



Evaluating a gender transformative violence prevention program for middle school boys: A pilot study

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ABSTRACT

While a large and growing evidence base exists for empirically supported treatment models for youth who have experienced trauma, we know far less about how to prevent violence exposure or re-exposure. Internationally, one innovation in promoting healthy development and reducing violence involved working with boys to help develop healthy expressions of masculinity— including attitudes about masculinity, positive emotional coping skills, and healthy relationship behaviors (e.g., helping friends, forming respectful dating interactions). The current study was a pilot evaluation of a new prevention program for boys in middle school in the United States. A quasi-experimental design was used and 292 boys in grades 6th to 8th across four schools in a predominantly White New England state took surveys at two time points, three months apart. We used propensity score matching to select a matched subsample for analyses resulting in a sample of 144 for analyses (72 in the treatment and 72 in the control group). Findings suggest that the program improved attitudes related to use of coercion and violence in relationships. All boys improved on measures of gender equality in relationships and perceptions of male power. Findings also revealed that while the program is designed for universal or primary violence prevention, many boys reported being the victim of peer bullying and harassment prior to being part of this program. The program's focus on healthy masculinity may serve both a primary and secondary prevention function for middle school boys.

1. Introduction

Although most research on sexual violence (SV) and dating violence (DV), also referred to as gender-based violence, has focused on high school and college students, research shows that SV and DV (SDV) are also prevalent among middle school students. For example, one in three to five middle school students reported perpetrating physical dating violence, 15% reported perpetration of sexual abuse, and close to 50% reported perpetrating sexual harassment (SH; e.g., sexual comments and jokes, spreading sexual rumors) (Niolon et al., 2015; Taylor, Stein, Mumford, & Woods, 2013). There is substantial co-occurrence of victimization and perpetration of these behaviors as well as overlap between SDV and problems such as cyber-bullying (Yahner, Dank, Zweig, & Lachman, 2015). These experiences are highly gendered and disproportionately impact adolescent girls as victims (Black et al., 2011;

Centers for Disease Control and Prevention, 2004; Oudekerk, Blachman-Demner, & Mulford, 2014; Vagi, Olsen, Basile, & Vivolo-Kantor, 2015). Adolescent boys, on the other hand, are 1.2 times more likely than girls to report being perpetrators.

Despite the concerning rates of violence among middle school youth, there are few rigorously evaluated SDV prevention initiatives for middle school boys, especially initiatives that emphasize developmentally timed protective factors such as the promotion of healthy masculinity. Engaging boys and men in preventing violence against girls and women is an important public health strategy (Barker, Ricardo, & Nascimento, 2007; International Center for Research on Women, 2007; Jewkes, Flood, & Lang, 2015; McCauley et al., 2014; Miller et al., 2014; Miller et al., 2015; Ricardo & Verani, 2010). The purpose of the current paper is to report findings from a pilot evaluation of a gender-transformative violence prevention program for middle

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school boys. The focus on increasing positive expressions of masculinity has the potential to increase protective factors as a primary prevention strategy to reduce first time perpetration, but also, given that many middle school students may have experienced victimization exposure prior to the prevention program, it may serve as secondary prevention to promote positive coping and reduce risk factors among students who are already at risk.

A number of theories specify how gendered social processes (including norms, role prescriptions, and power and resource inequalities that can accompany them) may help explain differences in SDV among boys and girls (Reidy, Smith-Darden, Cortina, Kernsmith, & Kernsmith, 2015). For example, Pleck's masculine gender role strain model (Pleck, 1995) focuses on gender-inequitable attitudes and adherence to traditional masculine norms as risk factors for perpetration. The World Health Organization and the United Nations Population Fund have defined gender equity as supportive relationships that are based on respect and equality; fathers who are actively involved in childcare and household activities; men and women sharing responsibility for reproduction health; and attitudes unaccepting of SDV. Individuals who do not share these values demonstrate gender inequitable attitudes, which are also closely related to adherence to traditional masculine norms (Murnen, 2015; Walker, Tokar, & Fischer, 2000). Traditional masculine norms are socially and culturally prescribed expectations that boys and men should be tough, strong, dominant, fearless, sexually promiscuous, risk takers, emotional stoic, homophobic, and aggressive (Reidy, Berke, Gentile, & Zeichner, 2014; Reidy, Sloan, & Zeichner, 2009). Boys and men who are higher in gender inequitable attitudes and adherence to traditional masculine norms are more likely to perpetrate SDV than individuals who are not high in these attitudes (McCauley et al., 2014; Reed, Silverman, Raj, Decker, & Miller, 2011; Reidy et al., 2015; Vagi et al., 2013).

Pleck's masculine gender role strain model (1995) can elucidate the pathways by which cultural standards of masculinity can result in boys and men's perpetration of SDV and harassment. Boys and men who are not meeting culturally prescribed notions of masculinity may seek to reclaim masculinity by engaging in violent or coercive behaviors (Baugher & Gazmararian, 2015), whereas other boys and men may discharge emotions (i.e., anger) using violence as a way to meet expectations of masculinity (Fleming, Gruskin, Rojo, & Dworkin, 2015; Pleck, 1995; Reidy et al., 2009; Reidy et al., 2014). Researchers have also documented the stress that these gender role expectations create (Swartout, Parrott, Cohn, Hagman, & Gallagher, 2015). A number of researchers have begun to define what they term "hegemonic masculinity," (Leone & Parrott, 2018; Leone, Parrott, & Swartout, 2015; Smith, Parrott, Swartout, & Tharp, 2015) which is the ideology that men should be dominant in society. Studies showed that indicators of these beliefs are related to social dominance and to sexual aggression (Leone & Parrott, 2018; Reidy et al., 2014). Failure to meet standards set by these social norms can create stress and anxiety among men and this gender role stress has been associated with negative emotions like anger. Aggression, including SDV can be a way to gain back social dominance.

Measures of these aspects of masculinity can include more direct questions about attitudes toward violence (whether use of force and coercion in relationships is seen as appropriate), attitudes about power in sexual and intimate relationships, perceptions of the importance of equality in relationships, as well as measures of adherence to stereotyped beliefs about masculinity (men should be strong and not show their feelings) and stress about whether one is living up to expected gender role norms. More indirect but related variables include emotion regulation and awareness and empathy, protective factors that may be at odds with traditional notions of how men and boys are supposed to think and feel but that when activated, may be protective factors against violence. Thus, being high in gender inequitable attitudes and adherence to traditional masculinity increases more proximal risk for factors for DV and SV perpetration. Importantly, longitudinal research

on late adolescent young men finds that these risk factors change over time and are potentially malleable targets for primary prevention strategies (Thompson, Kingree, Zinzow, & Swartout, 2015).

Interesting, though unexplored, is how gender expectations and masculine role strain may affect other aspects of violence prevention, specifically intervention by third parties who witness risk or who have the potential to model prosocial norms. These individuals have been named "bystanders." We choose the term "actionists" to further specify third parties who choose to step in to do something to help. One promising prevention strategy is mobilizing students as actionists to SDV (Coker et al., 2014) who can interrupt risky situations, support victims, and promote positive anti-violence social norms. Research on later adolescents and young adults indicates that men report less action than women, report more negative perceptions of the actions they do take, and show diminished bystander training effects over time compared to young women (Banyard, Moschella, Grych & Jouriles, 2019; Cares et al., 2015).

Whereas traditional gender norms do not preclude helping by boys, the kind of helping that is consistent with traditional masculinity may be of the type that is less relevant to situations of SDV. Carlson's (2008) qualitative study of men as actionists revealed that pressures to act in traditionally masculine ways often created challenges for bystander action and led them to take direct action rather than considering a range of response options. Leone, Parrott, Swartout, and Tharp (2016) examined the role of masculinity on key actionist attitudes such as confidence and perceived positive and negatives of helping. They found that men who subscribed to the norm that men should have higher status and command respect also perceived greater benefits to taking action and were more confident to do so. Men who endorsed more beliefs related to the importance of men being tough were more likely to report cons to taking action and thus to report less confidence as an actionist. Further, men who endorsed high status and who also reported masculine gender role strain reported greater pros to action and greater confidence. This research suggests that nuanced understandings of masculinity may help us better understand men who are or are not willing to be actionists to prevent DSV and harassment (Leone et al., 2016). To date, this research on bystander behavior and masculine gender roles has been conducted with men. An open question is whether working to promote positive masculinity may also increase boys' actionist behavior to prevent SV and DV. Work by Miller et al. (2014, 2013, 2012) suggests that this may be true. Their evaluation of Coaching Boys into Men (CBIM), a violence prevention initiative that promotes healthy masculinity and bystander action among high school boys, showed positive program effects on increasing actionism and reductions in dating violence perpetration and negative bystander behaviors, although gender related attitudes remained unchanged (Miller et al., 2013).

Prevention efforts that seek to reduce gender inequitable attitudes and adherence to traditional masculine norms may serve the dual purpose of (1) reducing proclivity to perpetrate SV and DV and, (2) increasing the likelihood of engaging in safe and effective bystander action in situations of SDV. Indeed, educating boys to adopt gender equitable, nonviolent attitudes is increasingly recognized by major global health organizations as a promising public health strategy to reduce violence against women and girls (Barker et al., 2007; International Center for Research on Women, 2007; Jewkes et al., 2015; Miller et al., 2014; Ricardo & Verani, 2010; United Nations Population Fund, 2019). Interestingly, the positive effects of Coaching Boys into Men (CBIM) evaluations in the United States were found in spite of a lack of significant change in gender role related attitudes (Miller et al., 2013). In a study of CBIM in India, however, gender attitudes did shift for the better following programming (Miller et al., 2014). Men Can Stop Rape's Men of Strength Clubs are also located in high schools and focus on healthy masculinity but have not published evaluation findings. Mentors in Violence Prevention (MVP) works with boys and girls but in separate programs. The boys program does address healthy

Table 1
Sample characteristics of full sample of baseline and follow-up data.

Variable	Full sample				Control condition				Treatment condition			
	Time 1		Time 2		Time 1		Time 2		Time 1		Time 2	
	%	(N)	%	(N)	%	(N)	%	(N)	%	(N)	%	(N)
Total N	100%	–340	100%	–292	100%	–185	100%	–167	100%	–152	100%	–125
School												
School 1	4.71%	–16	5.14%	–15	0%	0	0%	0	10.53%	–16	12.00%	–15
School 2	10.88%	–37	8.90%	–26	4.32%	–8	2.99%	–5	17.76%	–27	16.80%	–21
School 3	37.94%	–129	40.41%	–118	69.73%	–129	70.66%	–118	0%	0	0%	0
School 4	46.47%	–158	45.55%	–133	25.95%	–48	26.35%	–44	71.71%	–109	71.20%	–89
Grade												
Grade 5	0.59%	–2	1.03%	–3	0.00%	0	0.60%	–1	1.32%	–2	1.60%	–2
Grade 6	32.94%	–112	34.25%	–100	57.84%	–107	56.89%	–95	3.29%	–5	4.00%	–5
Grade 7	31.76%	–108	32.19%	–94	17.84%	–33	18.56%	–31	49.34%	–75	50.40%	–63
Grade 8	33.82%	–115	32.53%	–95	24.32%	–45	23.95%	–40	46.05%	–70	44.00%	–55
Age												
Mean (SD)	12.52	–1.02	12.68	–.021	12.21	–1.10	12.34	–1.01	12.88	–0.81	13.09	–0.80

masculinity and showed some promise in one matched comparison design pilot evaluation (Katz, Heisterkamp, & Fleming, 2011). Students in the MVP school were more likely to see a continuum of aggressive behaviors as wrong and were more likely to indicate they would take action.

To date, however, few SDV interventions incorporate a primary focus on transforming harmful notions of masculinity, and to our knowledge no such efforts have been rigorously developed for and evaluated specifically with middle school boys. Middle school boys are a critical target for gender transformative SDV prevention initiatives for a number of reasons. First, gender inequitable attitudes and adherence to traditional masculine norms are developmental processes that become particularly pronounced in early adolescence, around the time of middle school (Watts & Borders, 2005). Second, a sizeable proportion of middle school youth report experiences with SDV, and these experiences are robust predictors of subsequent SDV experiences in high school (Espelage, Low, Anderson, De, & Rue, 2013; Young, Grey, & Boyd, 2009), underscoring the critical need for early prevention and response. Third, middle school is the age when other problems, such as substance use (Uy, Massoth, & Gottdiener, 2014) and risky sexual behaviors (Shearer, Hosterman, Gillen, & Lefkowitz, 2005), begin to occur; these problems are also rooted in gender inequitable attitudes and traditional masculine norms (Blazina, Pisecco, & O'Neil, 2005; Blazina & Watkins Jr, 1996; Levant, 2011; O'Neil, 1981; O'Neil, Helms, Gable, David, & Wrightsman, 1986). Finally, Way and colleagues (Way et al., 2014) documented that for many middle school boys resistance to traditional masculine norms is strong in middle school years and declines as boys enter high school; middle school is a key time for gender transformative prevention work where boys are perhaps most open to prevention messages grounded in gender equitable attitudes and healthy masculinities to ensure the persistence of these qualities into late adolescents and adulthood. What is more, given the rates of perpetration and victimization in middle school, many primary prevention programs may be given to youth who already have perpetrated or been the victims of harassment or bullying. Enhancing protective factors like emotional awareness and positive masculinity may also serve to promote youth strengths at the secondary prevention level (Cornelius & Resseguie, 2007).

The present research is a pilot evaluation of a gender-transformative violence prevention program for middle school boys. The Reducing Sexism and Violence Program – Middle School Program (RSVP-MSP) is theoretically grounded and includes four, one-hour sessions that explore the normalization, pervasiveness, and harmful nature of rigid gender role assumptions with the ultimate goal of reducing SDV. Session topics include empathy, healthy relationships, and information

about gender-based violence including bystander intervention training. Leaders engage participants in active learning through physical activity, peer-to-peer dialogue, storytelling, role play, multimedia, and group discussions. In the RSVP-MSP, boys have an opportunity to think critically about their own attitudes and behaviors relative to broad social and cultural pressures and are taught ways to safely intervene in instances of violence and its antecedents (e.g., harassment); boys are ultimately charged with becoming leaders of positive change in their communities including being active bystanders to interpersonal violence prevention. The program includes both reduction of violence-related risk factors and promotion of positive youth development variables. Each year in Maine the RSVP-MSP and RSVP high school (RSVP-HSP) programming reach over 1500 middle school boys and another 750 adults, respectively. However, these initiatives have yet to undergo rigorous evaluation given the limited research infrastructure of Maine Boys to Men. In a small scale pilot study of RSVP-HSP, qualitative data suggested that the program was highly liked by boys and school personnel. Moreover, there were pre- to post- changes in attitudinal and efficacy variables (Spence & Furtado, 2009).

In the current pilot project, we conducted a larger-scale pilot evaluation of RSVP-MSP using a matched comparison design with comprehensive measurement. Boys within selected classrooms at three middle schools received the RSVP-MSP programming and students at another middle school received no programming until after the post-test survey, which happened approximately two to three months following the last session of programming. Programming was conducted by a trained team from Maine Boys to Men and the same trainers conducted all training to ensure fidelity to the program. Controlling for demographic variables, we hypothesized that, compared to boys who did not receive the RSVP-MSP programming, boys who received the RSVP-MSP programming would demonstrate greater reductions from baseline to the two month follow-up in attitudes reflecting male social dominance and support for coercion in relationships and greater increases from baseline to the two month follow-up in emotional awareness, attitudes in support of gender equity, and intentions to take action against harassment.

2. Method

2.1. Participants

Sample characteristics are presented in Table 1. Participants were middle school boys from four schools in northern New England. At Time 1, 340 boys participated in the baseline survey (211 boys in the treatment schools and 129 boys in the control school), and 292 boys

participated in the follow-up survey (174 in the treatment schools and 118 in the control school) (85.9% retained). At baseline, the age of participants ranged from 10 to 15 years old, Mean = 12.5, SD = 1.0. The participants were approximately evenly distributed across middle school grades, with 33% in the 6th grade, 32% in the 7th grade, and 34% in the 8th grade (One school uses combined classrooms for much of their programming, and so a few 5th grade boys ($n = 2$) also participated in the study). About half of participants did not receive a free or reduced-price meal at their school (47%), with a quarter receiving a free or reduced-price meal (26%) and the rest unsure if they receive a free or reduced-price meal or did not want to answer the question. At baseline, 30% of boys reported having ever experienced sexual harassment and 40% reported cyber harassment victimization, 1% reported having perpetrated sexual harassment and 0.3% reported having perpetrated cyber harassment.

Compared to boys who completed both time 1 and time 2 surveys, boys who only completed the time 1 survey did not differ by age, but were somewhat more likely to be in 8th grade, reported lower average endorsement of injunctive helping norms ($t = 2.13, p = .03$), and higher average emotional regulation ($t = -2.19, p = .03$). Boys in schools in the treatment condition and boys in the control condition did not differ significantly on any other violence prevention outcomes or control variables.

In addition, 18 boys were classified as “mischievous responders” because they failed at least one question (e.g., are you over 9 ft tall) that checked whether they were taking the survey seriously. They were removed from the next step in data analysis.

2.2. Procedures

2.2.1. Recruitment

We sent initial invitations to participate in this program evaluation study to all public middle schools in Maine ($N = 88$). Given that this was a pilot study, we were not looking for a high response rate but rather four to six schools who would be willing to be part of a small exploratory study. After a series of discussions with a number of school administrators, three public schools were identified as having availability both to implement the Maine Boys to Men RSVP workshops and administer the pre-test and post-test surveys. Maine Boys to Men located an additional school (which was a public charter school) who approached them about the training and who indicated willingness to be part of the pilot evaluation. A total of four schools took part in this study. Girls in the grades that got RSVP received a nutrition education program provided by a state cooperative extension program as schools were unwilling to have only boys receive programming. One larger school served as the control group while three other schools were willing to do the programming with at least one grade of boys (the control group received programming after the surveys and were an intent to treat group). All were located in rural New England. Parental consent procedures involved sending consent forms home to parents on at least two occasions and requesting that parents opt out their child from participation if they did not want them to be part of the research protocol. The prevention program was part of the chosen school curriculum and was not part of this consent process. Students were given assent forms before starting any research. The study was IRB approved. The majority (82.32%) of invited students participated in the research. The time from baseline to follow-up varied due to weather created school cancellations and scheduling issues with schools (from 56 days in the control, and 72, 84, or 125 days in the treatment schools).

2.2.2. Survey protocol

The web-based survey was completed by students during class time at the school. Members of the research team who had no involvement in the delivery of the program traveled to each school site and facilitated students' participation in the study, to ensure a consistent survey-taking environment across school sites. Students were given a brief overview

of the survey, completed an assent form, and then turned on their personal laptop or table device (provided by the schools) and were given a URL and password to be able to access the survey.

2.2.3. Survey design

All survey questions were adapted from original versions to be age-appropriate for middle school students. After answering demographic questions, students either took the boy/male version of the survey or the girl/female version of the survey (collected for a different evaluation analysis and to maintain parity in school activities by gender); only data with the boys is presented in this paper. The exact order of the survey questions was randomized so that all questions had an equal likelihood of being the first block to be answered or the last block to be answered. All questions on the survey included an answer choice of “I don't want to answer this question.”

2.2.4. Definitions

Throughout the survey, whenever participants were answering a question which referred directly to dating violence or sexual harassment definitions were provided (these definitions have previously been used with this age group, see Taylor et al., 2013). For dating violence: “Dating violence includes (1) relationship abuse (physical, sexual, and psychological aggression that happens between current or former dating partners) and (2) sexual assault (any unwanted sexual behavior ranging from sexual contact to completed rape that can occur between individuals in any type of relationship.” For sexual harassment: “Sexual harassment includes things someone might do to someone else that are sexual and are not wanted by the other person like comments or electronic messages (texts, Instagram messages, etc.) that ask someone to do sexual things or that comment on someone's body in a sexual way.”

2.3. Measures

2.3.1. Helping intentions

Four items were adapted from intent to help scales developed by Banyard, Edwards, and Rizzo (2014). Example items included “I would tell a group of my male friends about their sexist language or behaviors,” “I would tell a group of my male friends that it was disrespectful to make sexual comments,” “I would tell my friend to stop using insults when he talks about a girl he is going out with,” and “I would say something to a male friend who is acting disrespectful toward girls.” Participants responded on a 4-point scale, 1 (*strongly disagree*), 2 (*disagree*), 3 (*agree*) and 4 (*strongly agree*). A single score was computed as the mean across these four items, with higher scores indicating more willingness to help (T1 $\alpha = 0.82$, T2 $\alpha = 0.83$).

2.3.2. Injunctive norms

Eight items adapted from Rothman, Edwards, Rizzo, Kearns and Banyard (under review) were used to assess boys' perceptions of norms related to violence prevention. Example items included “People should offer help when they hear or see a couple yelling, screaming, or physically fighting,” “Should talk to young people they know about respect and healthy relationships,” “Should let people know that it is not okay to swear at or hit a boyfriend/girlfriend.” Participants responded on a 4-point scale defined as, 1 (*strongly disagree*), 2 (*disagree*), 3 (*agree*) and 4 (*strongly agree*). A single score was computed as the mean across all eight items, with higher scores indicating more perceived positive support for violence prevention (T1 $\alpha = 0.85$, T2 $\alpha = 0.87$).

2.3.3. Gender norms

A number of different previously validated scales were adapted for use with this middle school sample in order to assess several aspects of gender norms, including perceived stress to conform to traditional masculinity (masculinity stress), agreement with traditional views of men and women's roles in relationships (relationship norms), agreement with statements about male supremacy and authority (male

power norms), and agreement with statements about the acceptability of violence toward women (acceptable violence norms).

2.3.3.1. Masculinity stress. Our measure of norms relating to adherence/non-adherence with traditional masculine gender norms was comprised of five items from the Gender Role Discrepancy & Discrepancy Stress Scale (GRDDSS, see Reidy et al., 2014). Items were adapted minimally so that they were age-appropriate (changed “other men” to “other guys”, “women” to “girls”). Example items included: “I wish I was interested in things that other guys find interesting.” and “I worry that girls find me less attractive or cool because I'm not as macho as other guys.” Participants responded on a 4-point scale, 1 (*strongly disagree*), 2 (*disagree*), 3 (*agree*) and 4 (*strongly agree*). A single score was computed as the mean across all five items, with higher scores indicating greater participant stress level about conforming to traditional masculine norms (T1 $\alpha = 0.89$, T2 $\alpha = 0.90$).

2.3.3.2. Support for gender equity in relationships. Our measure of norms relating to the agreement with traditional roles of men and women in relationships was comprised of six items from the Gender Equitable Attitudes Scale (GEMS), a reliable scale that has been used in previous studies of this age group (see Miller et al., 2012). Example items include: “A couple should decide together if they want to have children.” and “It is important for a man to have a male friend that he can talk with about his problems.” Participants responded on a 4-point scale, 1 (*strongly disagree*), 2 (*disagree*), 3 (*agree*) and 4 (*strongly agree*). A score was computed as the mean across all six items, with higher scores indicating more endorsement of traditional gender roles in relationships (T1 $\alpha = 0.92$, T2 $\alpha = 0.94$).

2.3.3.3. Support for male power. Our measure of norms relating to male entitlement and privilege was comprised of nine items from the GEMS (Miller et al., 2012). Example items include: “Men need sex more than women do.” and “A man should have the final word about decisions in his home.” Participants responded on a 4-point scale defined as, 1 (*strongly disagree*), 2 (*disagree*), 3 (*agree*) and 4 (*strongly agree*). A single score was computed as the mean across all nine items, with higher scores indicating more endorsement of the legitimacy of male power (T1 $\alpha = 0.89$, T2 $\alpha = 0.90$).

2.3.3.4. Support for male violence. Our measure of norms relating to the acceptability of male violence toward women was comprised of three items from the GEMS (Miller et al., 2012). The items were: “There are times when a woman deserves to be beaten.” “A woman should be okay with violence in order to keep her family together.” and “If a woman cheats on a man, it is okay for him to hit her.” Participants responded on a 4-point scale, 1 (*strongly disagree*), 2 (*disagree*), 3 (*agree*) and 4 (*strongly agree*). A single score was computed as the mean across all three items, with higher scores indicating greater acceptance of male violence toward women (T1 $\alpha = 0.74$, T2 $\alpha = 0.71$).

2.3.4. Empathy

Our measure of empathy was comprised of six items drawn from the compassion scale, a previously validated and reliable measure of compassion toward close others and humanity, degree of caring, and empathic connections (Raes, Pommier, Neff & Van Gucht, 2010; Sprecher & Fehr, 2005). The items we used specifically address empathy toward others in need and expressing caring to others. Example items include: “If I see someone going through tough times, I try to be caring toward that person.” and “My heart goes out to people who are unhappy.” Participants responded on a 4-point scale defined as, 1 (*mostly true about me*), 2 (*somewhat true*), 3 (*a little true*) and 4 (*not true about me*). A single score was computed as the mean across all six items, with lower scores indicating greater empathy (T1 $\alpha = 0.86$, T2 $\alpha = 0.89$).

2.3.5. Emotional awareness

Our measure of emotional awareness was two items from Gratz and Roemer (2004). The items were “I am aware of my feelings.” and “I pay attention to how I feel.” Participants responded on a 4-point scale, 1 (*mostly true about me*), 2 (*somewhat true*), 3 (*a little true*) and 4 (*not true about me*). A single score was computed as the mean of the two items, with higher scores indicating greater emotional awareness (T1 $\alpha = 0.77$, T2 $\alpha = 0.77$).

2.3.6. Emotion regulation problems

Our measure of emotional regulation was four items from Gratz and Roemer (2004), which has previously validated these items for use together. The items were “I have difficulty making sense of my feelings,” “When I'm upset, I have difficulty focusing on other things,” “When I'm upset, I feel out of control,” “When I'm upset, it takes a long time to feel better.” Participants responded on a 4-point scale, 1 (*mostly true about me*), 2 (*somewhat true*), 3 (*a little true*) and 4 (*not true about me*). A single score was computed as the mean across all four items, with higher scores indicating greater emotional regulation (T1 $\alpha = 0.77$, T2 $\alpha = 0.79$).

2.4. Analysis plan

2.4.1. Missing data

Given the protocol used in this study, 78% of respondents provided complete data on all measures of attitudes at baseline. As the survey protocol did allow participants to choose answer of “I don't want to answer this question” it was decided that these scales were not eligible for imputation as they were missing not at random. Participants who had complete data were eligible for propensity score matching analyses. Specifically, we worked to create a matched sample of control and treatment school participants who were matched on age and whether they self-reported perpetration or victimization at Time 1. This was done to create a sample that was as matched as possible to better detect effects of the program that were not due to demographic differences in our pilot sample. Details are provided below.

2.4.2. Statistical analysis

In order to describe baseline participant characteristics, summary statistics including mean and standard deviation, and frequency with percentage were calculated. After initial raw data exploration, students were excluded from the analytic data set if they did not complete the survey at both time points, were part of a treatment school but were not in a grade that received the treatment workshop, answered “No” to or left blank the mischievous screening question about whether or not they had been honest in their responses, had no specific age listed in their first set of survey responses, and if they had answered 3 or more of the 4 remaining mischievous response screening questions in error. This set of exclusion criteria were applied given that the primary goal of this study was to measure changes in outcomes over time, and whether there is any association based on treatment, so only subjects that had multiple time points (survey completed at time 1 and time 2) would be analyzed. In addition, subjects could not belong in the “true” treatment group if they did not actually attend the treatment workshop, so eliminating anyone that fits this criterion was appropriate. A screening question was also included in the survey to expose dishonest responders, and was used to eliminate those who may pose a threat to the validity of the data measures and outcomes. The further removal of participants who had an error on 3 or more of the remaining 4 “mischievous” screening questions was to reduce data that might contain errors due to a participant not taking the survey seriously or answering honestly. Additionally, age (which is an accurate surrogate for grade) was a planned propensity score matching element. As a result, only cases that had an age listed at baseline, or one that could be calculated using the self-report age text field, could be included in the analytic data set. We began with a sample of 340 boys and this reduced to 292

who completed surveys at both time points. We then removed 49 boys who stated at time 2 that they did not attend the workshop ($N = 243$). Of those boys, a further 31 indicated that they had been dishonest on the survey (total $N = 212$). An additional two boys from this reduced sample did not report their age at baseline and three failed other mischievous responder items on the survey. Our sample for propensity score matching was 207 boys.

In order to address the lack of true randomization of treatment in this study, propensity score matching was then used to create one-to-one pair-matched students from the control school and students who participated in the workshop at the treatment schools. This was accomplished using logistic regression (with an outcome of treatment or control) and “nearest neighbor” matching in the R package “MatchIt” (Daniel, Imai, King, & Stuart, 2011). More specifically, participants were exact matched on their age and their reported history of any cyber victimization, sexual harassment victimization, cyber perpetration, and sexual harassment perpetration at baseline. These variables were chosen because victimization and perpetration are consistently associated with the gender-related norms and beliefs which are outcomes in our analysis (Jewell, Brown, & Perry, 2015; McCauley et al., 2013; Vagi et al., 2013). After the matching procedure was complete, a total of 144 participants (72 in each treatment group) remained in the analytic data set.

Following the pair-matching procedure, the new participant demographics were summarized using frequency and percentage for categorical measures, and mean and standard deviation for continuous measures as show in Table 1B. The difference (Δ) in the composite scores for the 10 outcomes was also calculated by taking the values from time 2 and subtracting the values from baseline/time 1 for each subject. Wilcoxon sign rank tests were then used to determine whether any significant change occurred in the composite scores for each subject (Δ_{within}) and also to determine if there was any significant difference in the calculated change between the pair-matched treatment groups (Δ_{between}). The results are presented in Table 3.

3. Results

Table 1 presents sample characteristics for the baseline and follow-up time points for control variables. Table 2 presents descriptive statistics for the outcome variables for baseline and follow-up time points for the sample created from propensity score matching. Table 3 compares outcomes for the treatment and control groups over time. Consistent with our hypotheses, results suggested that compared to boys

who did not receive the RSVP-MSP, boys who received the RSVP-MSP demonstrated significant decreases over time in support for the use of physical force and violence in relationships. Contrary to hypotheses, boys showed increases in emotion dysregulation, that is, feeling out of control about their negative feelings (although only marginally significant at the 0.10 level). Boys in both the control and treatment condition showed decreases in a measure of support for male power and increases in support for gender equity in relationships. There were no significant changes for boys regardless of condition on social norms supporting violence prevention, intent to take action, apathy, or masculinity stress.

4. Discussion

The current study was an exploratory pilot evaluation of the impact of a healthy masculinity focused classroom curriculum for middle school boys. Boys exposed to the program showed decreased support for the use of violence in relationships. Both groups, control and treatment groups, showed significant improvement over time in diminished support for male power and increased support for gender equity among couples. These effects may reflect developmental shifts or responses to the survey items perhaps through social desirability bias. These findings suggest that programming for middle school boys can be successful at changing violence related beliefs that are risk factors for the perpetration of harassment and SDV. The non-significant findings may be due to measurement problems including that boys may understand social norms about how to respond to survey items of this sort and that a number of other measures were not developed for this specific age group and may need further refinement. The direction of change for non-significant findings were in the expected direction overall and significance may have been diminished due to low statistical power in our sample size. However, these findings are also consistent with previous work by Taylor et al. (2013) that did not find treatment effects for classroom based prevention curricula in middle schools but rather found effects for school-level changes including hot spot staffing, policy changes, and social marketing messages. Future work should examine how classroom based programs that focus on masculinity can be paired with broader school-level prevention strategies.

The program evaluated here was an adaptation of an evidence-informed high school program and some components may require more developmental adaptation to increase and broaden the effects of the program for middle school boys. Maine Boys to Men purposely set broad goals around certain components of the program, while focusing

Table 2
Propensity matched sample characteristics ($N = 144$).

Variable	Full sample				Control condition				Treatment condition			
	Time 1		Time 2		Time 1		Time 2		Time 1		Time 2	
	%	(N)	%	(N)	%	(N)	%	(N)	%	(N)	%	(N)
Total N	100%	-144	100%	-144	100%	-72	100%	-72	100%	-72	100%	-72
School												
School 1	6.94%	-10	6.94%	-10	0%	0	0%	0	13.89%	-10	13.89%	-10
School 2	6.25%	-9	6.25%	-9	0%	0	0%	0	12.50%	-9	12.50%	-9
School 3	50.00%	-72	50.00%	-72	100%	-72	100%	-72	0%	0	0%	0
School 4	36.81%	-53	36.81%	-53	0%	0	0%	0	73.61%	-53	73.61%	-53
Grade												
Grade 5	0.69%	-1	0.69%	-1	0.00%	0	0.00%	0	1.39%	-1	1.39%	-1
Grade 6	11.81%	-17	11.81%	-17	18.06%	-13	18.06%	-13	5.56%	-4	5.56%	-4
Grade 7	45.14%	-65	45.14%	-65	36.11%	-26	36.11%	-26	54.16%	-39	54.16%	-39
Grade 8	42.36%	-61	42.36%	-61	45.83%	-33	45.83%	-33	38.89%	-28	38.89%	-28
Age ^a												
Mean (SD)	12.88	-0.8	13.06	-0.8	12.88	-0.8	13.01	-0.9	12.88	-0.8	13.11	-0.8

^a Note: One participant gave inconsistent information about grade (answered 6th and then 5th at time 2 and the time 1 grade was used), two participants had inconsistent age reports and we used time 1 age in analyses and propensity score matches.

Table 3
Change in outcomes over time for each subject and between each treatment condition (N = 144).

Variable	Full study sample ^a			Control condition Grp ^b			Treatment condition Grp ^b		
	Time 1 Mean(SD)	Time 2 Mean(SD)	Δ Mean(SD)	Time 1	Time 2	Δ	Time 1	Time 2	Δ
Injunctive norms	3.07(0.55)	3.07(0.54)	0.01(0.48)	3.12(0.51)	3.14(0.42)	0.02(0.46)	3.03(0.59)	3.01(0.64)	-0.02(0.50)
Helping intentions	2.92(0.73)	2.970(0.68)	0.07(0.69)	2.94(0.74)	3.02(0.69)	0.09(0.74)	2.89(0.73)	2.92(0.68)	0.04(0.64)
Proactive behavior	0.20(0.39)	0.23(0.48)	0.03(0.42)	0.22(0.46)	0.26(0.58)	0.03(0.46)	0.18(0.32)	0.20(0.35)	0.03(0.37)
Empathy	1.91(0.70)	1.88(0.73)	-0.05(0.60)	1.82(0.63)	1.80(0.65)	-0.05(0.55)	2.00(0.75)	1.96(0.80)	-0.05(0.65)
Emotional Aware	1.57(0.69)	1.67(0.76)	0.09(0.69)	1.53(0.63)	1.68(0.77)	0.12(0.68)	1.62(0.74)	1.67(0.772)	0.05(0.70)
Emotional Dysreg	3.06(0.74)	3.20(0.74)	0.10(0.69) ^c	3.12(0.73)	3.30(0.71)	0.17(0.68)	3.00(0.75)	3.10(0.77)	0.04(0.69)
Masculine stress	1.84(0.66)	1.78(0.64)	-0.05(0.64)	1.91(0.69)	1.86(0.71)	-0.03(0.59)	1.76(0.62)	1.70(0.56)	-0.07(0.69)
Gender equity rel	3.40(0.65)	3.51(0.59)	0.12(0.51) _*	3.46(0.55)	3.44(0.63)	0.02(0.41)	3.34(0.73)	3.58(0.55)	0.20(0.58) ^d
Male power	1.81(0.57)	1.65(0.60)	-0.12(0.42) _*	1.79(0.52)	1.70(0.56)	-0.08(0.39)	1.82(0.62)	1.61(0.63)	-0.15(0.44)
Male violence	1.35(0.51)	1.32(0.47)	-0.03(0.40)	1.27(0.37)	1.33(0.42)	0.04(0.39)	1.43(0.61)	1.31(0.52)	-0.08(0.41) _*

^a N = 144.

^b N = 72.

^c *p* = .10.

^d *p* = 0.13.

^{*} *p* < .05

on shifting beliefs around male privilege and gender roles in their environments. While there were no significant changes in boys' willingness to support violence prevention following their engagement in RSVP-MSP, it is clear that the initial efforts of bringing awareness to the problem and beginning the foundational shift in attitudes and emotional awareness was partially successful. In the first full implementation of RSVP-MSP there was a strong focus on activities that were more likely to raise awareness and foster self-reflection, whereas the practice of bystander intervention and other relational variables (i.e., empathy, compassion toward others, close relationships) were not evenly distributed through the curriculum. The resources at the time of this study were primarily focused on shifting beliefs around gender. Considering that focus area, it is promising that this initial implementation fostered demonstrated reductions in attitudes that support the use of coercion and violence in relationships.

It is interesting to note that both the control and treatment groups improved their views of male power in relationships and perceptions of gender equity. It may be that the survey questions themselves made boys think about gender roles and may even have precipitated conversations among peers and significant adults that contributed to a shift in answers over time. It may also be that boys developed socially desirable response set over time. More measurement development is needed for this age group. Such measures need to better capture how boys of this age view and enact gender norms and other protective factors like emotional awareness and regulation. Indeed, in response to the current findings, Maine Boys to Men has begun working to integrate new models of engagement to the RSVP-MSP as they sought to address boys' emotional dysregulation and that may have resulted in a mediating effect on other variables such as intent to take action, apathy, and masculinity stress. The development of the next version RSVP-MSP, the focus of this study, uses a Social and Emotional Learning Framework (Taylor, Oberle, Durlak, & Weissberg, 2017). The programs that are currently promoted by the Collaborative for Academic, Social, and Emotional Learning (CASEL) are successful in reducing conduct problems and emotional distress in school, while also improving student behavior and academic outcomes. Furthermore, this approach has been correlated with reductions in aggression, delinquency, substance use, and dropout through a longitudinal analysis (CASEL Guide, 2015). In using this framework, current revisions to RSVP-MSP incorporate other exercises including role playing, and explicit lessons on emotional skills (i.e., empathy) that have been added to content in the program used for the current pilot that addressed male power and gender equity. MB2M feels that this integration of SEL strategies, when coupled with bystander intervention training, will be imperative to improving boys' intent to take action when witnessing SDV, support of violence

prevention, empathy for others, and experience of masculinity stress as they develop into adolescence. This current approach is operating under the hypothesis that improving emotional regulation skills (i.e., self-awareness, self-regulation, social awareness), male participants will more readily engage in violence prevention efforts, feel that efforts to promote gender equality are important and mutually beneficial, and empathize with the experience of others who have been victims of SDV.

What is also interesting, and an important direction for future work that is suggested by this innovative prevention approach, is the potential this may have for building bridges across prevention and intervention. We know that sizeable numbers of boys reported victimization experiences at baseline, before the prevention program started. This suggests that programs that are offered as universal prevention strategies (designed to prevent incidents of violence from taking place by offering prevention to a full population), actually have many participants who have already experienced adversities including past victimization that put them in a higher risk category. Future research is needed to better examine how programs like RSVP might help build resilience across groups of middle school boys. The current sample was too small to test this directly but it is a key direction for future work.

There are a number of limitations to the current study. This pilot was conducted in communities with limited racial diversity. Indeed, the presence of members of different racial and ethnic groups was so low that we did not directly collect data on this variable out of concerns about being able to identify participants. The small sample, while appropriate for a pilot study, was too small to be able to robustly examine the effects of the program on perpetration of harassment and SV DV or to examine how previous victimization or perpetration might moderate program effects. Longitudinal studies with more diverse and larger samples, and a longer follow-up period will be an important next step in better understanding how the RSVP-MSP is working to prevent SDV. Further, attitudinal measures related to relationships and masculinity that are developmentally appropriate for middle school boys are still in development and current findings may have been attenuated by measurement problems. Finally, formal fidelity checks were not performed to monitor any differences in program delivery across classrooms. Methods related to implementation should be included in future studies. Indeed, there are many challenges to school based interventions including opportunities for only short programs and low doses over time (Nation et al., 2003).

Nonetheless, prevention programs offered to middle school boys that are developmentally appropriate and that aim to both reduce risk factors, by decreasing attitudes that support male power and use of violence, and that increase resilience (by promoting the benefits of gender equitable attitudes and enhancing emotional awareness and

regulation skills) may be a promising strategy for helping boys navigate the challenges of pre-adolescence and set an important foundation for healthy relationships in high school and beyond. The purpose of the current pilot study was to further conversations among practitioners and researchers concerned with services and programs for youth to consider how healthy masculinity curricula may have a place in prevention and response strategies. More research is needed to better understand the potential positive impacts of this approach.

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Declarations of interest

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