries could step out of narrow treatment options and could allow each health service to be viewed as important. In turn, student-athletes may become more comfortable discussing mental health concerns with coaches, peers, and social workers/care providers, which may result in increased access to mental health services and higher help-seeking behavior.

Limitations and Future Directions

We acknowledge several limitations to our study. First, our summative qualitative content analysis did not capture the subjective experiences from human participants. Extending this research to include interviews or surveys with student-athletes from the United State and Japan could be a great follow-up study to see if similar results still hold. Second, our data was collected in 2020. The COVID-19 pandemic put a stop to our original plans, but this data could be used to compare findings from 2020 and now and whether institutions in the United States and Japan are providing more mental health resources/opportunities for their student-athletes. Third, only two coders were used for our analysis. Both coders reached agreement on all items but a third or fourth coder may have changed our procedures and analysis. Fourth, we only analyzed content that was posted on each institution's website. Again, this was done to reflect what student-athletes may see if they do not reach out to coaches/support staff and try to seek out mental health resources on their own, but we acknowledge internal resources are likely available that are not posted on each institution's website. Finally, we spent a little bit of time on our literature review; however, we wanted to emphasize the importance of different factors that may contribute to student-athletes not accessing mental health services (stigma, lack of education, low help-seeking behavior, health and finance structure). Even with these limitations, there are several areas of scholarship future researchers could pursue. A closer examination of how many student-athletes reach out to their coaches for internal mental health services compared to student-athletes who primarily look on their own for services could be helpful, as well as a more detailed analysis on the differences between the United States and Japan's health and finance structure and actionable steps that can be taken to reduce stigma and increase help-seeking behavior for student-athletes.

Conclusion

Student-athletes, regardless of which country they are a part of, should be given the opportunity to seek help and access psychological services. Considering access to psychological services is important for student-athletes in Japan and the United States, the healthcare structure of both countries can prevent access from taking place. This becomes problematic, especially for student-athletes struggling with substance abuse and mental health disorders, in that substance

and mental health disorders account for the second largest cause of disease and disability worldwide, and often result in student-athletes dying 25 years earlier than the general population (Mathers et al., 2008). The importance of collegiate institutions having psychological services readily available for their student-athletes is paramount, yet a student-athlete's access to psychological services continues to decline (Mathers et al., 2008; Wahto et al., 2016). It is apparent that researchers, coaches, professors, and social workers/care providers are in need of new approaches to enhance the help-seeking behavior of their student-athletes.

Finally, as the United States and Japan use two different healthcare structures, the ultimate barrier is reducing stigma. Once collegiate institutions instill a culture of help-seeking behavior and mitigate irrational beliefs, only then can student-athletes feel comfortable seeking help. In studying this issue between how Japan and the United States approach a student-athlete's mental health, countries across the world could learn from both countries to navigate stigma and help-seeking behavior within their student-athlete populations. If applied, stigma could be reduced, help could be provided, and administrators could know that their investment in psychological services are not being wasted. 41% of student-athletes are frequently overwhelmed (Ryan et al., 2018). Nearly a quarter of student-athletes report exhaustion from the mental demands of their sport (NCAA, 2016). 10-21% of student-athletes report depressive symptoms but do not know how to handle them (Armstrong et al., 2015). In providing education and reducing stigma, student-athletes could have access to psychological services to prevent a student-athlete's mental health concerns from increasing. As a result, not only could a student-athlete's holistic health improve from their access to psychological services at their respective institutions, but student-athletes could also be educated on how to access the mental health services and resources available to them.

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The Impact of Authoritarian Coaching Styles on Athletes' Anxious States

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The competitive nature of sports can exacerbate an athlete's anxiety state. Anxiety may impact an athlete's cognitive and behavioral functioning, which in turn affects their performance. Athletes handle an increased amount of pressure and can be affected by an emotionally abusive or authoritarian style of coaching. Self-determination theory can serve as the underpinning for two different coaching styles, authoritarian and autonomy-supportive, that can impact an athletes' anxiety. An authoritarian coaching style may be defined as one where the coach has set strict rules and structure for their athletes, but not freedom enough to provide a sense of autonomy among participants (Brinton, Hill & Ward, 2017). An autonomy -supportive coaching style may be defined as one where the coach creates a culture whereby athletes are provided choices, within certain guidelines, allows athletes to take initiatives and avoids guilt inducing and shaming behaviors. (Brinton, Hill & Ward, 2017) An autonomy-supportive coaching style may reduce athletes' anxiety and enhance the athlete's wellbeing and athletic performance while an authoritarian style can induce and sustain athletes' anxiety symptoms. Social learning theory provides awareness of how coaches internalize styles of coaching and offers interventions that can be used to instill a positive coaching style with athletes. Sport social workers hold unique qualities to provide effective interventions at the micro and macro level. At the individual level, sport social workers can utilize evidence-based interventions including CBT and mindfulness to reduce anxiety symptoms and teach coping skills. At the organizational level, sport social workers can provide education and awareness of mental health and teach autonomy-supportive coaching. Sport social workers are an integral factor to assuring a safe, positive environment in the athletic arena.

Keywords: sport social work, athlete anxiety, autonomy-supportive style coaching, authoritarian style coaching, self-determination theory

Despite studies which promote pro-social coaching methods, examples of an outdated and archaic style of authoritarian coaching are often prevalent in society (Kerr, Wilson & Stirling, 2020; Kim, Hing, Magnuson & Rhee, 2020; Lopez, Dohm & Posig, 2020). While these studies detail the effects and correlations of a number of mental health issues impacted by an authoritarian coaching style, the anxiety suffered by athletes working with a strict, authoritarian coach is also often understudied. Indeed, while an authoritarian and emotionally abusive coach may believe their actions promote motivation, the athlete may view these behaviors as negative and hurtful, and at the very least, anxiety provoking. This paper will discuss the role of an authoritarian coaching style on athlete's anxiety, as well as interventions that can assist both coaches and athletes in creating a positive, autonomy supportive culture in their program, free of authoritarian and potentially abusive coaching.

Athletes, at all levels of sports, are particularly susceptible to experiencing anxiety, and may be more vulnerable if they enter their sport prone to anxiety in their world outside of athletics (Reardon, et al, 2021). Close to 85% of student-athletes suffer from an anxiety disorder in the United States (Howell, 2021). Anxiety in an athlete can be exacerbated by a coach who is authoritarian, or one who displays abusive (emotionally or psychologically) coaching behaviors towards their athletes. Anxiety is often described as a reaction by an individual to a stress inducing situation, and athletes in competitive and high-level sports potentially have higher levels of performance-related stress, and therefore, anxiety (Moore & Gummelt, 2019).

Coaches may behave in an authoritarian or abusive manner as they may have been trained in a system that was not considered best practice in today's world. The behaviors they display may be the only approach they know (Simoni, 2022). Coaching, while a stressful position no matter what the skill level of the sport may be, offers challenges for a coach to tolerate distress, perceived poor play or practice. These challenges for coaches may, due to their own lack of insight, cause a coach to lash out, and act negatively towards athletes (Simoni, 2022).

Many athletes fondly recall the positive experiences with their coaches while others focus on negative coaching experiences (Fraser-Thomas & Cote 2009). When young athletes were asked to comment on the most positive quality of their coaches, many describe the relationships created, the praise and encouragement, as well as the support and trustworthiness they experienced with their coaches being supportive and trustworthy (Strand, 2021). When the same group of youth athletes were asked to identify the most negative aspect of their athletic experience, the most frequently mentioned factor was the style of coaching displayed. Many of these young athletes listed spotlighting, yelling/scolding/bad attitude towards players, rude responses to players, and choosing favorites as the most negative characteristics of the coaches (Strand, 2021).

The extant literature states that coaches have a deep and impactful effect on their athletes (Dohsten, Barker-Ruchti, Lindgren, & Hanson 2021; Loy 2019; Stankovich 2011). Coaches' behavior often impacts an athlete's stress level, feelings of burnout, anxiety and ultimately, their mental health (Mottaghi, Attarodi & Rohani, 2013; Weathington, Alexander & Rodebaugh, 2010). Authoritarian, or shaming coaching behaviors can affect an athletes' self-concept, as well as the playing experience (Seongkwan, Choi & Kim, 2019). Eventually, authoritarian, coaching practices and behaviors may become the norm for coaches, athletes, and parents, and such behaviors may be accepted by those involved with the athletic program (Stirling and Kerr 2009; Strand, 2021).

Athletes reporting positive relationships and experiences with their coaches displayed lower anxiety levels, higher degrees of self-esteem, more positive motivational cultures, and were less likely to drop-out of athletic participation (Stewart, 2016). Negative athletic cultures resulted in higher player anxiety and performance-related worry which reduced the athlete's abilities to maintain focus on learning and eroded their self-confidence. These negative feelings and perceptions remained, even if they switched programs or participated on new teams. (Stewart, 2016).

Among the aspects of a negative coaching culture, athletes most frequently report that coaches are the perpetrators of emotionally harmful behaviors (Kerr et al., 2020), although the acceptance of emotionally abusive behaviors is also seen within other positions of power in sport, such as sport administrators. Emotionally abusive behaviors include belittling comments, ignoring the athlete, preying on their emotions, utilizing psychological abuse or excessive and unnecessary criticism (Kerr, et al., 2020). Jacobs, Smits & Knoppers (2017), found that high-performance athletic or program directors accepted these behaviors as part of coaching, even though they had acknowledged that some of their coaches' actions could be seen as inappropriate. To that end, administrators rarely intervened when witnessing these coaching behaviors (Jacobs et al., 2017). Even parents of elite athletes appear to be socialized in ways to also accept these emotionally harmful behaviors as an expected and necessary part of developing athletic talent (Kerr & Stirling, 2012). The normalization of such abuse in sport, along with authoritarian coaching ideals has become a challenge in remedying the behavior because it is so engrained in the sport culture (Kerr, et al, 2020).

Literature Review

The ability to obtain an optimal and stable psychological state during athletic competition is an important factor to coaches and athletes (Gonzalez-Hernandez et al., 2020) Many athletes are vulnerable to anxiety because of the competitive nature of the sport, which can increase athletes' frequency and severity of symptoms, and may ultimately affect their ability to function (Goldman, 2022). Ford et al. (2017) defined anxiety as "an unpleasant psychological state in reaction to perceived stress concerning the performance of a task under pressure" (p. 206) and more specifically defined sport-related anxiety as a trait and or response to a stressful sport-related situation that the athlete perceives as potentially stressful and results in a range of cognitive assessment (negative thoughts), behavioral response (fidgeting, biting nails), and or a psychological response (sweating, increased heart rate). Additional signs and symptoms of anxiety include feeling apprehensive, feeling powerless, sense of impending danger, panic, rapid breathing, sweating, trembling, and feeling weak or tired (Goldman, 2022). There are several types of anxiety that athletes experience including, cognitive (negative thoughts), somatic (physiological response) (Hernandez et al., 2020), and social (fear of social interaction and negative evaluation) (Peterson, 2019).

Anxiety

Anxiety is a common experience among athletes of all ages and levels of performance. Almost half of children and adolescents throughout the world participate in an organized sport (Anderson-Butcher & Bates, 2021). In the United States (U.S.), approximately one in three adolescents (31.9%) meet criteria for an anxiety disorder and almost half begin experiencing

symptoms of anxiety before age six. The NCAA found that approximately 85% of certified athletic trainers believe anxiety is a current issue among college student athletes (Goldman, 2022; Moore & Gummelt, 2019). Results of studies showed that female and younger athletes are at a greater risk of anxiety (Terres-Barcala et al., 2022), and higher levels of somatic anxiety are experienced by females and cognitive anxiety in males (Hernandez et al., 2020). Anxiety can negatively impact athlete's self-confidence, performance abilities, lead to burnout (Peterson, 2019; Terres-Barcala et al., 2022), increased risk of sport injury (Ford et al., 2017), and negative self-conscious and distraction from the present moment (Lyon & Plisco, 2020). Anxiety can be detrimental to adolescents' overall wellbeing (biological, psychological, and sociological) and the high amount of pressure in athletic competitions can exacerbate anxiety symptoms.

Several factors contribute to anxiety as an issue among athletes. Numerous athletes experience anxiety in response to being evaluated by their athletic ability, fear of failure (central threat), fear of social consequences, and worry that they will not live up to adults' (coaches/parents) expectations (Correia & Rosado, 2018). Additionally, athletes can experience sport-anxiety due to having an unhealthy athletic identity (Moore & Gummelt, 2019), an expectation of mental toughness that leads to suppressed emotions, resistance to seeking help and support (Lyons & Plisco, 2020), impulsiveness, and inadequate recovery from practice (overtraining) (Terres-Barcala et al., 2022). Most athletes, especially adolescents, who experience symptoms of mental illness, are often not encouraged to seek treatment, do not receive appropriate evaluation or treatment due to stigma, and find that there is a lack of mental health services. Kroshus et al. (2019), noted that coaches reported barriers they had faced that prevented them from supporting athletes with mental health concerns including beliefs that athletes will not follow through with referral to mental health services, athletes are unwilling to disclose concerns to coaches, and coaches not feeling confident in their ability to identify mental health signs in athletes.

Coaches have the power to keep anxiety "alive" in athletes. Different coaching styles, and the way in which they lead and provide correction and feedback during practices and games, can impact athletes' anxiety (Peterson, 2019). Coaches have power over athletes' playing time, the awarding and maintaining of college athletes' scholarship, transfer opportunities, and quality of life. Although tolerance of abusive and inadequate coaching that can exacerbate mental illness in athletes appears to be diminishing (Roxas & Ridinger, 2016), self-determination theory provides an understanding of why anxiety in athletes continues to be an issue through the explanation of coaching styles in organized sport.

Self Determination Theory

The relationship between coaches and athletes has a powerful impact on an athlete's overall wellbeing (Roxas & Ridinger, 2016). Self-determination theory explains two dominant and commonly used coaching styles in sports, authoritarian and autonomy-supportive coaching. An autonomy-supportive coaching style is displayed by coaches helping athletes set and reach goals through use of encouragement and refraining from criticism. This style of coaching can reduce anxiety and may in fact provide athletes skills to overcome their anxiety. Coaches provide athletes with options, and help the athlete develop their own individual plan to improve. When an athlete feels listened to, cared for, and respected it provides motivation and promotes autonomy, competency, and feelings of connection, which increases overall wellbeing and decreases anxiety.

Conversely, authoritarian coaching styles may induce feelings of guilt, shame, conditional regard (the coach will like me only if I succeed), which in turn reduces competency, confidence, and worsens anxiety. Coaches who give individual athletes correction and feedback in front of a group (team/crowd/peers) can be a major anxiety trigger, causing athletes to feel embarrassed, anxious, and shameful and is one of the largest social anxiety stressors in sports (Peterson, 2019). Coaches using authoritarian style coaching often engage in negative behaviors, such as yelling when they are angry and using fear and intimidation (Roxas & Ridinger, 2016). Additionally, it was found that coaches who provide unsupportive and criticizing correction after a poor performance can negatively impact the coach-athlete relationship (Peterson, 2019). These coaching behaviors foster a negative coach-athlete relationship and increases all forms of sport related anxiety. The more negative rapport behaviors athletes experience from coaches, the more feelings of tenseness, less self-confidence, negative cognitions, and decreased attention and performance they endure (Roxas & Ridinger, 2016).

Social Learning Theory

An authoritarian coaching style can be illustrated by social learning theory and the power and control wheel (fig. 1). Throughout the history of sports, numerous coaches have used an authoritarian coaching style, mostly learned by observation of prior coaches. An authoritarian style is utilized to control players through use of coercion, intimidation, and instilling fear. Aggressiveness and controlling behaviors are a phenomenon and a process influenced by cultural and environment that mimic the power control wheel. "Power denotes the ability to make decisions for you and for the others, to influence, to control. Power is manifested in any type of relationships; it creates patterns, hierarchies, rules and models" (Irimescu et al., 2019, p. 17). The power and control wheel describes the aggressor's (coach) use of coercion and threats, intimidation, emotional abuse, economic abuse, use of male privilege, use of children, using isolation, and use of blaming (Irimescu, 2019). These factors have been linked to authoritarian coaching styles, many of which are learned behaviors from personal experiences as well as through social and public media.

The Power and Control Wheel (Waldron, 2021), is illustrated in the appendix, and is presented as it applies to coaching. The illustration uses the examples of what behaviors authoritarian coaches may use when attempting to gain emotional or sexual control over an athlete. The wheel provides examples of what such coaches may say and do to an athlete in order to gain control over the individual. Included in each corner are examples of what authoritarian coaches might say to justify their behaviors with athletes.

In order to mitigate behaviors which are illustrated in the Power & Control Wheel, sport social workers can utilize social learning theory as an intervention to implement self-determination theory of autonomy supportive coaching styles while simultaneously helping individual athletes change self-limiting behaviors. Behavior within a culture such as an athletic team, can be explained by Social Learning theory. Bandura, (1977), advanced the idea that learning may begin before experience; therefore, the observation of inappropriate behavior may serve as a reinforcement in a youth's mind to act out accordingly (Bandura, 1977). Families or influential adults in a young person's life who display inappropriate behavior, may provide numerous opportunities for a child to observe such behavior, therefore reinforcing the idea that inappropriate acting out such as yelling, demeaning and demanding behavior is an approved family or adult norm.

Bandura (1977) also posited that motivation was critical in the learning process. The idea of motivation was introduced into the learning of behaviors through vicarious reinforcement and self-reinforcement. Vicarious reinforcement is the process of learning a behavior through observing the reinforcing or punishing consequences of others who commit a behavior. This concept, also referred to as modeling, is an “essential function in learning aggressive behavior” (Bandura, 1977). Bandura and Walters (1963) proposed that children are reminded of aggressive or inappropriate behavior by the discipline enforced by caregivers, which is enacted to receive preferred results-compliance. Children, in turn, resort to aggression rather than discipline to obtain a “desired outcome” such as compliance. In terms of this paper, that behavior would be displayed in aggression, bullying, yelling or profanity usage towards athletes. In coaching, such behavior could be learned by witnessing an adult coach act in an offensive manner towards an athlete or a team. Additionally, athletes, by observing the rewards that power over the victim brings the perpetrator can be reinforced to replicate such behavior. Self-reinforcement refers to the drive to act in a way that gains self-approval, such as pride or a sense of accomplishment through a behavior (Bandura, 1977). A young athlete who prides himself or herself in displaying authoritarian behavior in diffuse settings may feel a sense of fulfillment by replicating such behaviors when they enter the coaching ranks.

Sport social workers must consider the origin of the behaviors and thoughts to facilitate positive change, in working with both athletes and coaches a social worker is in a unique position to identify negative coaching styles with negative outcomes on athletes. Athletes and their environment mirror each other, therefore if the coach is controlling the athlete, such behavior will negatively impact the athlete. Social workers using social learning theory can help athletes and coaches see the consequences of their thoughts and behaviors and how they impact their ideal self and the ideal athlete (Moore & Gummelt, 2019).

Interventions

The majority of mental health services in the United States are provided by social workers (NASW, 2022). Social Workers specializing in sport promote social justice and social change through direct and indirect practice at the micro and macro levels through use of clinical practice, community organizing, advocacy, policy development, education, and research (Moore & Gummelt, 2019). Sport social workers can utilize social learning theory through practice interventions with athletes and athletic organization staff. By use of clinical practice, individual and organizational assessments, planning, and intervening to handle challenges across all athletic system levels, sport social workers can make change in coaching styles and athletes mental health. Sport social workers can recognize early signs and symptoms of anxiety to address early and appropriately by use of valid and reliable mental health screening tools (Ford et al., 2017).

Cognitive Behavioral Therapy

Several evidence-based interventions, such as cognitive behavioral therapy (CBT), mindfulness, motivational interviewing, and the use of certain psychopharmacological interventions, can be used with individual athletes experiencing anxiety and other mental health symptoms. CBT has proven to be effective with athletes experiencing mental health concerns and may be integrated with other interventions (Edmonds, Craig, Christopher, Kennedy & Mann, 2020; Moore & Gummelt, 2019). When in a positive, safe environment, team sports can be used

as exposure therapy to reduce anxiety and overcome fear and negative cognitions (Peterson, 2019). Additionally, cognitive anxiety can be used to increase psychological functioning. Sport social workers can use psychological training to enhance self-confidence with athletes by promoting self-acceptance in reducing the belief in younger athletes that they cannot lose and through perception of competition of adolescents to learn how to observe their improvements (Gonzalez-Hernandez et al., 2020). Sport social workers can utilize goal setting, relaxation strategies, positive self-talk, and social support to assist athletes in using coping skills and reducing anxiety symptoms (Ford et al., 2017). There is a considerable amount of evidence-based research supporting the effectiveness of mindfulness interventions with athletes. Sport social workers can enhance mindfulness traits to decrease impulsive behaviors, prevent negative cognitions, reduce anxiety, and enhance sports performance (Terres-Barcala et al., 2022; Lyon & Plisco, 2020). Using these interventions to enhance athletes' overall wellbeing and functioning is significant in creating change, however, to create and sustain change it is critical that sport social workers also intervene with coaching staff.

Education and Training of Coaches

One key factor in reducing negative coaching styles is through education and training. Currently in the U.S. there are minimal requirements of training for youth coaches. Increasing a coach's knowledge of mental health by providing education of signs and symptoms is the first step of action. Coaches have direct contact with athletes and must be able to identify when an athlete is suffering from mental health symptoms and refer to a sport social worker or other mental health professional. In addition to educating coaches on athlete mental health, training coaches at all levels of autonomy-supportive coaching styles may be one of the most important steps in sustaining change (Peterson, 2019). Coaches need education that teaches coaching styles geared toward increasing autonomy-supportive behaviors and decreasing controlling behaviors. Specific interventions to be taught to coaches for autonomy-supportive style are to allow athletes input in decision making, offer athletes choices, and how to provide feedback and correction in positive ways. Additionally, coaches can be educated on healthy emotional coping and regulation for themselves (Roxas & Ridinger, 2016). These efforts to change coaching education and include mental health awareness and positive coaching styles must also be done at the larger level, where roadblocks may be experienced. Sport social workers must influence administration of athletic organizations and schools of the importance of changing policy and practice through education and providing positive results of evidence-based practice.

Discussion

Athletes and coaches want to optimize the physical, mental, and emotional wellbeing to enhance athletic performances. Unfortunately, the competitive nature of sports can contribute to athletes developing anxiety symptoms and decreasing their overall wellbeing and performance. Social learning theory can explain how anxiety is developed and sustained in athletes. Due to the history of negative coaching styles, coaches have learned to use power and control with athletes that exasperates and sustains anxiety. Sport social workers play a pivotal role in bringing awareness to athlete's mental health, educating all individuals involved in sports, advocating for and intervening for athletes' overall wellbeing. Sport social workers can engage individuals for clinical assessments and clinical interventions as well as organizational practice interventions to

enhance athletes overall functioning and change coaching styles for positive outcomes. By use of evidence-based interventions such as CBT and mindfulness, sport social workers can restructure cognitive behaviors and teach coping skills to reduce anxiety. Sport social workers can also provide education to coaches and athletic organizations to increase mental health awareness and teach effective and appropriate styles of coaching. Sport social workers can make social change within athletics by implementing and modeling positive social learning for the current and future generations of coaches and athletes.

Sport social workers are a relatively new concentration in the profession and can be an invaluable asset in the athletic arena. Specific research on sport social workers providing awareness, education, training and modeling of autonomy-supportive coaching and athletes anxiety is needed to determine the impact of a sport social worker offering individual and team clinical support including engagement, assessments, and clinical interventions.

Implications for Practice/Summary

An athlete's mental health can directly impact their physical and emotional health as well their performance. Many athletes are under pressure to perform well or face loss of playing time and other negative consequences. An athlete who is subjected to an authoritarian coaching style which increases anxiety, may find their overall wellbeing negatively impacted by a coach who is perceived as authoritarian.

While most of the extant research on authoritarian or abusive coaching styles focuses on the effects of such behavior on athletes, coaches and athletic administrators and managers deserve to learn the latest evidenced based coaching practices in order to develop a positive, supportive, and effective style to promote athlete and athletic program well-being. Coaches may benefit from reflecting on their own views about mental health in their athletes and examine their own personal barriers, if any, to implementing the best practices outlined above. (Simoni, 2022).

A more encouraging style, autonomy-supportive coaching, provides awareness of mental health, as well as skills to be supportive of athletes and tools to coach to decrease an athlete's anxiety and increase their overall wellbeing. Sport social workers can be the critical factor to providing a safe, positive environment in the athletic arena. Sport social workers can provide advocacy, education, training, and clinical skills to athletic organizations and they are a crucial part of enhancing an athlete's mental health by modeling positive behavior, engaging with athletes, and providing evidence-based interventions. Sport social workers may be the newest team member in the sport industry, but research shall prove them to be the most valuable asset in the athletic arena.

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Conformity to Masculine Norms and Attitudes Toward Sexual Behavior: A Study Among College Students Involved in Sport

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Conformity to masculine norms has been connected to high-risk behaviors among college students, including sexual behavior. Research suggests that sport participation reinforces masculinity and predicts acceptance of sexually aggressive attitudes and behaviors, which may be a precursor to sexual violence. However, little is known about conformity to masculine norms and sexual behavior within the context of sport. This study examined the association between conformity to masculine norms (i.e., dominance, success and winning, risk-taking, and violence) and attitudes toward sexual behavior. The final analyzed sample included a total of 547 undergraduate students who competed in collegiate or community-based sport. Results from the ordinary least squares regression analysis indicated participants with greater acceptance of dominance, risk-taking, and violence had greater attitudes toward sexual behavior. Males reported greater attitudes toward sexual behavior than females. Implications from this study underscore the need to promote positive masculinity and healthy sexual relationships with a unique subculture of college students.

Keywords: masculinity, sexual behavior, sexual violence, sport participation, college

Hook-up culture, or sexual behavior, has become engrained in the college student experience. The term ‘hooking up’ typically describes a casual, non-committed heterosexual encounter involving physical or sexual intimacy (Bogle, 2008). Research over the last two decades has shown that most students engage in sexual behavior during college (Garcia et al., 2012; Grello et al., 2003; Reese-Weber et al., 2020). A national study of college students from 19 universities found that 72% of participants reported engaging in at least one hook-up while in college (Hamilton & Armstrong, 2009). A small body of research has further indicated that sport participation is associated with greater sexual activity (Allison, 2016; Faurie et al., 2004; Nattiv & Puffer, 1991; Wetherill & Fromme, 2007). In fact, both male and female college students involved in sport engage in significantly more sexual activity compared to the general student body (Wetherill & Fromme, 2007). Yet there is a lack of literature that focuses on sexual behaviors of students involved in sport.

There are several public health concerns because of sexual behavior including sexually transmitted infections (STIs), unintended pregnancy, and emotional and psychological harm (Garcia et al., 2012). Of particular concern is the relationship between sexual behavior and sexual violence (Adams-Curtis & Forbes, 2004; Flack et al., 2007; Sutton & Simmons, 2015). The World Health Organization (2002) defines sexual violence as:

“Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting” (p. 149).

Sexual behavior is believed to be a risk factor to unwanted sexual intercourse and unwanted fondling, which disproportionately affects females (Flack et al., 2007). Males who endorse casual sex are more likely to use sexual aggression toward women (Yost & Zurbriggen, 2006). Mounting evidence suggests that sexual violence occurs within the hypermasculine sport environment (Milner & Baker, 2015; Brackenridge et al. 2008; Fasting et al., 2003; Leahy et al., 2002), and at times perpetrated by male athletes (Beaver, 2019; Crosset et al., 1995; Young et al., 2017). Findings from a recent study with male college students revealed that 46% engaged in sexually coercive behaviors, and more than half of those students participated in sport (Young et al., 2017). Identifying key characteristics of masculinity within student subcultures may better predict, and prevent, consequences of sexual behavior.

The goal of the present study was to examine the relationship between conformity to masculine norms and attitudes toward sexual behavior among college students involved in sport. More specifically, this study explored how certain characteristics of masculinity, including dominance, success and winning, risk-taking, and violence may be associated with attitudes toward sexual behavior. While engaging in sexual activity is a natural human behavior and normalized part of college culture, there may be risks involved that need to be acknowledged particularly in the context of sport. This study therefore aimed to fill a gap by not only expanding upon the lack of literature on sexual behaviors among students involved in sport, but also understanding how widely accepted norms within the sport culture influence their attitudes toward sexual behavior. Moreover, this research aligned with the Grand Challenges for Social Work to *Build Healthy Relationships to End Violence* (Barth et al., 2020), which is one of 12 large-scale challenges for social workers to further literature, build interdisciplinary

relationships, and initiate social change. Researching the masculine characteristics among an at-risk population will inform institutional policy and drive prevention efforts.

Hegemonic Masculinity and Sexual Scripting

As a social construct, masculinity differs across both societies and cultures (Connell, 2005; Kahn et al., 2011). Connell (2005) argues that there is not one type or form of masculinity, rather there are many different masculinities and each is associated with different positions of power. Traditionally, in Western societies, hegemonic manifestations of masculinity are most often valued. Connell and Messerschmidt (2005) described the concept of hegemonic masculinity as a practice and a way in which males position themselves to have collective dominance over females and people with other gender identities. For example, hegemonic masculinity is often expressed in subordination of females and marginalization of homosexual males (Totten, 2003) through economic and educational superiority (Travis & Leech, 2014), competitiveness and risk taking (Kahn et al., 2011), and demonstration of aggression and emotional restraint (McCormack, 2014). Ultimately, the concept of hegemonic masculinity is grounded in the adherence to oppressive sociocultural and sociopolitical norms that legitimize gender inequalities and is used to help explain how gendered stereotypes are produced and reproduced (Connell & Messerschmidt, 2005; Jewkes et al., 2015).

Similarly, sexual culture scripting posits that sexual behavior is socially constructed (Simon & Gagnon, 1986; Wiederman, 2015). Sexual scripts are schemas related to ideas about sexuality and are influenced by sociocultural and sociopolitical institutions, such as media, religion, and social norms. Thus, sexual scripts are “widely shared ideas about sexuality through which people learn what sex is, what is sexual, what is sexy, how to experience pleasure, and how to conduct oneself sexually” (Nagar, 2016, p. 1). From this perspective, sexual encounters are learned interactions, which follow predictable gender-based behavior that are carried out by both males and females (Frith & Kitzinger, 2001). Taken together, sexual scripts and hegemonic masculinity influence – and help to predict – what males and females expect in sexual and romantic relationships, as well as how males and females behave in intimate relationships. Therefore, hegemonic masculinity and sexual scripts may be important societal-level predictors of sexual behavior.

Sports, Sex, and Social Expectations

Within the context of sport, social learning theory is often used to describe the adherence to sociocultural norms. Cusimano et al. (2016) and Kreager (2007) posited that individual athletes learn values, attitudes, and behaviors related to interpersonal relations by observing their teammates’ modeling of norms and expectations. Thus, the underlying sociocultural norms of sport – which often value and reward aggressive/violent, hypermasculine behaviors – cannot be overlooked when examining social expectations (Newman et al., 2021). The overall institution of sport is a masculine domain that reproduces traditional masculine norms regardless of gender (Chalabaev et al., 2013). Females who participate in sport have been found to endorse higher rates of masculinity than females who do not participate in sport (Miller & Levy, 1996). In a more recent study, female professional athletes discussed how their athletic identity and discourse emulated traditional masculinity through their desire to succeed through power and competition (Meân & Kassing, 2008). Conformity to masculine norms may also look different

for diverse populations (Parent & Moradi, 2011). As explained by Gerdes and Levant (2018), the (mal)adaptiveness related to conformity to masculine norms may depend on an individual's connection to their racial or cultural identity. That said, scholars need to further explore demographic differences and social expectations in the context of sport.

Participants learn from a young age that success and winning are the ultimate goals of sport and, as such, are held as the normative expectation (Merkel, 2013). Within certain sports (e.g., contact sports, such as football), risk-taking and violence are not only the norm, but these behaviors are often rewarded (Fogel, 2011). Consequently, the association between success and winning as well as risk-taking and violent behaviors – both on and off the field – are of little surprise. Sociocultural norms surrounding hegemonic masculinity within particularly institutions and the expectations of how males and females believe they should interact in sexual relationships are, therefore, important constructs for understanding sexual behavior and risk factors of sexual violence.

Sport Participation and Sexual Behavior

Studies suggest that sport participation is associated with engagement in sexual behavior. Students involved in sport have been found to be more sexually active than those who do not (Allison, 2016; Wetherill & Fromme, 2007; Faurie et al., 2004; Nattiv & Puffer, 1991). In a study with college bound high school graduates, both males and females who participated in sport had significantly more sexual partners than their peers (Wetherill & Fromme, 2007). Similarly, findings from a study at a northwest university revealed that students who participated in sport had a higher number of sexual partners when compared to the general student body (Grossbard et al., 2007). Students who participate in sport are also more likely to engage risky sexual activity such as unprotected sex (Wetherill & Fromme, 2007; Nattiv & Puffer, 1991).

Although gender and college students' sexual behavior has been widely studied over the past few decades, this relationship has rarely been examined in the context of sport. Of these few studies, males involved in sport display higher levels of sexual activity than females involved in sport (Gage, 2008; Eitle & Eitle, 2002). Similarly, Faurie and colleagues (2004) discovered that college students in France who participated in sport had more sexual partners than their peers, with a larger effect size for males than females. The number of reported sexual partners was also higher for males than females (Faurie et al., 2004). Females involved in sport have been found to engage in less risky sexual activity than those who did not participate in sport; however, contracting a STI was higher for those who participated in sport (Savage & Holcomb, 1999). More recent studies show how the acceptance of the hook-up culture is giving rise to an increase of sexual activity for males and females. McGovern and Murray (2016) found that 84% of males and 71% of females who participated in sport reported having sexual intercourse within the past month. This study points to the changing contextual landscape and the need to further explore the intricacies of sexual behavior by gender.

Literature is also mixed as to whether the sport contact level factors into college student sexual behavior. Several studies document greater sexual aggression (Forbes et al., 2006) and sexual coercion (Gage, 2008) among college students who participate in contact sport than those who participate in non-contact sport. Other studies reject the notion that sport contact level is related to sexual aggression (Brown et al., 2002; Smith and Stewart, 2003). For example, while there were no significant differences between contact sport and non-contact sport, males who

were more competitive and winning-oriented reported being more sexually aggressive (Smith and Stewart, 2003). However, these studies do not explicitly capture sport participation and attitudes toward sexual behavior. Furthermore, recent scholarship has reclassified the sport contact level to better account for risk of injury based on the nature of each sport. The categories have been expanded to include contact, limited-contact, and non-contact sport (Rice, 2008). Thus, sport level contact warrants future research with regard to college student sexual behavior.

Conformity to Masculine Norms and Sexual Behavior in Sport

The relationship between conformity to masculine norms and sexual behavior is well-documented in the literature. Engaging in sexual activity reinforces masculinity, as it solidifies an individual's heterosexuality and boosts their social status (Currier, 2013; Kimmel, 2008; Poost, 2018). These sexual expectations may be heightened for those who participate in sport because of the hypermasculine sport culture that emphasizes *dominance, success and winning, risk-taking, and violence* (Murnen & Kohlman, 2007). One of the most commonly used validated measures of masculinity in the context of sport is the Conformity to Masculine Norms Inventory (CMNI), a scale designed to capture multifaceted domains of masculinity and associated high-risk behaviors, particularly in the realm of sexual attitudes and practices (Mahalik et al., 2003), including those listed above. The CMNI has been shown to have high reliability with samples of undergraduate students, and to be an appropriate tool for use with diverse racial, ethnic, and cultural backgrounds and sexual and gender identities (Kivisalu et al., 2015). In a study with males and females ranging in age from 18-83, males reliably scored higher on conformity to masculine norms (Parent & Smiler, 2013), lending credence to the power of gender role expectations to enforce conformity. In the same study, *winning, risk-taking, and violence* were all positively associated with scores on the *playboy* subscale for both male and female samples (Parent & Smiler, 2013). Previous research has also demonstrated the utility of examining these subscales as they relate to negative sexual behavior and sexual aggression. Mikorski and Szymanski (2017) found that the *playboy* and *violence* subscales of the CMNI were associated with higher levels of body evaluation of females by heterosexual males; they further observed a strong effect whereby high scores on these scales interacted with an attachment to abusive male peers that uniquely predicted the likelihood of males making unwanted sexual advances towards females. A content analysis of relevant literature using the CMNI revealed that higher scores on the *winning, dominance, violence, and playboy* subscales were all associated with higher levels of rape myth acceptance and sexually aggressive behavior, while *risk taking* was associated with sexual aggression only; these trends were obscured in analyses that only considered total scale score (Gerdes & Levant, 2018).

Although research is limited, there is a handful of evidence that documents how these distinct masculine traits are associated with sexual behavior in the context of sport. Smith and colleagues (2015) discovered that males who reported higher endorsement of traditional masculinity ideology had a greater likelihood to report sexual dominance, or feelings of control over one's partner that motivates their sexual behavior. Another small study with male undergraduate students found that those who are more competitive and win-oriented are more sexually aggressive (Smith & Stewart, 2003). College students involved in sport are more likely to engage in risky sexual behaviors than their peers, such as having more sexual partners and more unprotected sex (Nattiv & Puffer, 1991; Wetherill & Fromme, 2007). Conformity to masculine norms and sport participation has also been associated with negative outcomes,

including physical aggression (Merten, 2008; O'Brien et al., 2017) and sexual violence (Murnen & Kohlman, 2007; Smith & Stewart, 2003).

On the other hand, other studies ascertained that masculinity is not directly correlated with sexual behavior (Shafer et al., 2018) and disprove findings that typecast college students involved in sport as sexual aggressors (Humphrey & Kahn, 2000; Locke & Mahalik, 2005). Scholars posit that masculinity may be a multidimensional construct that intersects with multiple identities (Corprew & Mitchell, 2014; McGinley, 2013, Shafer et al., 2018). Thus, the complexity of masculine traits and attitudes toward sexual behaviors among student subcultures must be explored further.

Current Study

There is currently a lack of knowledge about the relationship between conformity to masculine norms and attitudes toward sexual behavior among college students involved in sport. College students who participate in sport are an important population of focus due to the high rates of sexual activity as compared to their peers (Wetherill & Fromme, 2007). Since conformity to masculine norms and sport participation have been found to be predictors of sexual violence perpetration (Murnen & Kohlman, 2007), it is important to recognize how masculine norms commonly accepted within the sport culture such as dominance, success and winning, risk-taking, and violence may be potential risk factors to consequences of sexual behavior. Identifying problematic attitudes and behaviors are critical for informing education and prevention that promote healthy relationships with a unique subculture of college students. Therefore, the current study examined whether conformity to masculine norms were associated with attitudes toward sexual behavior with a group of college students involved in collegiate or community sport. It was hypothesized that participants with a greater acceptance of dominance, success and winning, risk-taking, and violence would have greater attitudes toward sexual behavior.

Method

Procedures

Data for this study was drawn from the Athletic Involvement Study (Miller, 2006). Undergraduate students enrolled in seven different classes at a large university in the northeast were invited to complete a 45-minute anonymous questionnaire. Students received a monetary incentive or course credit for their participation. Approximately half of the questionnaires were administered in a classroom setting. The remaining participants were recruited through in-class announcements inviting them to e-mail the research team to indicate their interest. These participants were emailed a copy of the self-administered questionnaire and returned it to the research team as directed. Informed consent was secured from all participants and the study protocol was approved by the university's Institutional Review Board.

Participants

There were 795 students who completed the survey. Of the 795 participants, 621

identified that they participated in collegiate or community sport and were included in the current study. The majority of participants identified as male (56.7%). White students comprised the largest racial/ethnic group (69.9%), followed by Asian American or Pacific Islander (10.2%), Black or African American (8.4%), American Indian/Native American/Mixed Race/Other (11.4%). Participants ranged in age from 18-24 years, averaging 19.88 years old ($SD = 1.49$). Most participants reported participating in contact or limited-contact sports ($n = 405$, 65.2%) compared to those in non-contact sports ($n = 216$, 34.8%).

Measures

Conformity to Masculine Norms

The Conformity to Masculine Norms Inventory (CMNI) scale consists of 94 items that collectively measure endorsement of 11 normative messages about masculinity and high-risk behaviors related to masculine norms (Mahalik et al., 2003). For the purposes of this study, only five of the CMNI subscales were tested: dominance, success and winning, risk-taking, violence, and sexual behavior. Dominance was the first subscale which included 4-items such as, “I make sure people do as I say” ($\alpha = 0.68$). Of note, this subscale has substantially fewer items compared to the other included subscales; while this peculiarity has been noted previously (Owen, 2011), the original factor structure was retained for the purposes of this study. The 10-item success and winning subscale included items such as, “In general, I will do anything to win” ($\alpha = 0.80$). Risk-taking included items such as, “Taking dangerous risks helps me to prove myself” ($\alpha = 0.79$). The violence subscale included 8 items such as, “I like fighting” ($\alpha = 0.81$). The Playboy subscale measured attitudes toward sexual behavior with non-committed, multiple partners. The 12-item Playboy subscale included items such as, “If I could, I would frequently change sexual partners” and “Emotional involvement should be avoided when having sex” ($\alpha = 0.89$). Participants responded using a 4-point Likert scale ranging from 1 being *strongly disagree* to 4 being *strongly agree*. Several items are reverse coded. The question stems for each of the subscales were added together and recoded into a continuous variable, as higher scores indicated a greater acceptability of the corresponding masculine norms.

Control Variables

Control variables included age, gender, race, and sport contact level. Participants indicated their age with a range from 18 years old to 24 years or older. Gender was based on a gender binary category with 1) male and 2) female. Participants also specified their race by choosing 1) American Indian/Native American, 2) Asian American/Pacific Islander, 3) Black/African American, 4) White/Caucasian, 5) Mixed Race, or 6) Other. American Indian/Native American and Other were combined into one variable due to small response set. In analyses, the Race responses were dummy-coded using White/Caucasian as the reference group, to create dichotomous variables which could be included in correlation and regression analyses. Sport contact level was determined based on self-reported primary sport participation. Participants selected their primary sport from a list of 33 sports (with an open-ended option to write in a sport that was not listed). Primary sport was then recoded into a categorical variable with 3 response options: contact sport (e.g., football), limited-contact sport (e.g., baseball), and non-contact sport (e.g., tennis).

Analytic Strategy

All data were analyzed using Statistical Package for the Social Sciences (SPSS, version 26.0). Only participants with complete data were used in each of the specific analyses; 547 of the 621 eligible participants had complete data, for a total of 12.02% missing data. Continuous data were tested for normality before the analyses. Pearson's correlation coefficients (r_s) were used to examine associations between sexual behavior and the continuous variables. An ordinary least squares (OLS) regression model was used to determine whether conformity to masculine norms (dominance, success and winning, risk-taking, and violence) was associated with attitudes toward sexual behavior while controlling for age, gender, race, and sport contact level. The model did not violate any of the assumptions for OLS regressions (Ernst & Albers, 2017). In all cases, statistical significance was determined by $\alpha = 0.05$.

Results

Preliminary Analysis

Correlations between age, gender, the four dummy-coded race variables, level of contact, dominance, success and winning, risk-taking, violence, and sexual behavior are presented in Table 1. Dominance, risk-taking, success and winning, and violence were all positively and significantly related to attitudes toward sexual behavior. Additionally, dominance, success and winning, risk-taking, and violence were all positively and significantly correlated. Sport contact level also showed a positive correlation with non-relationship sexual behavior. The internal consistency estimates for all measures ranged from 0.68 to 0.89, indicating acceptable reliability.

Main Analysis

To test the main hypothesis, the OLS regression model assessed whether dominance, success and winning, risk-taking, and violence was associated with attitudes toward sexual behavior. In the adjusted model, approximately 30% of the variance in attitudes toward sexual behavior was explained by dominance, success and winning, violence, and risk-taking (Table 1). Male gender was significantly and positively associated with attitudes toward sexual behavior ($\beta = -4.55, p < 0.01$). Dominance, risk-taking, and violence were all significantly and positively associated with attitudes toward sexual behavior. However, success and winning did not show an effect on attitudes toward sexual behavior.

Discussion

This study measured conformity to masculine norms and attitudes toward sexual behavior among college students involved in sport. Based on the literature, it was hypothesized that college students who participate in sport and have a greater acceptance of masculine norms (i.e., dominance, success and winning, risk-taking, and violence) would have greater attitudes toward sexual behavior. As predicted, greater acceptance of dominance, risk-taking, and violence were significantly and positively associated with greater attitudes toward sexual behavior. This finding supports the earlier ideas of Messner (1994), who suggested sport has potential to foster hegemonic masculinity. Sport participation has not only been linked to more sexual partners and

increased risky sexual behaviors (Faurie et al., 2004; Habel et al., 2010), but also to sexual violence (Forbes et al., 2006; Gage, 2008; Humphrey & Kahn, 2000; Koss & Gaines, 1993).

Contrarily, success and winning was not associated with attitudes toward sexual behavior and may not translate as a risk-factor to sexual violence. This finding conflicts with previous research, in which the desire to win was correlated with a greater acceptance of dating violence (Merten, 2008; Smith & Stewart, 2003). Even though athletes have been overrepresented in the literature as perpetrators of sexual assault (Beaver, 2019; Crosset et al., 1995; Young et al., 2017), it is important to note that not all college students who participate in sport succumb to hegemonic masculinity. As a critique to hegemonic masculinity, scholars introduce the idea of multiple masculinities that cause individuals to accept or reject traditional masculine norms (Naess, 2001; Pascoe, 2003). According to McGinley (2013), masculinity is a social construction that largely depends on men's varying identities. There may be confounding sport-related identities that influence problematic attitudes or behaviors (Miller, 2009). For example, stronger identification with the role of an athlete has been associated with conformity to masculine norms (Steinfeldt & Steinfeldt, 2012) and negative outcomes like sexual violence perpetration (Harris, 2013). Thus, scholars may want to further study sport-related identities as a mediating or moderating factor between conformity to masculine norms and sexual behavior as a potential risk factor to sexual violence perpetration.

Not surprisingly, males endorsed greater attitudes toward sexual behavior than females. Several studies found that that norms of high-risk sexual behaviors are pervasive among males who participate in sport (Nattiv & Puffer, 1991; Wetherill & Fromme, 2007). These findings generate concern regarding the potential for males involved in sport to be more likely to engage in similarly aggressive, risky, or problematic sexual behaviors (Merten, 2008; Smith & Stewart, 2003; Smith et al., 2015; O'Brien et al., 2017) and higher propensity to perpetrate sexual violence (Murnen & Kohlman, 2007). Ultimately, findings from the current study lend credence to the belief that sport continues to perpetuate hegemonic masculinity in society (Connell, 2005).

Results indicated that there were no significant differences in attitudes toward sexual behavior based on sport level contact, which corresponds with past research (Brown et al., 2002; Smith & Stewart, 2003). This finding adds to the contested debate in the literature as to whether sport level contact is a predictor of sexual violence perpetration (Forbes et al., 2006; Gage, 2008) or not (Gidycz et al., 2007, Locke & Mahalik, 2005; Scholes-Balog et al., 2016). There were also no significant results based on age or race, which suggests that the hook-up culture may be pervasive in sport (Allison, 2016; Wetherill & Fromme, 2007; Faurie et al., 2004; Nattiv & Puffer, 1991) regardless of these demographic factors.

Implications for Social Work

This study has a number of implications for social workers aiming to promote healthy relationships to end violence. Findings indicate that college students involved in sport warrant more targeted education to curb hegemonic beliefs that may influence their sexual behaviors. College students who participate in school-affiliated varsity, recreational, or intramural sport programs should receive additional education on positive masculinity. Through gender-transformative efforts, or transforming genders norms and relations, participants learn how to challenge dominant messaging about masculine norms and deconstructing gender hierarchies (Flood, 2015). Educating college students about the heteronormative sport culture may increase their awareness about the ways in which sex, gender, and sexuality are constantly reinforced.

This, as a result, can negatively impact female students as well as lesbian, gay, bisexual, transgender, and queer (LGBTQ) students (Kettley-Linsell, 2020). Building safe physical and emotional spaces for college students involved in sport to reflect on gender norms and masculine ideologies are vital to dismantling hegemonic masculinity (Claussen, 2019). Positive role models, such as coaches, can also be instrumental in contesting traditional gender norms and changing cultural assumptions (Toomey & McGeorge, 2018; Miller et al., 2015).

Another recommended practice would be educating college students involved in sport on healthy relationships and safe sexual practices to reduce risky sexual behaviors and prevent sexual violence. As a consequence of the hook-up culture, college students are at risk for STIs, unintended pregnancy, and emotional and psychological harm (Garcia et al., 2012). In addition to health risks, the hook-up culture may lead to uncertainty around obtaining sexual consent. College students who participate in sport are more likely to misperceive consent than their student peers, which is especially true for males (McGovern & Murray, 2016). Since male college students who have a lack of comprehension around sexual consent are more likely to engage in sexually aggressive behavior (Warren et al., 2015), consent education is critical. Furthermore, research suggests that the hook-up culture predicts greater rape myth acceptances, particularly among male college students (Reling et al., 2018). Rape myths are false beliefs and stereotypes toward rape survivors and offenders (Burt, 1980) that ultimately perpetuate heteronormative sex scripts and normalize men's sexual aggression toward women (Reling et al., 2018). Males who conform to masculine norms are more likely to endorse rape myth acceptances and sexual aggressive behavior (Gerdes & Levant, 2018; Locke & Mahalik, 2005). When compared to the general college student population, rape myth acceptances are even higher for those who participate in sport (Navarro & Tewksbury, 2017; Young et al., 2017). Therefore, prevention education should not only raise awareness of safe sexual behavior, but also focus on sexual consent and reducing rape myth acceptances. By building interprofessional partnerships (Moore & Gummelt, 2019) with school-affiliated sport programs, social workers could collaborate with campus organizations including women's centers, Title IX offices, counseling services and health centers to design effective, comprehensive prevention education.

Finally, social workers could support higher education professionals and school-affiliated sport programs by developing and adopting clear, inclusive policies and resources. College students, in general, have low awareness of school policies and resources around sexual violence (McMahon & Stepleton, 2018). What's more, few school-affiliated sport programs embrace inclusive policies (Fink et al., 2012) and many college students who participate in sport hold neutral or negative attitudes about those policies (Atteberry-Ash & Woodford, 2017). The National Collegiate Athletic Association (NCAA) produced guidelines such as the *Sexual Violence Prevention: An Athletics Tool Kit for a Healthy and Safe Culture* (2019) and *Diversity Equity and Inclusion Review Framework* (2022). These resources offer policy recommendations and best practices to improve the campus climate. Establishing and enforcing such policies and resources may help nurture healthy masculinity and healthy relationships to create a culture free from violence.

Limitations and Future Directions

Despite this study's contribution to the literature, there were several limitations. First, there may have been self-selection bias for recipients who opted to complete the survey. Future studies would benefit from implementing probability sampling to address these sampling

concerns. Due to the sensitive nature of the survey questions, social desirability may have biased the results, as participants could have responded to questions more to present themselves more favorably. Further, the results cannot be generalizable to students in college sports, as the survey was distributed to one school in the northeast and included college students who participated in both collegiate and community sport. This study also did not examine attitudes across different gender identities or sexual preferences. Including more diverse student subcultures, including the LGBTQ community, could expand the utility of the conformity to masculine norms scale in future research and practice (Parent & Moradi, 2011). Researchers should seek a more diversified, representative sample of college students who participate in sport. Lastly, measures on sexual aggression or perpetration should be included in future surveys to determine specific pathways and risk factors for sexual violence.

Conclusion

This study found that college students involved in sport were more likely to endorse sexual behavior if they demonstrated greater acceptance of masculine norms, including dominance, risk-taking, and violence. Males were more likely to favor sexual behavior than females. Overall, this study answers a broader call by scholars who are seeking a greater understanding of masculinity in the institution of sport. Scholars have contended that minimizing these types of norms within sport can create a more positive and inclusive environment, especially for those who do not maintain a hypermasculine ideology (English, 2017). The current study also builds upon previous research connecting sport participation, masculinity and risk factors for sexual violence perpetration. By continuing to explore the relationship between conformity to masculine norms and attitudes toward sexual behavior in a sport-based context, researchers will be able to develop both a set of best practices and effective prevention education to promote positive masculinity and healthy relationships.

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+Note: Sport Contact Level was coded as contact sport (3), limited-contact sport (2), and non-contact sport (1).

Table 1.
Correlations (*N* = 547)

	1	2	3	4	5	6	7	8	9	10	11	12
1. Age	1.000											
2. Gender	-.09*	1.000										
3. Asian/Pacific Islander	.04	-.01	1.000									
4. Black/African American	.03	-.10**	-.08*	1.000								
5. Mixed Race	.01	.02	-.06	-.05	1.000							
6. American Indian/Alaskan Native/Other Race	.13**	-.05	-.09*	-.07*	-.05	1.000						
7. Sport Contact Level+	.04	-.38**	-.06	.13**	.08*	-.10**	1.000					
8. Dominance	.04	-.13**	-.05	.01	-.01	.01	.07*	1				
9. Success and Winning	.04	-.35**	-.06	.05	-.06	-.01	.21**	.36**	1			
10. Risk-Taking	-.01	-.25**	-.08*	-.10*	.05	-.04	.15**	.17**	.23**	1		
11. Violence	.05	-.41**	-.03	-.02	.03	-.03	.20*	.19**	.34**	.48**	1	
12. Sexual Behavior	.07**	-.45**	-.01	.12**	-.01	.04	.19**	.17**	.19**	.37**	.39**	1

p* < .05, *p* < .01

Table 2.
 Conformity to masculine norms and attitudes toward sexual behavior (N=547)

Variables	Unstandardized coefficient		Standardized coefficient	<i>t</i>	<i>p</i> -value
	β	<i>SE</i>	Beta		
Age	.13	.17	.03	.78	.44
Asian/Pacific Islander	-4.27	.59	-.32	-7.29	.00*
Black/African American	.62	.86	.03	.72	.47
Mixed Race American	3.28	1.02	.12	3.22	.00*
Indian/Alaskan Native/Other Race	-.66	1.37	-.02	-.48	.63
Gender	1.14	.96	.04	1.19	.24
Sport Contact level	-.03	.33	-.01	-.08	.94
Dominance	.27	.13	.08	2.02	.04*
Success and Winning	-.10	.06	-.06	-1.52	.13
Risk-taking	.37	.07	.23	5.59	.00*
Violence	.28	.08	.16	3.62	.00*
Constant	8.10	4.06		1.99	.05*
R2	0.29				

* $p < 0.05$

Reference: Gender = Male

Reference: Race=White



Point / Counterpoint: Transgender Sport Participation Policy

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Point One (Fairness): National Collegiate Athletic Association (NCAA) Board of Governors Transgender Sport Participation Policy

I am looking forward to a spirited point/counterpoint regarding the NCAA (2022) policy on transgender sport participation. The NCAA Board of Governors voted in support of a sport-by-sport approach to transgender participation that preserves opportunity for transgender student-athletes while balancing fairness, inclusion, and safety for all who compete. The national governing bodies for each sport will determine policies for transgender participation (e.g., USA Swimming). The NCAA policy became effective in January. The policy requires transgender student-athletes to document sport specific testosterone levels beginning four weeks before their sport's championship selections. In the 2022-2023 competition season, transgender student-athletes will need documented testosterone levels at the beginning of their season, six months later, and four weeks before their sport's championship selections.

Throughout our point/counterpoint approach, I hope we can respectfully discuss various components of the NCAA policy and the impact this policy has on student-athletes, coaches, administrators, and a larger global audience. When reading the NCAA policy, there are three words that jump out at me – fairness, inclusion, and safety. I would like to begin with a discussion about fairness. In full disclosure, I personally struggle with this policy. My struggle centers mainly on the premise of fairness. There is a constant dialogue that exists in my head. This arises from my multiple roles in the arena of college sport. I am the co-founder of the Alliance of Social Workers in Sports (ASWIS). The mission of ASWIS (2022) is to promote individual and community well-being through partnerships between the profession of social work and the field of athletics. ASWIS focuses on partnerships in practice, research, and policy, with involvement and awareness in all areas where social work and sports systems intersect. Based on the deep commitment of ASWIS to the National Association of Social Workers (NASW, 2021) Code of Ethics, there is a shared position to support the dignity and worth of

individuals, to promote social justice, and to foster the importance of meaningful human relationships. This equates to an unwavering support to all transgender student-athletes.

From a second viewpoint, I am also the Head Men's and Women's Tennis Coach for an NCAA membership school. This is where I have a personal challenge with the concept of fairness. While there are many definitions of fairness that exist, I am placing an emphasis on competitive fairness. Sailors (2020) defines competitive fairness as a fundamental value in sport, even a prerequisite for the existence of sport. There should exist a reasonable chance of all participants to win, without such a chance, sport is neither competitive nor fair to the participants who are certain to lose (Pike, 2021). This topic of competitive fairness took centerstage with recent NCAA swimming competitions, where Lia Thomas set school and conference records in the pool.

Lia is a member of a growing number of transgender student-athletes. I respect Lia's bravery and Lia's outstanding athletic accomplishments. Evidence also shows Lia's swim times would not set school and conference records if competing in the sport of Lia's assigned sex. Is it fair to say that all NCAA swimmers competing against Lia enter the pool with a reasonable chance to win? Lia's competitors pour their hearts into their training and development. They spend hours working on the technical, tactical, physical, and mental aspects of their sport. Can we say the changes created by the NCAA policy protect the experience of non-transgender student-athletes related to competitive fairness?

Counterpoint One (Fairness): National Collegiate Athletic Association (NCAA) Board of Governors Transgender Sport Participation Policy

It is an honor to engage in this spirited-but-respectful point/counterpoint regarding the NCAA (2022) policy on transgender sport participation with my friend and colleague. I am a member of the Alliance of Social Workers in Sports (ASWIS) and the ethical dilemmas that organically arise from transgender student-athlete participation in relation to fairness, inclusion, and safety can test the National Association of Social Workers (NASW, 2021) Code of Ethics. It is rare that fairness for one party can mean unfairness for another, inclusion of one party can mean exclusion of another, safety for one party can mean danger for another. But here we are...

As a former football player and current boxer, it is difficult to envision myself competing against a female-assigned athlete. However, that is primarily because I have not competed against a female-assigned athlete yet. From the outside-looking-in, it might seem unfair but only because of pre-existing ideas about gender and sex differences. Assuming the same weight class and experience levels, it could very well be that I would be evenly matched with a female-assigned athlete in the ring, and it would be sexist of me to think otherwise. Consequently, suggesting athletes should compete exclusively against same-sex-assigned athletes could be considered transphobic. And thus, the root ethical dilemma arises, sexism vs. transphobia.

Fairness is artificial, and thus quite subjective. If a male-assigned athlete is permitted to compete against a female-assigned athlete, the public views it as unfair to the female-assigned athlete (sexist). However, if a male-assigned athlete is *not* permitted to compete against a female-assigned athlete, the public might view it as unfair to the male-assigned athlete (transphobic). Which party is more entitled to fairness, the female-assigned athlete, or the male-assigned athlete? Which would an individual or organization rather be called, sexist or transphobic?

Although the NCAA policy prioritizes fairness, how fair are sports supposed to be? Allen Iverson, at 6'0", 165lbs, is just as much of an NBA Hall of Famer as Shaquille O'Neal at 7'1",

324lbs. During any given NHL game, Wayne Gretzky has been head and shoulders above the second-best athlete at the rink. Tom Brady could simultaneously be the slowest, the weakest, and the best football player on any football field. Internationally, who can make the argument that it is ever fair to go up against Cristiano Ronaldo or Lionel Messi?

On the other side, none of the aforementioned “unfair” advantages that these athletes have against their opponents on their respective playing surfaces can be attributed to biological sex and/or testosterone levels. Although the line continues to remain a moving target over the decades and centuries, let us not forget that it was not long ago the line was penciled at Black athletes competing against White athletes (Evans, 2022), perhaps this is where the line should exist in permanent ink. Powerlifting and weightlifting world records denote a 65% male advantage in the squat, a 60% male advantage in the bench press, a 67% male advantage in the deadlift, a 67% male advantage in the snatch, and a 69% male advantage in the clean and jerk (Keys, 2022).

The world record advantages favoring males go beyond strength and into speed and stamina. Female-to-male world record performance ratios denote a 9.9% male advantage in the 100m freestyle, a 9.3% male advantage in the 100m breaststroke, an 11% male advantage in the 100m butterfly, a 10.6% male advantage in the 100m backstroke, a 9.6% male advantage in the 200 medley relay, a 9.2% male advantage in the 400 medley relay, a 7.3% male advantage in the 1500m swim, an 8.7% male advantage in the 100m race, a 9.3% male advantage in the 400m race, a 10.6% male advantage in the 1500m race, an 11% male advantage in the 5k race, and an 8.7% male advantage in the marathon (Meyer, 2012).

Based on this data, one of two things could be assumed: a) male-assigned athletes have too much of an advantage to compete against female-assigned athletes because in every measurable category of speed, strength, and stamina, male-assigned athletes prevail. Or, they could assume that b) male-assigned athletes do not have too much of an advantage to compete against female-assigned athletes because in many measurable categories of strength, male-assigned athletes have a less-than 70% higher likelihood to prevail and in many measurable categories of speed and stamina, male-assigned athletes have a less-than 15% higher likelihood to prevail.

Is a 15-to-70% male-assigned athlete advantage any less fair than playing basketball against Shaquille O’Neal, or playing football against Tom Brady, or defending Wayne Gretzky, Cristiano Ronaldo, or Lionel Messi? Furthermore, is the theoretically unfair male-assigned athlete advantage nullified by the inclusion achieved in the pursuit of social justice? Is the potential to be called sexist worth not being called transphobic?

Point Two (Inclusion): National Collegiate Athletic Association (NCAA) Board of Governors Transgender Sport Participation Policy

I so value the opening statement of your counterpoint. The notion that inclusion of one party can mean exclusion for another is an ethical dilemma that torments my social work heart. While there will always be varying perspectives related to competitive fairness for trans athletes, fairness must not be the fundamental value defining sport. Your counterpoint helped shift my focus from fairness to inclusion. Both the social worker and coach in me believe inclusion moves beyond fairness and presents sport as a mechanism for creating meaningful narratives (Gleaves & Lehrbach, 2016). Gendered narratives certainly constitute at least one type of sport-related narrative that propels an athlete’s understanding of their social environment.

Your question about the relationship between sexism and transphobia demonstrates how far we must go to reconcile clashing narratives of inclusion. Far too often, we take a balancing approach to conflicting ideologies. The problem with balancing sexism and transphobia is the tradeoff that ensues – trading risk of injury or unfairness against inclusivity (Pike, 2021). How do you decide between the safety of competitors, fairness of the sport, and the inclusion of all who wish to play a sport in the way they wish to be included?

This question leads to a larger conversation about inclusion and shifts away from fairness. As you pointed out above, fairness among competitors is not always a reality in sport. We know this because there can only be one gold medalist in an Olympic event and not all athletes can play at the high school, collegiate, and professional level. If we know there will always be a lack of fairness in competition – fairness not solely based on gender identity – why do recent narratives focus primarily on gender.

During my undergraduate career, I was a philosophy major. When thinking about this idea of trans athlete inclusion, I am reminded of the work of Immanuel Kant. Kant argued the supreme principle of morality is a principle of practical rationality known as a categorical imperative (Kant, 2007). This helps me process the conflicting nature of my now role of a social worker and college coach. In my opinion, excluding trans athletes is an immoral action despite natural desires I might have as a coach to the contrary. Kant's focus on deontology, right versus wrong as opposed to good versus bad, also helps with my understanding of inclusion. We have a rational obligation to support trans athlete inclusion regardless of the consequences we face for standing strong in our conviction.

If only Kant's vision of morality reflected the sociopolitical environment. In a poll conducted by National Public Radio (NPR, 2022), Americans widely opposed trans athlete inclusion with a 63% to 24% margin. Furthermore, 20 states passed laws that prohibit transgender youth from participating in sports consistent with their gender identity (NPR, 2022). This includes my home state of Indiana. Flores et al. (2022) also provided evidence of the opposition to trans athlete inclusion. From this viewpoint, it appears many in society support a utilitarian perspective. From this viewpoint, the exclusion of trans athletes would do the best for others, with most Americans not supporting this movement.

As you reflect on the concept of inclusion, should we place more weight on the greatest good for the greatest amount of people (the large percent of Americans opposing trans athlete inclusion), or should we remain committed to what I see as a categorical imperative - the exclusion of an individual based on their gender identity as being morally flawed?

Counterpoint Two (Inclusion): National Collegiate Athletic Association (NCAA) Board of Governors Transgender Sport Participation Policy

The ensuing tradeoffs you mentioned as we attempt to reconcile clashing narratives of inclusion between sexism and transphobia may be one of the more complex ethical dilemmas we face as a society. Retrospectively, women's suffrage, racial equality, marriage equality, etc. all appear today to be obvious sociopolitical endeavors with clearly right and clearly wrong conclusions. I could be wrong, perhaps retrospectively, three decades from now, we might look upon this topic as having a clearly right and clearly wrong conclusion as well. But at this moment, it would appear to me this is less a conflict between right versus wrong, and more a conflict between right versus right (which could also mean wrong versus wrong) (Kennedy, 2009).

The inclusion of trans athletes in sports seems right... until it results in the exclusion of female-assigned athletes, which would be wrong. Safeguarding women's sports (Lopiano, 2000) seems right... until it results in the exclusion of trans athletes, which would be wrong. Right versus right is simply wrong versus wrong from differing perspectives. What is good versus good to some can be evil versus evil to others.

You mentioned that by employing a utilitarian perspective, the exclusion of trans athletes would do the best for others, with most Americans not supporting this movement. However, it is not an overwhelming majority (Flores et al., 2020). Dissecting this ethical dilemma along deontological versus teleological lines (Vallentyne, 1987) to formulate a methodology for resolution, reveals an interesting ethical sub-dilemma: deontology for some can mean teleology for others. Teleology (pursuit of "greater good") from a non-sexist perspective of preserving female-assigned athlete participation at all costs would oppose deontology (pursuit of "do no harm") by intentionally excluding trans athletes. However, teleology (pursuit of "greater good") from a non-transphobic perspective of preserving trans athlete participation at all costs would oppose deontology (pursuit of "do no harm") by potentially excluding female-assigned athletes. The non-sexist perspective involves an intentional exclusion of trans athletes while the non-transphobic perspective involves a potential exclusion of female-assigned athletes. Should we now widen the Overton Window (Bobric, 2021) for sport-inclusion since doing so results in potential exclusion of some while not doing so results in intentional exclusion of others?

Common sense is often the most elusive lesson of all, perhaps especially so for highly credentialed academics like you and me. I struggle with common sense, primarily because there are few peer-reviewed, academic-rigor sources that review and report on common sense. In my opinion, common sense is a clear area where the non-academic public has a significant advantage over the academic elite. Since most Americans are not Ph.D.'s, perhaps they figured out the common sense conclusion to the question of trans athlete inclusion, and we academics are trailing behind.

That being said, and admitting that I am a trailing academic, I learn best through data gleaned by research (perhaps to a fault). The fact that much of the data between male-assigned and female-assigned athlete differences in performance presents them in parallel competition with one another (Meyer, 2012; Keys, 2022) suggests to me we may need to do away with gender designations in sports and simply have the best athletes compete on the same field, same court, same ring, prioritizing and scientifically arriving at an answer an overwhelming majority of Americans can agree on. I do not know that we can leave sports gender-designated and simultaneously expect to definitively answer the question, "do male-assigned athletes have an unfair advantage over female-assigned athletes?"

Fairness and inclusion are certainly important endeavors. How realistic can we be in achieving universal fairness and inclusion in sports? This remains a topic for continued discussion. However, the topic of safety may supersede both fairness and inclusion. We certainly do not want athletes getting injured; however, the risk of injury is baked into participation in any sport at any level. What level of injury risk is an appropriate level to accept in the pursuit of social justice?

Point Three (Safety): National Collegiate Athletic Association (NCAA) Board of Governors Transgender Sport Participation Policy

Your mention of clearly right and clearly wrong conclusions is the inevitable outcome of a politically motivated society. My hope with this entire point/counterpoint effort is to remind individuals that we live in a world far too complicated for absolute right and absolute wrong. Instead, we live in a world where critical thought and reflection should be the driving force behind our decisions. Absolute rights and absolute wrongs almost always include body counts. I also appreciate your sentiment about generational tides, and how these tides will likely influence the topic of transgender sport participation. We all have a responsibility to reflect the wisdom of our time and to provide society with the opportunity to evolve the narrative. I hope our conversations are part of that evolution.

As a faculty member that teaches multiple policy courses, I have strong familiarity with the Overton Window (Bobric, 2021). The Overton Window provides a helpful framework for understanding the debate existing with transgender sport participation. To date, this topic does not have a widely accepted solution embraced by society. There is not a clearly defined popular opinion – there is not a clearly defined level of acceptability – there does not appear to be a consensus decision that is sensible to all. This would indicate the topic of transgender sport participation is radical or unthinkable. I have a tough time accepting this viewpoint. This is where we must maintain a focus on the heart of this debate. Are fairness, inclusion, and safety radical and unthinkable concepts? This goes back to your statement about common sense. Common sense would tell us these are not radical ideas. Yet, despite the best of common sense and even academic debate, we still have no singular answer. Perhaps your question about injury risk could help us solidify both a common sense and academically embodied retort. After all, one of our most basic needs is that of safety (Maslow, 1943). We can look at safety from multiple perspectives. Safety related to athletic training services, safety concerns in competition, and broader societal safety. These could each be articles of their own so please excuse my brevity.

Recent studies demonstrate athletic trainers do not perceive themselves as competent in their patient care knowledge or abilities with transgender athletes (Eberman et al., 2021). Additionally, research suggests athletic trainers have a more challenging time providing patient-centered care for transgender student-athletes (Nye et al., 2019). These studies highlight a major safety concern – transgender student-athletes are not receiving equal access to care as compared with their cisgender counterparts. I am confident with ongoing education and advancement of evidence-based practices, this safety concern will have a short lifespan.

Safety in competition is a different subject to tackle. Not only do I think about safety from a physical lens, I also wonder about psychological safety. There are multiple medical considerations to ponder during competition such as genetic, bone health, musculoskeletal, and cardiovascular risks (Dubon et al., 2018). From a psychological perspective, transgender student athletes live in a world of limbo with uncertainty around how policy will impact their engagement with the sport they love (Stanford, 2022). Furthermore, we know bullying behaviors keep transgender athletes from participating in sport (2021) and transgender athletes can experience social isolation, depression, anxiety, etc. (Dubon et al., 2018). I do not see a silver bullet response for these aspects of safety.

It is possible the absence of a silver bullet response rests with the challenges facing transgender athletes from their broader society. Conversations about transgender athletes often include polarization, tension, and messy debates that place perception ahead of reality. I think

most of us would feel unsafe in a world where our individual rights are consistently questioned. Being a member of the transgender community is not morally impermissible. Sadly, many look at the world from a “mine and thine” perspective (Locke, 1967). As John Locke articulates no one ought to harm another in their life, health, liberty, or possession. We all have identities – we all value our identities – we all do not want others questioning who we are. Thus, why do we question our transgender neighbors? Why do we create an environment where they feel unsafe and unwelcome? This includes feeling unwelcome in many athletic settings.

You posed a question at the conclusion of your last response. What level of injury risk is an appropriate level to accept in the pursuit of social justice? I spent days thinking about this question. I consistently arrive at a one-word answer – indeterminate. There is an indeterminate amount of injury risk acceptable to pursue social justice. It is an indetermined amount because it depends on individuals, families, groups, communities, and organizations. There are also broader cultural and historical perspectives we must consider. To turn the question around, do you see there being another answer besides that of indeterminate?

Counterpoint Three (Safety): National Collegiate Athletic Association (NCAA) Board of Governors Transgender Sport Participation Policy

Your point on safety transcending just physical and including psychological safety is a thought-provoking idea. With every point and counterpoint, ethical sub-dilemmas naturally arise within the overarching ethical dilemma this entire article is about. Here, the ethical sub-dilemma could be the degree to which sports accept unprecedented physical danger for female-assigned athletes in favor of preserving psychological safety for transgender athletes. In answering your question of whether there is an alternative answer to the amount of injury risk acceptable to pursue social justice being indeterminate, my one-word answer would be – unprecedented.

Oddly enough, unprecedented danger in the evolution of sports is not... unprecedented. In fact, every season in sport, new safety protocols are drafted, and often completed after piloting, to account for all athletes becoming more athletic: faster, stronger, and thus, more dangerous. Football players used to be able to chop block (Chop block: NFL Football Operations, 2022) and clip (Clipping: NFL Football Operations, 2022), but no longer. Basketball players used to be able to prevent airborne shooters from landing (NBA Video rulebook, 2020), but no longer. Baseball players now wear c-flaps on their helmets (Lukas, 2018) to protect against 105 mph pitches (Sepe-Chepuru, 2022). For context, a 9mm handgun bullet can break skin at 102 mph (Siegel, 2022). With sports naturally and organically reaching previously unprecedented levels of danger every season, it could make sense to continue that trajectory in the name of social justice.

However, the counterpoint here draws on a previously discussed ethical sub-dilemma: the non-sexist conclusion results in intentional psychological danger for trans athletes while the non-transphobic conclusion results in potential psychological danger for female-assigned athletes. Whose psychological safety should we prioritize? Should female-assigned athletes be psychologically protected from having to compete against transgender athletes? Or should transgender athletes be psychologically protected from being prohibited from competing against female-assigned athletes? Are we satisfied with shifting the experience of social isolation, depression, anxiety, etc. (Dubon et al., 2018) from transgender athletes today into female-assigned athletes tomorrow in the name of social justice? As we both mentioned, this is a rare ethical dilemma in which inclusion for one means exclusion for the other, truly a “mine and

thine” (Locke, 1967), zero-sum game. Widening the Overton Window (Bobric, 2021) for sport-inclusion could result in potential psychological danger for female-assigned athletes while not doing so could result in intentional psychological danger for transgender athletes.

I agree that it is sad that many look at the world from this “mine and thine,” zero-sum perspective. Although no one ought to harm another in their life, health, liberty, or possession, never questioning identities and making everyone feel safe and welcome, I cannot imagine John Locke could have predicted we would ever be asking the question of whether we make female-assigned athletes feel unsafe and unwelcome to make transgender athletes feel safe and welcome. Equal-access for transgender and female-assigned athletes cannot be achieved when there are a finite number of athletic scholarships, roster spots, and contracts available for access to begin.

I do not believe fairness, inclusion, and safety are radical and unthinkable concepts. I do believe fairness, inclusion, and safety have not yet been considered in this context, hence my excitement and gratitude in getting to write this article with you as we shift into our concluding thoughts. Learning from you while simultaneously collaborating to bridge the gap in literature on this socio-politically hot topic has been a treat.

Point Four (Concluding Thoughts): National Collegiate Athletic Association (NCAA) Board of Governors Transgender Sport Participation Policy

I want to thank you for agreeing to take part in this point/counterpoint with me. I wish there were more opportunities for individuals to have a spirited debate in this format. If we allow it, the human mind is capable of handling considerable critical thought and reflection. The essence of our work together embodies this notion. The question of trans athlete fairness, safety, and inclusion does not have a singular answer. Then again, the most important movements in our global history did not have a clear answer either. Instead, these movements tended to answer a question with another question. Eventually, through meaningful narrative we were able to make educated decisions based off the right combination of personal and professional values. This does not mean we all agreed with decisions; however, it does help ensure our decisions were based on our own principles of morality.

The history of the trans athlete movement evolves daily. I do not think we are to a point in time where many individuals can see past their first gut reaction to questions. We should expect this – reactance is a natural course in thought formation. Personally, I look forward to partaking in this history and seeing how the world of athletics and our broader society navigates the ethical dilemmas and sub-dilemmas in our work. We can certainly use the prominent works of philosophers, social workers, sociologists, and other great thinkers to help us in our understanding of this topic. Yet, like you mentioned, many of these works reflected the best thinking of their time – not the modern world in which we reside.

We need new visionaries to help us through this historical moment in sport history. We need futurists that can help us avoid pre-existing thoughts and open our minds to divergent perspectives. We need seers who can combine common sense with new wisdom about a topic that is new to many. We need dreamers who can see a world where trans athletes and their cisgender teammates work together to manage fairness, inclusion, and safety to the best of their ability. Sure, a utopian world where everyone is happy is unrealistic. However, we do not need to approach this from a dystopian lens either. We simply need to approach this concept with an open heart, an open-mind, and a commitment to supporting a character of respect.

Counterpoint Four (Concluding Thoughts): National Collegiate Athletic Association (NCAA) Board of Governors Transgender Sport Participation Policy

It has been a pleasure working on this point/counterpoint with you, I think this format shows readers that there is much thoughtful discussion and debate on the trajectory of society. We all operate in gray areas and that's perfectly natural. Fairness, inclusion, and safety are all starting points to what is an ethical dilemma that branches off into a myriad of ethical sub-dilemmas, some of which have been discussed here. More research needs to be done before we can make a final determination and perhaps there is a conclusion that would neither be considered sexist nor transphobic. However, at this time, we cannot have this conversation about who should be included without simultaneously having the conversation about who should be excluded.

It's no surprise that the general public does not approve of sexism or transphobia, but if a choice must be made, it would appear that many would be more open to a sexist conclusion so long as it isn't transphobic. However, there is a sea of milestones between phobia and inclusion. Simply lifting all prohibitions on transgender athlete participation would not equal inclusion. We encourage non-transgender athletes to compete in sports for the lessons learned, the community atmosphere, and the outlet sports serve as a catharsis for the betterment of mental health. True inclusion would go beyond just tolerating transgender athletes who choose to compete and into encouraging transgender athletes to compete against others in sports to their fullest effort, no matter the outcomes. If transgender athletes do not compete to their fullest effort against female-assigned athletes, it may be fair to deem them sexist for going easy on their opponents, thereby suggesting that perhaps transgender athlete exclusion, a non-sexist but transphobic solution, might be the better option.

Only when transgender athletes are as encouraged to compete aggressively in sports as non-transgender athletes will we have the data necessary to make a final determination, hence the implications for future research. Despite some convincing bits and pieces, there remains a scarcity of data on transgender athlete competition. Implications for future practice may be more complex because of the deontology versus teleology ethical sub-dilemma. Practice with whom? Implications for practice with female-assigned athletes could warrant the exclusion of transgender athletes. However, implications for practice with transgender athletes could result in the exclusion of female-assigned athletes.

The search for a solution that is neither sexist nor transphobic continues. Perhaps hormone level ranges for all athletes competing against one another is the solution. Perhaps designating between pre-puberty and post-puberty transgender athletes in determining where athletes compete is the solution. Perhaps, with the rate of transgender identification being on the incline, we may soon have enough transgender athletes to warrant the creation of a separate, third league for all sports: men's, women's, and trans. Perhaps the solution is a weighted combination of these and/or other ideas.

The longer we wait, the higher the national temperature and the greater the sociopolitical tension. For the teleological greater good, it may be time to merge all men's and women's leagues and allow the best athletes to compete against the best athletes, regardless of the deontological consequences. Those who are not the best athletes can wait until we have enough data to determine whether leagues should be separated again in the future. When an ethical dilemma yields solutions that will be unsatisfactory to one party or another, it may best to go

with the most politically correct option. In 2023, sexism is politically incorrect, but transphobia seems to be even more politically incorrect.

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Determining Intention to Provide Culturally Responsive Clinical Mental Health Care to Collegiate Student-Athletes

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Mental health care providers' cultural responsiveness related to athletics is crucial to their clinical care provision for student-athletes on college campuses. However, little research has been conducted in applying a theoretical framework to explore providers' intentions to provide culturally responsive clinical care to this specific student population. Understanding providers' perceptions of student-athletes is integral in assuring clinical care provision that is responsive related to the culture of athletics. The purpose of this study was to test a conceptual model that adapted the Theory of Planned Behavior to explore the determinants of providers' intention to be culturally responsive to the unique needs of collegiate student-athletes. For this study, cultural responsiveness was defined as the cumulative level of a provider's self-efficacy related to communicating with student-athletes, empathy specific to student-athletes, positive attitudes toward the culture of athletics, and knowledge related to the culture of athletics. Data were collected using an online survey method, and the responses from 153 participants were analyzed using multiple regression analysis. The results indicated that all survey scales were stable and reliable on which to base our data analysis results. Additionally, results suggested that the adapted TPB can be a useful framework in predicting mental health care providers' intention to

be culturally responsive to student-athletes' unique needs. Implications for research are discussed.

Keywords: clinical care, culturally responsive, student-athlete, Theory of Planned Behavior, athletics

In recent years, the NCAA has openly recognized that mental health concerns are serious in intercollegiate athletics. Along with new regulations, the NCAA has, and continues to raise awareness of student-athletes' mental health needs, requiring member NCAA institutions to create and implement mental health protocols that include access and/or referral to licensed mental health professionals (Klenck, 2014; NCAA SSI, 2016; Way et al., 2019). Researchers and sport psychology professionals have long called for in-house mental health services within intercollegiate athletics (Connole et al., 2014; Hack, 2007; López & Levy, 2013). However, when mental health services are not provided "in-house" student-athletes may encounter barriers to seeking services independently. For example, a collegiate student-athlete may feel misunderstood and less likely to develop a relationship with a mental health professional who has little to no background or understanding of sports or collegiate athletics (Hack, 2007). Additionally, most university counseling centers operate during normal business hours, often coinciding with classes, practice, and competition schedules, making it difficult for student-athletes to attend counseling sessions (López & Levy, 2013). It is also common for campus counseling centers to become overbooked and restrict students to a fixed number of sessions, making it even more challenging to meet student-athletes' needs in a timely manner (Gill, 2008; Goodwin, 2017).

The internal culture of a college or university athletics program has a huge impact on the way coaches and student-athletes behave, and the standards they expect from each other. The culture of athletics is often referred to in a negative way. However, a culture is the expression of a team's values, attitudes, and beliefs about sports and competition (Taylor, 2018). It is grounded in an identified sense of mission and shared goals. According to the National Collegiate Athletic Association (NCAA), there are over 520,000 student-athletes who compete in sanctioned athletics nationwide (NCAA, 2022). Along with their non-athlete counterparts, student-athletes are likely to encounter the typical "college struggles" (e.g., adjustment difficulties, social isolation and withdrawal, difficulty coping, identity confusion) during their 4-5 years on campus (Bissett & Tamminen, 2020). However, given the additional demands (e.g., competitive pressures, practice, injury and rehabilitation, strength and conditioning, competition, travel, tutors, study hall hours) of being an athlete, student-athletes may experience additional psychological distress that could result in various negative outcomes including, but not limited to: performance obstacles and anxiety, prolonged injury rehabilitation, disordered eating and eating disorders, identity confusion, and un/expected retirement from sport (Bissett & Tamminen, 2020; Carr & Davidson, 2014; Coppel, 2014; Hack, 2007; Klenck, 2014). Additionally, past research has shown that collegiate student-athletes and non-athletes experience depression at similar rates, despite the common perception that athletes are "immune" to various mental health concerns (Armstrong et al., 2015; Maniar et al., 2005; Wolanin et al., 2015). Finally, it has been consistently and historically shown that at least 15% to 20% of student-athletes who experience mental health concerns do not seek mental health services,

partially out of fear that a provider would not understand the culture of athletics (Moreland et al., 2018; Murray, 1997; Parham, 1993; Watson & Kissinger, 2007). Thus, professionals trained and knowledgeable in working with this population can make a case for providing collegiate student-athletes with more accessible mental health services from clinicians who provide culturally responsive care.

Aim of Study

Research has explored athletic directors' and coaches' perceptions and preferences in regards to sport psychology professionals (Bader & Martin, 2019; Connole et al., 2013; Jones et al., 2022; Zakrajsek et al., 2013; . However, there is no existing literature that explores mental health care providers' self-efficacy, empathy, attitudes, and knowledge toward providing clinical services and support to collegiate student-athletes. Research is needed to explore what impedes providers from clinical care provision that is culturally responsive related to the culture of athletics. Therefore, this study used an adapted Theory of Planned Behavior (TPB) to assess mental health care providers' self-efficacy related to communicating with student-athletes; empathy specific to student-athletes; positive attitudes toward the culture of athletics; and, knowledge related to the culture of athletics, simultaneously in an attempt to understand the antecedents of their behavior to provide culturally responsive care to student-athletes.

Theory of Planned Behavior

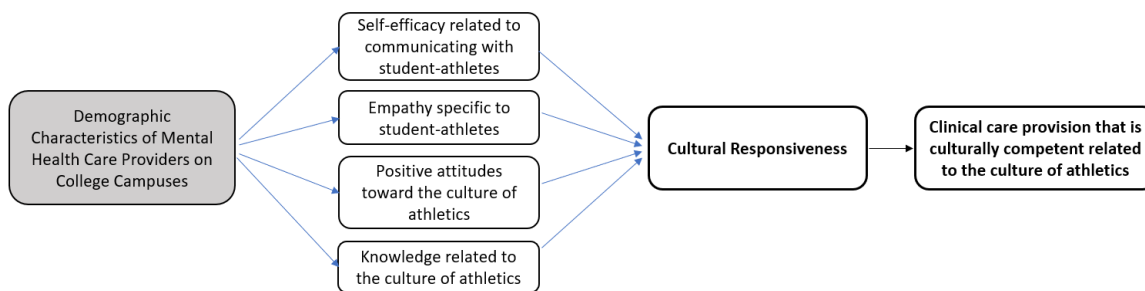
The Theory of Planned Behavior (TPB) states that behavioral achievement depends on motivation (intention) and ability. Then it suggests that behavioral intention, in turn, is determined by five major determinants—attitude towards behavior, subjective norms, social norms, perceived power, and perceived behavioral control. Meaning that the degree to which individuals see a certain behavior positively (attitude), or foresees that substantial others want them to engage in the behavior, and believe that they are capable of carrying out the behavior, serve as direct determinants of the extent of their intention to perform the behavior (Ajzen, 1991). By and large, attitudes are the overall evaluation of the behavior by the individual (Ferdous, 2010). Beliefs determine these judgments about the extent to which one has access to resources or opportunities necessary to carry out the behavior effectively (Ajzen, 1991). Barriers to behavior are present when they require prerequisite knowledge, resources, and/or the cooperation of others (Gilbert et al., 1998). For behavioral intentions where skill or social cooperation is required, the TPB is used.

Conceptual Model

To explore the factors influencing mental health care providers' intentions to provide culturally responsive care to student-athletes, we built a theoretical model based on the Theory of Planned Behavior (TPB) (see Figure 1). Our research adapted the TPB by incorporating three variables (self-efficacy, empathy, and knowledge) and investigated how these variables influence individual's intentions to provide clinical mental health care to collegiate student-athletes. To the best of our knowledge, this was the first time to incorporate these three variables together into TPB to understand mental health care providers' behaviors.

Like the TPB, our model suggests that behavioral achievement depends on motivation (intention) and ability. It comprises four variables that collectively represent a person's actual control over the behavior: self-efficacy related to communicating with student-athletes, empathy specific to student-athletes, positive attitudes toward the culture of athletics, and knowledge related to the culture of athletics. The research model used in this study predicts mental health care providers' behavior by grafting the predictive model based on our operationalization of the term 'cultural responsiveness.' According to our model, a provider's level of cultural responsiveness predicts their intention to be culturally responsive, and ultimately, clinical care provision that is responsive related to the culture of athletics.

Conceptual Model



The variables used to operationalize cultural responsiveness in this study were informed by the NCAA Campus Stakeholder's Guide for Student-Athlete Mental Health. Recommended by the NCAA Task Force to Advance Mental Health Best Practice Strategies, this guide is a resource designed for stakeholders who work outside of athletics to understand the unique cultural aspects of collegiate student-athletes and educational approaches for working with student-athletes.

Data and Research Methodology

Participants and Recruitment

Participants in this study were licensed, clinical mental health care providers who worked on American college or university campuses. This convenience sample was drawn from listservs shared by professional organizations, including Alliance of Social Workers in Sports; American College Counseling Association; American Counseling Association; Big Sky Sport Psychology; and the Collegiate Counseling & Sport Psychology Association. Following approval from the University of North Carolina at Greensboro Institutional Review Board, the study's primary investigator (PI) contacted participants three times to take part in the study and complete the online questionnaire powered by Qualtrics (Provo, UT). First, the PI sent an email to all potential participants, including a personal introduction, an explanation of the study, a description of the incentive opportunity, and a survey link. The PI sent a second email 14 days later to remind prospective participants to complete the survey and thank those who had already done so.

Finally, the PI sent an email to the same list, 28 days following the original communication thanking those who had completed the survey and reminding those who had not. The survey was open to participants for 30 days. Once clicking on the Qualtrics survey link embedded in recruitment emails, participants choosing to complete the web-based survey provided consent electronically. After the survey, participants could choose to enter a raffle to win one of 10, \$50 Visa gift cards by clicking on a separate Qualtrics link that was not linked to their survey answers.

Instrumentation

Demographic Information

Participants indicated their highest degree achieved; type of clinical license; affiliation with professional organizations; how many years in clinical practice; which department(s) on campus they aligned with; and percentage of student-athletes on their caseload (Table 2). These items were adapted from previous measurements of health care providers' cultural competency specific to their population of interest (Marra et al., 2010; Schim et al., 2003). With the exception of types of clinical licenses, binary variables were created for each predictor to compare participants who identified as one or another. For example, female was a binary variable created to compare participants who identified as male or female.

Table 2

Survey Variables

Variable	Description	Scale
<i>Demographics</i>	Participants were asked to provide personal information such as highest degree achieved; type of clinical license; affiliation with professional organizations; how many years in clinical practice; which department(s) on campus they report to; and, percent of student-athletes on their caseload	These items were adapted from previous measurements of health care providers' cultural competency specific to their population of interest (Marra et al., 2010; Schim et al., 2003).
<i>Empathy General</i>	Items to measure a clinician's general empathy were adapted from the Interpersonal Reactivity Index (Davis, 1980) and the Toronto Empathy Questionnaire (Spreng et al., 2009).	Sixteen items were answered on a 5-point Likert scale assessing how often the statements were true for the participants, ranging from "Rarely" to "Almost always." High scores indicated higher levels of participant empathy.

<i>Empathy specific to student-athletes</i>	For this study, nine items that measure empathy were adapted from the IRI and TEQ. A second scale was designed to measure a participant's empathy specific to student-athletes, using a similar adaptation of the IRI and TEQ.	This athlete-specific scale included six items measured on a 5-point Likert scale ranging from "Rarely to "Almost always." High scores indicated higher levels of participant empathy specific to student-athletes. 1)
<i>Self-efficacy General</i>	The items used to measure a participant's self-efficacy were adapted from the Self-Efficacy Formative Questionnaire (Erickson & Noonan, 2018) and the General Self-Efficacy Scale (Schwarzer & Jerusalem, 1995).	For this study, the scale we designed to assess a participant's general self-efficacy adapted nine items from the Self-Efficacy Formative Questionnaire and the GSW. Participants were asked how well each item described them as a licensed clinician, ranging from "Not at all" to "Extremely well." Higher scores indicated higher levels of general Self-Efficacy.
<i>Self-efficacy specific to student-athletes</i>	Six additional items were adapted to assess a mental health care provider's self-efficacy specific to student-athletes.	These items were answered on a 5-point Likert scale asking how well the statements describe them in their work with student-athletes, ranging from "Not at all" to "Extremely well." Higher scores were associated with higher levels of self-efficacy specific to student-athletes.

<i>Knowledge</i>	For this study, knowledge questions captured baseline knowledge to measure the extent to which participants have stored factual information in long-term memory and how well they can retrieve and respond with that information when asked a question about the culture of athletics. Items scored the participants' knowledge about care coordination; alcohol and substance use; body image and disordered eating; anxiety; depression; sleep disorders; physical injury and NCAA policies.	These items were scored as "0" for incorrect responses, and "1" for correct responses. Thus, a participant with a higher score exhibited higher levels of knowledge about the culture of athletics.
<i>Attitudes</i>	Items to measure a participant's attitudes toward student-athletes were adapted from the Sport Attitude Survey (Yakut et al., 2016), and the Positive Thinking Scale (Diener et al., 2009). For this study, seven items were adapted from the SAS and PTS to measure a participant's attitudes toward the culture of athletics.	They were answered on a 5-point Likert scale asking participants to indicate how much they agree or disagree with each statement, ranging from "Strongly disagree" to "Strongly agree." Based on the scales from which our tool was adapted, higher scores indicate more positive attitudes.
<i>Intentions</i>	Items to measure a participant's intentions to provide culturally responsive care to student-athletes were adapted from the Clinical Cultural Competency Questionnaire (Like, 2011).	Our survey presented participants with five items to be answered on a 5-point Likert scale asking participants how likely they are to do each, ranging from "Extremely unlikely" to "Extremely likely." Participants with higher scores were more likely to intentionally provide culturally responsive care to student-athletes.

Self-Efficacy

We used two measures of self-efficacy (Table 2). To measure *general self-efficacy*, we adapted nine items from the Self-Efficacy Formative Questionnaire (SFQ; Erickson & Noonan, 2018) and the General Self-Efficacy Scale (GSE; Schwarzer & Jerusalem, 1995). The SFQ was written for teaching professionals, so items related specifically to the classroom were removed; other items were adapted to represent student-athletes rather than students in academic settings. The GSE was adapted by removing items that were about personal self-efficacy, and adapting items about external influence, to make them specific to the culture of sports. Participants indicated how well each item described them as a licensed mental health care provider, ranging from X = “*Not at all*” to Y = “*Extremely well*.” To measure *self-efficacy related to communicating with student-athletes*, we adapted six items from the SFQ and the GSE. Participants indicated how well each statement described them in their work with student-athletes, from 1 = “*Not at all*” to 5 = “*Extremely well*.” Higher scores were associated with higher levels of self-efficacy.

Empathy

Items to measure a clinician’s general empathy (Table 2) were adapted from the Interpersonal Reactivity Index (Davis, 1980) and the Toronto Empathy Questionnaire (Spreng et al., 2009). The Interpersonal Reactivity Index (IRI) defines empathy as the reactions of one individual to the observed experiences of another (Davis, 1980). Participants answered 28 items on a 5-point Likert scale ranging from “*Does not describe me well*” to “*Describes me very well*.” The Toronto Empathy Questionnaire (TEQ) represents empathy as a primarily emotional process. In previous studies, the TEQ demonstrated strong convergent validity and positively correlated with behavioral measures of social decoding.

For this study, nine items that measure empathy were adapted from the IRI and TEQ. Our adaptation of both of these scales eliminated items that were very specific to certain life events, including only the items that participants could apply in their clinical practice with student-athletes. They were answered on a 5-point Likert scale assessing how often the statements were true for the participants, ranging from “*Rarely*” to “*Almost always*.” High scores indicated higher levels of participant empathy. A second scale was designed to measure a participant’s empathy specific to student-athletes, using a similar adaptation of the IRI and TEQ. Following Dillman (2007), this athlete-specific scale included six items measured on a 5-point Likert scale ranging from “*Rarely*” to “*Almost always*.”

Attitudes

Items to measure a participant’s positive attitudes toward the culture of athletics (Table 2) were adapted from the Sport Attitude Survey (Yakut et al., 2016), and the Positive Thinking Scale (Diener et al., 2009). The Sport Attitude Survey (SAS) was created to measure important sub-areas in sport beliefs and attitudes, including a participant’s belief that sport participation builds character, enhances health, should support diversity, and is important to early education. The scale includes 75 items measured on a 4-point Likert scale ranging from “*Strongly disagree*” to “*Strongly agree*.” Higher scores suggest more positive attitudes. The Positive Thinking Scale

(PTS) has 22 yes/no items with an equal number of positive and negative items. The measure is used to assess a person's positive versus negative thinking about important aspects of their lives.

For this study, seven items were adapted from the SAS and PTS to measure a participant's attitudes toward the culture of athletics. Items we included were initially written for general application about athletes in society, so we adapted them to be more relevant to the participants' attitudes toward collegiate student-athletes and the culture of athletics. They were answered on a 5-point Likert scale asking participants to indicate how much they agreed or disagreed with each statement, ranging from "*Strongly disagree*" to "*Strongly agree*." Based on the scales from which our tool was adapted, higher scores indicated more positive attitudes.

Knowledge

Knowledge items were based on elements of various educational initiatives related to collegiate athletics, including care coordination; alcohol and substance use; body image and disordered eating; anxiety; depression; sleep disorders; physical injury; and NCAA policies (Table 2). We computed the total number of correct items.

Intentions

Items to measure a participant's intentions to provide culturally responsive care to student-athletes (Table 2) were adapted from the Clinical Cultural Competency Questionnaire (Like, 2011). Originally designed as 24 items to determine skills and levels of comfort, our survey presented participants with five items to be answered on a 5-point Likert scale asking participants how likely they were to do each, ranging from "*Extremely unlikely*" to "*Extremely likely*." The original questionnaire measured medical care providers' intentions, so our items were adapted to address mental health care providers. Participants with higher scores were more likely to intentionally provide culturally responsive care to student-athletes.

Measures

Descriptive statistics were computed and included frequencies, means, and standard deviations. Cronbach's alpha was used to determine construct validity. A threshold of 0.70 was used to demonstrate consistency. The General Empathy Scale, adapted from the Interpersonal Reactivity Index (Davis, 1980) and Toronto Empathy Questionnaire (Spreng et al., 2009), showed lower reliability than the other scales but was still within an acceptable range (.67). Overall, however, Cronbach's Alpha tests suggested that these were stable and reliable scales on which to base data results (see Table 3). Knowledge was a summed score, and therefore reliability was not reported.

Table 3

Descriptive Information for all Key Control and Study Variables (Self-Efficacy General; Self-Efficacy Student-Athletes; Empathy General; Empathy Student-Athletes; Attitudes; Knowledge; Intentions)

Variable	<i>M</i>	<i>SD</i>	Min/Max	Skewness	Cronbach's Alpha
SE general	4.13	.48	2.44/5.00	-.55	.83
SE student-athletes	3.94	.65	1.00/5.00	-1.28	.90
Empathy general	4.32	.41	3.22/5.00	-.43	.67
Empathy student-athletes	4.02	.61	2.17/5.00	-1.05	.76
Attitudes	3.63	.49	2.43/5.00	-.15	.72
Knowledge	3.70	1.28	.00/7.00	-.11	
Intentions	4.29	.63	1.00/5.00	-1.74	.76

Note. SE general = Self-efficacy general; SE student-athletes = Self-Efficacy specific to student-athletes; Empathy student-athletes = Empathy for student-athletes; Intentions = Intentions to provide culturally responsive clinical care to student-athletes.

Results

Respondent Characteristics

Two hundred sixteen surveys were collected, but only data from 153 were included in the final analyses. Surveys were excluded if the participant were not a licensed mental health care provider working with college students or if there were no valid data available. Slightly more than half of the participants (54%) were Licensed Professional Counselors, followed by Licensed Clinical Social Workers (18%), Clinical Psychologists (18%), and providers who have various other clinical licenses, including Marriage & Family Therapists and Licensed Substance Abuse Counselors (16%). More than half of the participants worked within the Counseling Center on their campus (58%), and 6% were aligned with the Athletics Department. And, participants reported an average of 18% of their caseload was made up of student-athletes.

Table 4

Sample Demographics Results (N = 153)

Characteristic	<i>n</i> (%)
Gender	
Female	129 (84.3)
Male	19 (12.4)

Other	5 (3.3)
Race/Ethnicity	
Asian	6 (3.9)
Black or African American	8 (5.2)
Hispanic/Latino	5 (3.3)
White	124 (81.0)
Multiracial	5 (3.3)
Other	2 (1.3)
Highest Level of Education	
Master's Degree	112 (73.2)
Doctoral	41 (26.8)
Type of Clinical Licensure	
Licensed Professional Counselor	82 (53.6)
Licensed Clinical Social Worker	28 (18.3)
Clinical Psychologist	27 (17.6)
Psychiatrist	0 (0.0)
Other	24 (15.7)
Alignment on Campus	
<i>Select all that apply</i>	
Academic Department	6 (3.9)
Athletics Department	10 (6.4)
Counseling Center	89 (58.2)
Student Health Services	19 (12.4)
Student Life	48 (31.4)
Student Affairs	15 (9.8)
Other	18 (11.8)
Sport Organization Membership	
No	136 (88.9)
Yes	17 (11.1)
Cultural Awareness Training	
No	40 (26.1)
Yes	113 (73.9)
Cultural Awareness Training- Student Athletes	
No	96 (62.7)
Yes	57 (37.3)
School Association/Division	
NCAA Division I	47 (30.7)
NCAA Division II	14 (9.2)
NCAA Division III	29 (19.0)
NAIA	11 (7.2)
NJCAA	9 (5.9)
NCCAA	1 (0.7)
Other	16 (10.5)

Did participant play college/pro sport?	
No	136 (88.9)
Yes	17 (11.1)

Three multiple regression models were used to test our conceptual model. Model 1 tested whether several demographic characteristics (i.e., gender, race, number of years practicing in a college setting, and history of sport participation) predicted intention to provide culturally responsive care to student-athletes (see Table 5). None of these variables were significantly associated with intentions.

Table 5

Summary Statistics, Correlations, and Results from the Regression Analysis

	Model 1		Model 2		Model 3	
	Standardize		Standardize		Standardize	
	d Beta	p	d Beta	p	d Beta	p
(Constant)		.00		.00		.09
Female	.12	.24	.09	.36	.04	.62
White	.06	.53	.01	.91	-.04	.62
Number of years in college setting	-.01	.94	-.02	.84	-.11	.21
Did participant play college/pro sport	.13	.18	-.04	.73	-.05	.64
Type of clinical license	.09	.38	.02	.87	.10	.27
Percentage student-athletes on caseload			.24	.10	.10	.42
NCAA			.06	.57	-.07	.46
Received CC training			.18	.08	.25	.00*
Sport organization membership			.08	.58	.00	.98
Self-Efficacy specific to student-athletes					.30	.00*
Empathy specific to student-athletes					.37	.00*
Attitude					.12	.16
Knowledge					-.08	.38
<i>R</i> ²	.04		.12		.45	

Note. Dependent Variable: Intention. **p* < .05; ***p* < .01.

Model 2 tested whether demographic characteristics (i.e., gender, race, number of years practicing in a college setting, and history of sport participation), as well as professional factors (i.e., percentage of student-athletes on caseload, working at an NCAA member institution, participants in cultural responsiveness training specific to student-athletes, and membership in a

sport-related professional organization), predicted intention to provide culturally responsive care to student-athletes. None of these variables were significantly associated with intentions

Model 3 tested whether demographic characteristics (i.e., gender, race, number of years practicing in a college setting, and history of sport participation), as well as professional factors (i.e., percentage of student-athletes on caseload, working, at an NCAA member institution, participants in cultural responsiveness training specific to student-athletes, and membership in a sport-related professional organization) and outcome variables (i.e., self-efficacy related to communicating with student-athletes, empathy specific to student-athletes, positive attitudes toward the culture of athletics and knowledge related to the culture of athletics), predicted intention to provide culturally responsive care to student-athletes.

Participation in cultural responsiveness training related to student-athletes, self-efficacy related to communicating with student-athletes, and empathy specific to student-athletes was positively associated with intentions to provide culturally responsive clinical care to student-athletes after controlling for the other variables in the model.

Discussion and Implications

This research's primary objective was to assess the adapted TPB model in predicting mental health care providers' intentions to provide clinical care to collegiate student-athletes that is culturally responsive related to the culture of athletics. The results suggest that the adapted TPB can be a useful framework in predicting mental health care providers' intention to be culturally responsive to student-athletes' unique needs. Multiple linear regression indicated that mental health care providers who internalized higher amounts of self-efficacy related to communicating with student-athletes and empathy specific to student-athletes were positively associated with intention to provide clinical care that is culturally responsive related to the culture of athletics. Neither positive attitudes toward the culture of athletics nor knowledge related to the culture of athletics were found to be uniquely predictive of the intention to provide culturally responsive care. However, bivariate analyses indicated that all four predictors were correlated and thus predictive of intention to provide culturally responsive care to student-athletes.

The statistical significance of self-efficacy related to communicating with student-athletes makes practical sense ($\beta = 0.30$). Self-efficacy is a person's belief in their ability to succeed in a particular situation and is the determinant of how people think, behave, and feel (Bandura, 1977). According to Bandura, people with a strong sense of self-efficacy develop a deeper interest in the activities in which they participate, form a stronger sense of commitment to their interests and activities, and view challenging problems as tasks to be mastered. Furthermore, successfully performing a task strengthens a person's sense of self-efficacy. A mental health care provider's self-efficacy related to communicating with student-athletes plays an important role in how the provider supports an athlete's health and well-being. Even when things become difficult, a provider with high self-efficacy will remain optimistic and confident in their abilities to communicate with the student-athlete.

The statistical significance of empathy specific to student-athletes is also easy to explain ($\beta = 0.37$). Riess (2017) indicated that empathy plays a critical interpersonal and societal role, enabling sharing of experiences, needs, and desires between individuals. Empathy enables individuals to understand and feel the emotional states of others, resulting in compassionate behavior. Not surprisingly, mental health care providers who had higher levels of empathy

specific to student-athletes reported higher intentions to provide clinical care that is culturally responsive related to the culture of athletics. This result suggests that college and university administrators provide opportunities for clinical mental health care providers to attend training programs to enhance their cultural awareness of various student populations, including collegiate student-athletes. Other ways leadership may help increase empathy among mental health care providers may include providing workshops that increase empathetic listening skills or create environments for providers to challenge any prejudices they have towards student-athletes and discover commonalities. Further supporting the importance of mental health care providers attending trainings or engaging in other professional development specific to the culture of athletics, receiving cultural responsiveness training specific to student-athletes was the only demographic characteristic that predicted intentions to provide culturally responsive clinical care.

Neither attitudes related to the culture of athletics nor knowledge specific to the culture of athletics were statistically significant. This makes practical sense. Participants may hold attitudes toward the culture of athletics for different reasons. Attitudes become stronger when participants have direct positive or negative experiences with student-athletes, and particularly if those experiences have been in strong positive or negative contexts. In this study, the average percentage of student-athletes on a mental health care provider's caseload was 18.3%. This suggests that most participants had no opportunity to develop more positive attitudes related to the culture of athletics through direct experiences with student-athletes. Similarly, participants' lack of experience working clinically with student-athletes could have negatively impacted their level of knowledge related to the culture of athletics.

Regression results of the nine demographic predictor variables (gender; race; number of years the provider has worked in a college setting; if the provider played college or professional sports; type of clinical license; percentage of student-athletes on their caseload; if the provider works at an NCAA member institution; if the provider received cultural responsiveness training specific to student-athletes; and if the provider belonged to a sport-related professional organization) revealed that only receiving cultural responsiveness training specific to student-athletes was predictive of intentions to provide culturally responsive clinical care ($p = .00$). This further emphasizes the importance of mental health care providers attending trainings or engaging in other professional development specific to the culture of athletics.

Conclusions and Limitations

These findings have some important practical implications for colleges to consider. Professional development opportunities for mental health care providers could help providers understand the unique needs student-athletes have compared to their non-athlete peers. These efforts will enrich and improve the clinical care provision for student-athletes who have mental health concerns. Although other potential predictive factors were not significant in this research, it does not mean that they are not important. While knowledge alone was not a sufficient predictor of intentions, it is likely a necessary component for providing foundational knowledge and context critical to the other variables of interest.

Increasing cultural responsiveness specific to collegiate student-athletes' unique needs is beneficial to their clinical care provision from mental health care providers on college campuses. However, the extant research on student-athlete mental health mainly focuses on care-seeking behaviors of the student-athlete, stigma, or coaches' education. This research is one of the initial

attempts to study mental health care providers related to their clinical work with student-athletes. In this research, we developed a theoretical model to examine mental health care providers' intentions to provide culturally responsive care to collegiate student-athletes based on the adapted TPB. The findings confirmed the usefulness of the adapted TPB model in determining intention. Furthermore, the results indicated that a mental health care provider's attendance in cultural responsiveness trainings specific to student-athletes, self-efficacy related to communicating with student-athletes, and empathy specific to student-athletes were identified as the main predictors of their intention to provide culturally responsive clinical care.

Although our study provides initial evidence that our operationalization of cultural responsiveness can be used in the field when working with student-athletes, limitations of this research do exist. First, our sample produced a gender imbalance (84% female participants) and race imbalance (81% White). However, it is important to note that this closely resembles the field of clinical care provision—74% female and 73% White (LeViness et al., 2018). Data were collected in July 2020, during the global COVID-19 pandemic. Therefore, many college and university employees were on summer break and/or not on campus due to public health recommendations. This may have negatively impacted sample size. It is also important to consider that the participants' answers were likely based on their experience before the COVID-19 pandemic.

This study may lead to a systemic recommendation for colleges and universities to offer professional development and cultural responsiveness training opportunities to clinical mental health care providers who work on their campuses.

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