Comment on: "Gender-Based Violence is a Blind Spot for Sports and Exercise Medicine Professionals"

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Dear Editor,

Recently, Wheatley and colleagues [1] authored a paper titled "Gender-Based Violence is a Blind Spot for Sports and Exercise Medical Professionals." They began their paper with a one-paragraph discussion about sexual violence in sport and the American Medical Society's position on the topic [2]. They then transitioned to a broader discussion about "gender-based violence" (GBV), including sexual violence and intimate partner violence (IPV). Unlike the American Medical Society's gender-neutral discussion on sexual violence in sport [2], Wheatley and colleagues [1] focused on violence only against women. The word "women" appears in their paper 13 times, including the list of supporting references. The only time the authors used a male-related word was to refer to "men's socially determined privilege," which the authors suggested is a cause of violence against women. The authors concluded their paper by saying that sports and exercise medicine professionals should receive GBV education to address their "blind spots" or "limited awareness" of GBV, although the authors never provided evidence that sports and exercise medicine professionals have such blinds sports or limited awareness. The purpose of our letter is to reveal an important blind spot in Wheatley and colleagues' perspective on GBV [1]: their lack of recognition of male victimization.

Decades of research from outside of sports and exercise medicine has shown that men and women are victims of IPV in heterosexual relationships at roughly equal rates. Desmarais et al. [3] reviewed 243 studies on IPV in heterosexual relationships and discovered "approximately 1 in 4 woman (23.1%) and 1 in 5 men (19.3%) experience physical violence in an intimate relationship." Fiebert [4] published an annotated bibliography of 270 studies and 73 reviews on IPV with an aggregate sample of 440,850 individuals and concluded "women are as physically aggressive as men (or more) in their relationships with their spouses or opposite-sex partners." Archer [5] published a meta-analysis of 82 sources on acts of aggression within heterosexual relationships and concluded "women were significantly more likely than men to have used physical aggression toward their partners and to have used it more frequently, although the effect size was very small," whereas "men were more likely than women to have injured their partners, but again, effects sizes were relatively small." In a second meta-analysis, Archer [6] found that women were more likely than men to "throw something at the other, slap, kick, bite, or punch, and hit with an object," whereas men were

more likely than women to “beat up, and to choke or strangle.” Such results show that sex differences exist in rates of specific violent acts and that both women and men can be victims within intimate relationships.

Additional findings show why framing GBV as primarily male perpetration and female victimization is problematic. First, women acknowledge their violence toward men. Desmarais et al. [7] reviewed 111 articles on IPV perpetration and found that “more than 1 in 4 women (28.3%) and 1 in 5 men (21.6%) reported perpetrating physical violence in an intimate [heterosexual] relationship.” Similarly, in a recent survey about family violence in Australia, 23% of females and 14% of males aged 16–20 years reported perpetrating violence against a family member [8]. Second, IPV exists within lesbian relationships. According to one meta-analysis of 14 studies, rates of current and lifetime victimization of IPV in lesbian relationships were 15% and 48%, respectively [9]. Also, in the National Intimate Partner and Sexual Violence Survey in the USA, lifetime prevalence of IPV was higher among women in lesbian (43.8%) than heterosexual relationships (29.0%) [10]. Thus, Wheatley and colleagues’ [1] notion of GBV does not highlight high rates of IPV victimization among gay and bisexual women brought on by female abusers.

Boys and men are also victims of sexual violence, but this was also not discussed by Wheatley and colleagues [1]. In a review of 65 studies covering 22 countries, Pereda et al. [11] concluded that 7.9% of men and 19.7% of women have been sexually abused prior to age 18. Stoltenborgh et al. [12] reviewed 217 studies and found that 76 of every 1000 males and 180 of every 1000 females reported being sexual abused as a child.

Male victims of abuse also exist within sport. Multiple studies have revealed that self-reported rates of physical, psychological, and sexual abuse in sports environments are similar between male and female athletes (Table 1). Moreover, given that sports participation is more common among boys and men than girls and women in most countries [13, 14], the absolute numbers of male and female abuse victims within sports environments should also be considered.

In closing, if GBV education is to be delivered to sports and exercise medicine students in the future, then it should be unbiased. It should be evidence based and include information on rates and types of female and male victimization. Moreover, it should include information about the experiences of negative psychological affect among heterosexual and homosexual male victims, which are similar to those experienced by female victims (e.g., anxiety, depression, post-traumatic stress disorder, suicide ideation) [15]. Students should also be introduced to concepts such as “gamma bias”—the cognitive distortion in which issues that impact boys and men are minimized (or never discussed), while issues that impact girls and women are magnified [16, 17] Findings within the field of experimental psychology support the existence of such a bias; for example, women are more likely than men to be seen as victims [18], women receive more empathy than men when both are victims of rape [19] and

IPV [20], and male victims of IPV are viewed more negatively than female victims of IPV [21]. Such findings suggest an “empathy gap” toward boys and men [22, 23] and might help to explain the lack of explicit attention given to boys’ and men’s issues by national and international organizations [24].

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