

ABSTRACT

GILLETTE, C. J. Perceptions of discrimination in athletic training education programs. MS in Exercise and Sport Science-Sport Administration, August 2000, 55pp. (R. Pein).

Sexual harassment and mistreatment of students in medical school and allied health programs have been well documented. The student athletic trainer – perceptions of treatment questionnaire was used to determine the perceptions of Ss in athletic training education programs (ATEP). The sample included 260 Ss (93 male and 167 female; age 21.8 ± 3.24 yrs, 19-44) enrolled in ATEP (2.37 yrs $\pm .996$ yrs; accumulated hours 880.75 ± 451.11 , 56-2500hrs). Return rate was 47.6% from Ss surveyed in accredited ATEP's. Ss were asked about self and peer perceived discrimination. Results indicated that 60.4% (male = 66.7%, female = 56.9%) of the Ss felt they were victims of discrimination. Areas in which Ss perceived self-discrimination included: offensive language (44.2%), exclusion on the basis of gender (31.2%), sexual humor (25%), and unwanted sexual advances (3.8%). Results from perceived discrimination of peers indicated that 63.8% (male = 72%, female = 60.5%) of the Ss thought their peers were victims of discrimination. Areas in which Ss perceived discrimination of peers included: offensive language (56.9%), exclusion on the basis of gender (31.5%), sexual humor (35.4%), and unwanted sexual advances (11.5%). Offenders of such perceived behaviors are as follows:

Origin of self-perceived discrimination

Position Gender	Program Director	Head AT	Assistant AT	Graduate Assistant AT	Other	Total
Male	17	62	31	23	11	144
Female	---	12	31	8	2	53
Total	17	74	62	31	13	197

* Total is more than the total number of complainants (N = 159) because more than one "offender" could be identified with a particular complaint.

Origin of peer-perceived discrimination

Position Gender	Program Director	Head AT	Assistant AT	Graduate Assistant AT	Other	Total
Male	19	56	40	18	12	144
Female	1	13	35	10	1	61
Total	20	69	75	28	13	205

* Total is more than the total number of complainants (N = 166) because more than one "offender" could be identified with a particular complaint.

Because of the high rate of perceived discrimination, there appears to be a need for clinical instructors and student athletic trainers to communicate their feelings to curb possible detrimental effects on clinical experiences.

PERCEPTIONS OF DISCRIMINATION IN ATHLETIC
TRAINING EDUCATION PROGRAMS

A MANUSCRIPT STYLE THESIS PRESENTED
TO
THE GRADUATE FACULTY
UNIVERSITY OF WISCONSIN-LA CROSSE

IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR THE
MASTER OF SCIENCE DEGREE

BY
CHARLES J. GILLETTE

AUGUST 2000

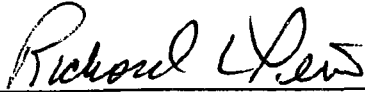
COLLEGE OF HEALTH, PHYSICAL EDUCATION,
RECREATION, AND TEACHER EDUCATION
UNIVERSITY OF WISCONSIN-LA CROSSE
THESIS FINAL ORAL DEFENSE FORM

Candidate: Charles J. Gillette

We recommend acceptance of this thesis in partial fulfillment of this candidate's requirements for the degree:

Master of Science - Exercise and Sport Science - Sport Administration

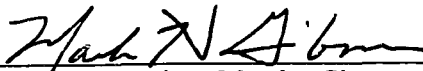
The candidate has successfully completed the thesis final oral defense.



5-30-2000

Thesis Committee Chairperson Signature

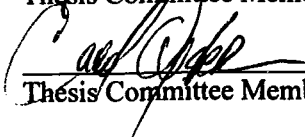
Date



5/30/2000

Thesis Committee Member Signature

Date



7/31/2000

Thesis Committee Member Signature

Date

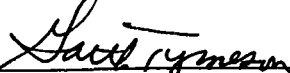
The thesis is approved by the College of Health, Physical Education,
Recreation, and Teacher Education



7/13/00

Associate Dean, College of Health,
Physical Education, Recreation,
and Teacher Education

Date



7/13/00

Dean of Graduate Studies

Date

ACKNOWLEDGEMENTS

Finally after what has seemed like an eternity, I have reached the light at the end of the tunnel. Although it was long and arduous process, I would like to thank those who have assisted me throughout the last two years.

To my chairperson Dr. Richard Pein, for his assistance in editing and making me proud of the final product. Although this took longer than we had expected, it is over.

To Mark Gibson, for his encouragement throughout this process, and for making these two years in La Crosse one of the most memorable and fulfilling periods in my life.

To the Office of University Graduate Studies, for partially funding this project. I would not have been able to complete this process without the financial assistance received through my graduate student research grant.

To my parents, thank you for you financial and emotional support. I would not have been able to reach this point without your care, support, and love over the last 25 years. I love you.

Finally, to Cordial. With your love, support, and understanding you have made this year very rewarding. You are truly a special person and I look forward to spending many more rewarding years with you.

TABLE OF CONTENTS

	PAGE
ACKNOWLEDGEMENTS	iii
LIST OF TABLES	v
LIST OF APPENDICES	vi
INTRODUCTION	1
METHODS	6
Subject Selection	6
Instrument	6
Procedure	7
RESULTS	7
DISCUSSION	12
REFERENCES	18
APPENDICES	20

LIST OF TABLES

TABLE	PAGE
1. Offender's employment category and sex	10
2. Offenders employment category and sex	10

LIST OF APPENDICES

APPENDIX	PAGE
A. NATA Code of Ethics	20
B. Program Director Letter	25
C. Student Introductory Letter	27
D. Student Athletic Trainer – Perception of Treatment Questionnaire	29
E. Review of Related Literature	38

INTRODUCTION

The growth of women in the athletic training profession has been well documented¹. Early female athletic trainers were not given the same professional opportunities as males. Opportunities were not available to females because males in the profession did not think females should work in men's athletics^{1,2}. The athletes, mostly males, also did not want women in the profession because they did not want their injuries cared for by women^{1,2}. As more females became involved in the profession, they began to attain positions that males normally held¹. Even though females received more opportunities, they continued to experience discrimination. Initially females experienced harassment in the workplace which eventually trickled down to the educational setting. Once harassment was documented in the educational setting, Baldwin, Daugherty, and Eckenfels and Richardson, Becker, Frank, and Sokol linked it to discrimination^{3,4}. As discrimination became more prevalent in the educational setting it was found to compromise the learning environment, impair the well-being and emotional development of students, and provide a poor example of the professional role³.

Despite federal and state legislation, and professional organizations' guidelines and principles of ethical behavior, sex discrimination has continued in allied health professional and educational settings^{3,4}. In 1972 as part of the Educational Amendments, Title IX was passed⁵. Title IX was originally designed to help provide all students in any federally funded educational setting with equal opportunity without regard to the sex of the student. Specifically, Title IX outlaws discrimination by sex in any educational

setting receiving federal financial assistance⁵. Legislation on sex discrimination has not only been an issue with the federal government, but accrediting agencies as well. The Commission on Accreditation of Allied Health Education Programs (CAAHEP) and professional associations such as the National Athletic Trainers' Association (NATA) have established guidelines pertaining to this issue⁶⁻⁸. If sexual harassment and/or discrimination does occur, professional and athletic training educators must have procedures in place to address the problem.

CAAHEP's Standards and Guidelines for an Accredited Educational Program for the Athletic Trainer states that recruitment, admission, and employment practices shall be nondiscriminatory with respect to color, creed, sex, age, disabling conditions, and national origin. If one fails to abide by these standards they may have their membership revoked by the NATA and/or be denied the right to have a CAAHEP accredited athletic training education program at their institution⁸.

The NATA has also developed a Code of Ethics to make members aware of the principles of ethical behavior that must be followed in the profession of athletic training⁶. Although the NATA's Code of Ethics are open to situational interpretations, the NATA's principles relate to the fair treatment of all individuals, regardless of their sex, race, and/or religion. They also require members abide by all local, state, and federal laws and be familiar with, and adhere to, all guidelines and ethical standards that the NATA has established⁶ (see Appendix A). Not only have CAAHEP and the NATA promoted fair treatment of those in the field of athletic training, but the NATA Education Task Force

has also promoted fair and equal treatment of student athletic trainers in the clinical setting⁹.

Currently, there is no direct evidence to support the presence of discrimination in the athletic training educational setting. Sexual harassment has been linked to the presence of mistreatment/discrimination in the preparation of medical doctors and has been found in the clinical education setting of medical students^{3-4,10-13}. Since the educational preparation of athletic trainers resembles the medical model, discrimination may exist in the clinical setting used in the preparation of athletic trainers^{3,14}.

Studies detailing students' experiences of sexual harassment, racial-ethnic discrimination, and abusive type behaviors in undergraduate, graduate, and medical school environments have been conducted^{3-4,10-13,15-21}. These studies have examined student's perceptions of mistreatment and harassment in higher education and the clinical setting of medical school. Specifically, Baldwin et al. and Richardson et al. have reported that mistreatment and sexual harassment in medical school have been reported by 56.5 to 96.5% of the respondents^{3,4}.

Recent work done by Velasquez, supported by the NATA Women in Athletic Training Committee, investigated the existence of sexual harassment and other sex-related issues in the field of athletic training²²⁻²⁴. Velasquez's study included 119 college and university athletic trainers and athletic administrators who were selected at random from states in the southwestern region of the United States²². Results of this study indicated that 25% of the athletic trainers experienced, or thought they had experienced, sexual harassment. In 1996, the NATA Women in Athletic Training Committee reported

that 37% of female athletic trainers indicated that they had been sexually harassed²³. The following year the Committee surveyed males. This study indicated that 41% of the surveyed males perceived that female athletic trainers had been sexually harassed²⁴.

Research conducted by Cairns and Hatt have examined perceptions of sexual harassment and mistreatment of all graduate students¹⁵. Cairns and Hatt reported that 117 of the 981 (11.9%) graduate students felt that they were personally discriminated against in the educational setting¹⁵. Fifty-two of the 72 female (72%) complaints involved sex discrimination, while 16% of the males indicated that they were sexually harassed¹⁵. According to Cairns and Hatt female respondents indicated that male professors were the primary offenders. Males that reported being sexually harassed indicated that female students, not professors, were the offenders. Baldwin et al. found similar results regarding sex discrimination³. Nearly all of the participants (96.5%) reported experiencing some type of mistreatment or sexual harassment while they were enrolled in medical school. Fifty-five percent of the students who indicated that they had been sexually harassed stated that clinical faculty were responsible for 79.1% of the incidents³. More recently, Hauth, Vanic, and Davis conducted research on sexual harassment of student athletic trainers (SAT's)¹⁴. The results from this study indicated that all SAT's (N = 39) who were surveyed experienced at least one incidence of sexual harassment in their relationships with student-athletes, coaches, and/or certified athletic trainers. Although most of the sexual harassing incidences were of a nonphysical nature (85%), they did occur in the primary athletic training facility by male coaches.

Richardson et al. reported that there was a significant difference between the percentage of second-year and third-year students who had experienced mistreatment through offensive language, sexual humor, unwanted sexual advances, and exclusion based on gender⁴. As students spent more time in medical school significant differences in perceptions of discrimination were reported between the second and third year students in the following areas: offensive language (8.9 vs. 50.2%), exclusion on the basis of gender (7.2 vs. 17.6%), sexual humor (16.1 vs. 31.5%), and unwanted sexual advances (2.2 vs. 9.7%).

Since many athletic training education programs and medical education programs require their students to attain experiences in a variety of clinical settings, one may expect to see athletic training students acting and being treated the same as medical students by students, faculty, and staff members. The purpose of this study was to document the existence of discrimination of SAT's in the clinical setting of athletic training education programs. The secondary purposes were to determine: 1) which gender perceived discrimination more often, 2) the sex of the primary offender, 3) the specific discriminating dimensions of the perceived behaviors, and 4) did a students knowledge of a discrimination/harassment policy alter their perceptions. This study may provide further insight as to how students perceive certain behaviors from their clinical instructors and potentially provide information on how clinical educators can be more effective.

METHODS

Subject Selection

Fifty-one athletic training education programs were randomly selected from a total of 113 accredited programs throughout the United States. Program directors from 25 of the 51 randomly selected institutions agreed to participate in the study. Subjects included 277 SAT's currently enrolled in CAAHEP accredited athletic training education programs. Subjects were informed that participation in the study was voluntary and that their identity and comments would remain anonymous when the questionnaire was administered. Consent to participate in the study was explained in a cover letter and was implied by completion and return of the questionnaire.

A pilot study was done using one CAAHEP accredited athletic training education program located in the Midwest region of the United States. The pilot study was done to determine the clarity of the questionnaire. During the pilot study, each subject was allowed to ask the researcher for further interpretation of a question if necessary or make comments regarding any misunderstandings.

Instrument

Questionnaires used to determine mistreatment and harassment of medical students⁴ and student athletic trainers¹⁴ were modified to develop the Student Athletic Trainer – Perceptions of Treatment Questionnaire (SAT-PTQ). Questions concerning demographics included the student's age, gender, year in school and in the athletic training education program, clinical sports experienced, school affiliation (NCAA Division I, II, or III), and the number of hours completed as a SAT. Closed questions

were used throughout the majority of the questionnaire to elicit categorical responses. Several open-ended questions were included so subjects could expand on perceived discrimination towards themselves and their peers.

Procedure

Prior to data collection, necessary forms were presented for approval to the University of Wisconsin-La Crosse (UW-L) Institutional Review Board for the Protection of Human Subjects (IRB). Upon IRB approval, program directors of accredited athletic training education programs were contacted to determine if they would be willing to participate in this study.

In November of 1999, 546 surveys were distributed to 25 accredited athletic training education programs throughout the United States where program directors had agreed to facilitate the study. Accompanying the packet of questionnaires was a letter to the program director (see Appendix B) and a letter to each SAT (see Appendix C). The program director distributed the questionnaires (see Appendix D) to each student. Each cover letter instructed the individual on the purpose and procedure of the study. The questionnaire contained questions regarding demographics, self- and peer-perceived discrimination, and knowledge of a sexual harassment/discrimination policy. Informed consent was given by completing the questionnaire. A preaddressed stamped envelope was provided to ensure anonymity.

RESULTS

A total of 546 questionnaires were distributed to 25 athletic training education programs. Of the 546 questionnaires, 277 (50.73%) were returned. Seventeen of the

questionnaires were not included in the analysis because of incomplete data, yielding a return rate of 47.6%. The returned, fully completed questionnaires were from 93 (35.8%) male students and 167 (64.2%) female students. Although race was not a variable, 238 of the respondents were Caucasian, 9 African American, 4 Hispanic, 1 Asian American, 1 Native American, and 7 that indicated a different race. The majority (81.5%) of the respondents were traditional-aged college students, (21.8 ± 3.24 yrs, 19-44). Two hundred forty-six (94.6%) of the respondents indicated that they were single while 12 (4.6%) were married and 2 (.8%) were divorced. The academic class of the respondents included: 15 sophomores, 87 juniors, and 158 seniors. The year of the respondents in the program included 50 first year, 100 second year, 72 third year, 33 fourth year, and 5 fifth year students. The average number of years that each respondent had been enrolled in the program was 2.37 years ($\pm .996$ yrs). The average number of clinical hours that each student had accumulated was 880.75 (± 451.11 , 56-2500hrs).

Fixed choice questions were analyzed using frequency distributions to examine how often SAT's perceived certain behaviors and the position of the offending clinical instructor. Data were also analyzed in groups so the results of several questions could be compared to other studies that have examined the perceptions of mistreatment of medical school students. Fixed choice questions were then analyzed using a MANOVA to examine any statistically significant differences between perceptions of discrimination, the student athletic trainers' knowledge of a discrimination/harassment policy, and sex and year of the student.

One hundred fifty-seven (60.4%) of the 260 respondents indicated that they were victims of discrimination of one form or another while they were in the clinical setting. Thirty-nine (24.8%) of the 157 respondents indicated that more than one clinical instructor exhibited behaviors of discrimination. One hundred sixty-eight (64.6%) of the respondents perceived that their peers were victims of discrimination. Thirty-nine (23.2%) of these individuals also indicated that more than one of their clinical instructors exhibited at least one of the discriminating behaviors that were given in the questionnaire.

Sixty-two (66.7%) of the male respondents compared to 95 (56.9%) of the female respondents perceived themselves to be victims of discrimination. When examining the perceptions of discrimination towards their peers, 67 (72%) of the male respondents compared to 101 (60.5%) of the female respondents perceived their peers were victims of discrimination.

One hundred forty-five (73.2%) of the 198 incidences that were self-perceived originated from a male clinical instructor. The other 53 (26.8%) sexual discriminating behaviors were perceived to originate from female clinical instructors (see Table 1). Results of perceived discrimination of peers, indicated that SAT's reported that 205 different clinical instructors could be labeled as offenders, with 144 (70.2%) of the incidences originating from male clinical instructors and 61 (29.8%) from female clinical instructors (see Table 2).

Table 1. Offender's Employment Category and Sex

Position Gender	Program Director	Head AT	Assistant AT	Grad. Assistant AT	Other	Total
Male	17	62	31	23	11	144
Female	---	12	31	8	2	53
Total	17	74	62	31	13	197

- Total is more than the total number of complainants (N = 159) because more than one "offender" could be identified with a particular complaint.

Table 2. Offender's Employment Category and Sex

	Program Director	Head AT	Assistant AT	Grad. Assistant AT	Other	Total
Male	19	56	40	18	12	144
Female	1	13	35	10	1	61
Total	20	69	75	28	13	205

* Total is more than the total number of complainants (N = 166) because more than one "offender" could be identified with a particular complaint.

Questions were also examined to determine the percentage of students who perceived certain behaviors in four discriminating dimensions: 1) offensive language, 2) exclusion on the basis of gender, 3) sexual humor, and 4) unwanted sexual advances. When examining perceptions of discrimination, 44.2% (N = 115) said offensive language was directed towards them, 31.2% (N = 81) said they were excluded from certain activities because of their sex, 25% (N = 65) said they experienced discomfort when in the presence of sexual humor, and 3.8% (N = 10) said unwanted sexual advances were directed towards them. When examining perceived discrimination of peers, 56.9% (N = 148) of the respondents indicated that offensive language was directed towards their peers, 31.5% (N = 82) were excluded because of their gender, 35.4% (N = 92) were

present during sexual humor, and 11.5% ($N = 30$) were the victims of unwanted sexual advances.

Data regarding the gender of the student, year in which they were in the program and, their response to the questions were analyzed by using a MANOVA with a Scheffe post-hoc test. A significant difference ($p < .02$) was reported between the year in which the student was in the program and how each respondent perceived discrimination. An increase in perceived behaviors were seen in first year students compared to those who have been in the program for two, three, or four years (see Figure 1). As the individual (male or female) spent more time in the program their perceptions of discrimination decreased. Students in the fifth year of the program were not used in this comparison due to the sample size of those enrolled in the program for this length of time.

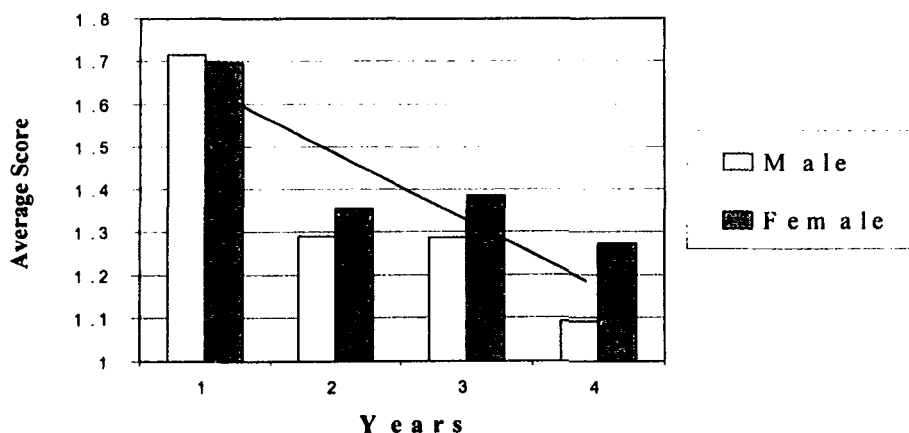


Figure 1. Perceptions of Discrimination by Year in Program

Final analysis was conducted to determine the number of students who knew of an institutional policy and whether or not they perceived discrimination to have taken place. Ninety-two (63.4%) of the 145 respondents who said they knew of a written policy at the institution reported they were discriminated against. Sixty (56.1%) of the 107 respondents who said they were unsure of any institutional policy indicated that they were victims of discrimination, while 5 (62.5%) of the 8 respondents that said their institution did not have a policy also indicated they were victims of discrimination. When examining perceived discrimination of peers, 99 (68.3%) of the 145 students who said they knew of a policy at their institution indicated that their peers were victims of discrimination. Sixty-three (58.9%) of the 107 students who were unsure of a policy existing at their institution said their peers were victims of discrimination, while 6 (75%) of the 8 students who said their institution did not have a policy indicated that their peers were victims of discrimination.

DISCUSSION

The primary purpose of this study was to document the existence of discrimination in the clinical setting of athletic training education programs. Based on the sample, the findings suggested that: 1) SAT's did perceive discrimination towards themselves and their peers, 2) male SAT's perceived discrimination more often than females, 3) male clinical instructors were the primary offenders, 4) discrimination did exist in the four dimensions, and 5) the knowledge of a discrimination/harassment policy did not alter opinions of discrimination.

The results of this study indicated that a significant number of SAT's perceived themselves (60.4%) and their peers (64.6%) to be victims of discrimination during their experiences in the clinical setting of their athletic training education. Although females reported more incidences of discrimination, male SAT's reported a higher percentage of discrimination. This is in contrast to results previously reported in a similar study by Richardson et al. and Baldwin et al. ^{3,4}.

Open-ended questions revealed a number of interesting perceptions of practice. Several male respondents stated they were appointed the difficult tasks associated with being a SAT and that females received preferential treatment for sport assignments. Specifically, several of the respondents commented about the lack of opportunity to receive clinical experience with sports with athletes of the opposite sex. Male and female SAT's stated two reasons for not getting a chance to work with certain sports: 1) staff athletic trainers did not assign them to teams of the opposite sex and 2) coaches requested a SAT of the same sex as the team. Several female students also made comments about not being encouraged to pursue internships with professional or semi-professional sports because their chances of attaining these positions in the future was highly unlikely. Comments were also made about clinical instructors making sexual comments or jokes about female SAT's or women in general. Although these comments seemed to bother several of the respondents, many of them ignored the behaviors or just discussed the issue with other SAT's. Students may have ignored the behaviors because they may have thought that there would be repercussions for verbally addressing the issue and therefore they did not want to risk their chances of being successful in the program. Three of the

female respondents also made reference to clinical instructors thinking they were lesbian, since they were highly involved in athletics.

Contrary to Richardson et al. and Baldwin et al., male SAT's perceived themselves to be victims of discrimination more than the females^{3,4}. According to Sadker and Sadker, this perceived discrimination originated in elementary school where male students were given more opportunities than females¹⁸. As males became older they expected these opportunities to continue. Instead of opportunities remaining the same, males began to perceive a decrease in these opportunities. This perceived decrease in opportunities was also seen as a loss of power. As more females have entered the profession, males have perceived a decrease in the amount of power and opportunities available to them. Instead of attributing this loss to equal opportunity, male students have attributed the loss to reverse sex discrimination. The apparent decrease in opportunities and power by male SAT's may continue since athletic training has traditionally been a male dominated profession.

In allied health professions, students and clinical educators need to communicate more effectively to resolve issues where students have felt as if they are being treated in a certain manner because of their sex. Through this study and the work of Baldwin et al.; Richardson et al; Field and Lennox; Unterhalter; Kendall and Feagin; Hauth et al.; Cairns and Hatt; and Follet, Andberg, and Hendel, it has been well documented that students continue to perceive that they are being discriminated against because of their gender^{3-4,10-12,14,20}. Although a majority of these behaviors are perceived to originate from male

clinical instructors, students have also indicated that female clinical instructors exhibit these behaviors.

Whether or not these behaviors are exhibited purposely or not, is a question that clinical instructors and classroom instructors must ask themselves. Behaviors that are purposely exhibited by clinical instructors because they think their students should experience everything that they did, is called the “queen bee syndrome”.

Similar to those of Richardson et al., results examining the four dimensions of discrimination need to be interpreted with caution⁴. Incidences involving language or sexual humor could be misinterpreted on a regular basis, because what one thinks as offensive, could be interpreted as inoffensive to other individuals³. If students do not make the instructor aware that their language or jokes bother him/her, the comments could continue, thus inflating the number of people who reported these behaviors. Differences in perceived discrimination and perceived discrimination of peers could be attributed to the fact that students may not indicate that they were victims of discrimination if they have exhibited discriminating behaviors on a regular basis. Students who have been in the program longer may also fail to indicate that their clinical instructors are discriminating against them because they may think these behaviors are just part of the clinical instructor and it means nothing. Results also indicated that a student’s knowledge of a discrimination/harassment policy did not alter their perceptions of the existence of discrimination.

In order to assure that students are not discriminated against, clinical instructors and students need to think along the same lines regarding this issue. Students also need

to communicate with other students to determine if their perceptions are similar to their peers. If perceptions are similar, the students may want to work together, by meeting with the professor/clinical instructor, the professor/clinical instructor's supervisor, or write a group letter addressing the issue. In some instances, where professors have been conducting themselves improperly, a simple request in writing or a conversation can often solve the problem because this may be the first time that the instructor has been made aware of his/her behavior²⁵.

There are a number of limitations to a study of this nature, therefore, one must interpret the results of this study with care³. Specific instances of discrimination were not analyzed to determine the validity of the accusations (i.e., whether the experiences were misperceptions or actual abuse), however, it was assumed that the effects on the individual could be identical in either case. Responses were left to the interpretation and description of the respondents. Undoubtedly, there are great differences among students and their expectations of their clinical instructors and their perceptions of what might be considered mistreatment or discrimination. In order to determine the perceptions of discrimination, further work needs to be done to determine who these behaviors were directed towards and homophobia in athletic training.

With the Education Council and the Joint Review Committee in Athletic Training requiring athletic trainers to become certified clinical instructors in CAAHEP accredited athletic training education programs, information of this nature can be used to educate all clinical supervisors so they understand the perceptions of students who they are supervising. In order to have a true representation of clinical instructors' behaviors,

future research in this area should concentrate on the setting in which these actions take place. The clinical setting needs to be observed by an impartial individual or group of individuals who know how to code or interpret discriminating behaviors. Raising the quality and extent of supervision experiences can only help to improve the services that athletic trainers provide to their clients²⁶.

REFERENCES

1. Anderson MK. Women in athletic training. *JOPERD*. 1992; 63;3:42-44.
2. Rochman S. Breaking barriers. *Training & Conditioning*. 1998;7;5:12-19.
3. Baldwin DC, Daugherty SR, Eckenfels EJ. Student perceptions of mistreatment and harassment during medical school: A survey of ten United States schools. *West J Med*. 1991;155;2:140-145.
4. Richardson DA, Becker MD, Frank RR, Sokol, RJ. Assessing medical students' perceptions of mistreatment in their second and third years. *Academ Med*. 1997;72;8:728-730.
5. Educational Amendments of 1972, 20 U.S.C. §§ 1681-1688.
6. National Athletic Trainers' Association. NATA code of ethics. Available at <http://www.nata.org/brochures/ethics.html>. Accessed September 26, 1999.
7. National Athletic Trainers' Association. NATA sexual harassment policy. Available at <http://www.nata.org/Committees/sexual.html>. Accessed September 26, 1999.
8. *Standard and guidelines for an accredited educational program for the athletic trainer*. Commission on Accreditation of Allied Health Programs; 1991.
9. National Athletic Trainers' Association. Guidelines for the clinical education of students enrolled in accredited athletic training education programs. *NATA News*. 1998;7:26-27.
10. Field D, Lennox A. Gender in medicine: The views of first and fifth year medical students. *Med Ed*. 1996;30:246-252.
11. Unterhalter B. Discrimination against women in the South African medical profession. *Soc Sci Med*. 1985;20:1253-1258.
12. Kendall, D, Feagin, JR. Blatant and subtle patterns of discrimination: Minority women in medical school. *J Intergroup Relat*. 1983;2:8-33.
13. Streitmatter J. Equity or equality: Gender equity on classroom teaching. *People and Education*. 1993;1;3:233-249.

14. Hauth JM, Vanic KA, Davis SE. The incidence of sexual harassment in an undergraduate athletic training education program. *JNATA*. 1999;34:(suppl) S-8.
15. Cairns KV, Hatt DG. Discrimination and sexual harassment in a graduate student sample. *Canadian J Human Sexuality*. 1995;4;3:169-176.
16. Grossman H, Grossman SH. *Gender Issues in Education*. Boston, MA: Allyn & Bacon; 1994:59-115.
17. Kanwar A. Gender in the classroom: Boundaries real or imagined. *Thresholds in Education*. 1995;22;3-4:35-40.
18. Sadker M, Sadker D. Sexism in the schoolroom of the 80's. *Psych Today*. March 1985:54-57.
19. Follet CV, Andberg WL, Hendel DD. Perceptions of the college environment by women and men students. *J College Student Devel*. 1982;23:525-531.
20. Drew TL, Work GG. Gender-based differences in perception of experience in higher education: Gaining a broader perspective. *J Higher Ed*. 1998;69;5:542-555.
21. Kobryonowicz D, Branscombe NR. Who considers themselves victims of discrimination? Individual difference predictors of perceived gender discrimination in women and men. *Psych Women Quart*. 1997;21:347-363.
22. Velasquez, BJ. Sexual harassment issues in athletic training and athletics. *JNATA*. 1997;32:(suppl) S-7.
23. National Athletic Trainers' Association. NATA Women in athletic training survey. Available at <http://www.nata.org/Committee/women/html>. Accessed September 26, 1999.
24. National Athletic Trainers' Association. NATA Women in athletic training survey. Available at <http://www.nata.org/Committee/men/html>. Accessed September 26, 1999.
25. Sandler BR, Silverberg LA, Hall RM. *The Chilly Classroom Climate: A guide to improve the education of women*. Washington, DC: National Association for Women in Education.
26. Anderson MB, Larson GA, Leube JJ. Student and supervisor perceptions of the quality of supervision in athletic training education. *JNATA*. 1997;32:328-332.

APPENDIX A
NATA CODE OF ETHICS

NATA Code of Ethics

Preamble

The Code of Ethics of the National Athletic Trainers' Association has been written to make the membership aware of the principles of ethical behavior that should be followed in the practice of athletic training. The primary goal of the Code is the assurance of high quality health care. The Code presents aspirational standards of behavior that all members should strive to achieve.

The principles cannot be expected to cover all specific situations that may be encountered by the practicing athletic trainer, but should be considered representative of the spirit with which athletic trainers should make decisions. The principles are written generally and the circumstances of a situation will determine the interpretation and application of a given principle and of the Code as a whole. Whenever there is a conflict between the Code and legality, the laws prevail. The guidelines set forth in this Code are subject to continual review and revision as the athletic training profession develops and changes.

Principle 1:

Members shall respect the rights, welfare and dignity of all individuals.

- 1.1 Members shall not discriminate against any legally protected class.
- 1.2 Members shall be committed to providing competent care consistent with both the requirements and the limitations of their profession.
- 1.3 Members shall preserve the confidentiality of privileged information and shall not release such information to a third party not involved in the patient's care unless the person consents to such release and release is permitted or required by law.

Principle 2:

Members shall comply with the laws and regulations governing the practice of athletic training.

- 2.1 Members shall comply with applicable local, state, and federal laws and institutional guidelines.
- 2.2 Members shall be familiar with and adhere to all National Athletic Trainers' Association guidelines and ethical standards.

2.3 Members are encouraged to report illegal or unethical practice pertaining to athletic training to the appropriate person or authority.

2.4 Members shall avoid substance abuse and, when necessary, seek rehabilitation for chemical dependency.

Principal 3:

Members shall accept responsibility for the exercise of sound judgement.

2.1 Members shall not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity or services.

2.2 Members shall provide only those services for which they are qualified via education and/or experience and by pertinent legal regulatory process.

2.3 Members shall provide services, make referrals, and seek compensation only for those services that are necessary.

Principle 4:

Members shall maintain and promote high standards in the provision of services.

4.1 Members shall recognize the need for continuing education and participate in various types of educational activities that enhance their skills and knowledge.

4.2 Members who have the responsibility for employing and evaluating the performance of other staff members shall fulfill such responsibility in a fair, considerate, and equitable manner, on the basis of clearly enunciated criteria.

4.3 Members who have the responsibility for evaluating the performance of employees, supervises, or students, are encouraged to share evaluations with them and allow them the opportunity to respond to those evaluations.

4.4 Members shall educate those whom they supervise in the practice of athletic training with regard to the Code of Ethics and encourage their adherence to it.

4.5 Whenever possible, members are encouraged to participate and support others in the conduct and communication of research and educational activities that may contribute knowledge for improved patient care, patient or student education, and the growth of athletic training as a profession.

4.6 When members are researchers or educators, they are responsible for maintaining and promoting ethical conduct in research and educational activities.

Principle 5:

Members shall not engage in any form of conduct that constitutes a conflict of interest or that adversely reflects on the profession.

- 5.1 The private conduct of the member is a personal matter of the same degree as is any other person's except when such conduct compromises the fulfillment of professional responsibilities.
- 5.2 Members of the National Athletic Trainers' Association and others serving on the Association's committees or acting as consultants shall not use, directly or by implication, the Association's name or logo or their affiliation with the Association in the endorsement of products or services.
- 5.3 Members shall not place financial gain above the welfare of the patient being treated and shall not participate in any arrangement that exploits the patient.
- 5.4 Members may seek remuneration for their services that is commensurate with their services and in compliance with applicable law.

Reporting of Ethics Violations

Anyone having information regarding allegations of ethical violations, and wishing to supply such information to the NATA, shall supply this information, with as much specificity and documentation as possible, to NATA's Executive Director or Chair of the Ethics Committee. Information need not be supplied in writing, and the reporting individual need not identify him or herself. Information, however, that is too vague, cannot be substantiated without the assistance of the reporting person, or information where, in the opinion of the NATA Executive Director or Ethics Chair, there is no need for anonymity for the reporting individual will not be forwarded for action by the committee.

An individual may report information on the condition that the individual's name or certain other facts be kept confidential. NATA may proceed with an investigation subject to such a condition; however, NATA must inform the reporting individual that at some point in the investigation NATA may determine that it cannot proceed further without disclosing some of the confidential information, either to the applicant or member under investigation or to some other party. A reporting individual, upon receiving this information from NATA, may decide whether or not to allow the information to be revealed. If the reporting

individual decides that the necessary information must remain confidential, NATA may be required to close the unfinished investigation for lack of necessary information. Individuals are strongly encouraged to provide relevant information, with as much detail as possible, in writing to:

NATA
Ethics Investigations
2952 Stemmons Frwy
Dallas, TX 75247-6196

APPENDIX B
PROGRAM DIRECTOR LETTER

November 18, 1999

(Program Director),

My name is Charles Gillette and I am a graduate student at the University of Wisconsin – La Crosse conducting a survey research study. My study is primarily targeting undergraduate athletic training students who are juniors and seniors in curriculum programs. Enclosed you will find thirty-seven packets for the students who are currently enrolled in the curriculum program at (University Name). I am asking you for your help in distributing my survey packets to any of these students or any other individual who has spent a minimum of one full year in your program.

The purpose of my study is to investigate the student's perceptions of gender discrimination in relation to their gender and the gender of any clinical instructor. I will also examine the team assignments of each individual to determine if sex discrimination occurs through individual assignment. All of these results will help me determine whether students perceive that they or their peers are being discriminated against because of their sex.

Copies of the questionnaires and completion instructions are included with this letter. The information obtained from this survey will be used to make supervisors aware of situations where their students may perceive to be discriminating because of their gender. All data will be dealt with confidentially and no institution or individual taking part in the study will be identified.

Concerns and/or questions regarding the protection of human subjects or any other aspect of the study may be directed to Charles Gillette (608) 796-0130 or Dr. Garth Tymeson, Chair UW-L IRB for the Protection of Human Subjects (608) 785-8155.

I would really appreciate your help in getting these packets distributed and if you need more please e-mail me.

Thank You,

Charles J. Gillette, ATC
Graduate Assistant
135 Mitchell Hall
Exercise and Sport Science
University of Wisconsin – La Crosse

409 West Ave. S., La Crosse WI 54601
(608) 796-0130
gillette.char@students.uwlax.edu

APPENDIX C
STUDENT INTRODUCTORY LETTER

November 10, 1999

Dear Undergraduate Student,

My name is Charles Gillette and I am a graduate student at the University of Wisconsin-La Crosse. I am writing to ask you to participate in a survey research study I am conducting.

The purpose of my study is to investigate whether a relationship exists between male and female student athletic trainers and the way they perceive sex discrimination in the field of athletic training. If you choose to participate in this study please complete the questionnaire and mail it back to me. Remember, I only want to know what you perceive as sexual (gender) discrimination, not sexual harassment.

Sexual discrimination means to make a distinction in favor of or against one person or one thing as compared to others because of that person's sex.

Sexual harassment refers to an uninvited and unwelcomed physical or verbal conduct that is directed at an employee because of his or her sex.

Since the completion of this questionnaire is completely voluntary and you do not have to sign anything, your identity will remain anonymous. Completing the questionnaire may seem like a lot of work for you, but the information gained from this study will be helpful in identifying areas of needed improvement in the clinical education of undergraduate student athletic trainers.

As a result of this study, results may be published in a journal relating to athletic training. All results will be published as to keep each participant's results anonymous.

I would greatly appreciate you taking the time to complete this packet. Should you choose not to participate, please mail the packet back to me unanswered in the prepaid envelope. Should you choose to participate, please remember that this questionnaire is only looking to identify those things that you perceive to be discriminatory because of someone's gender. Thank you for your time.

❖ Please return your packet by December 15, 1999.

In addition, if you would like to receive the results of this study or have questions, please email or write to me at either of the addresses below.

Sincerely,

Charles J. Gillette, ATC
409 West Ave. S.
La Crosse, WI 54601
(608) 796-0130
gillette.char@students.uwlax.edu

Faculty Advisor:
Richard Pein, PhD
University of Wisconsin-La Crosse
147 Mitchell Hall
La Crosse, WI 54601
(608)785-8185

APPENDIX D
STUDENT ATHLETIC TRAINER –
PERCEPTIONS OF TREATMENT QUESTIONNAIRE

SAT - PTQ

Student Athletic Trainer – Perceptions of Treatment Questionnaire*

Directions: On the following pages you will find a series of questions requesting information about different kinds of experiences that may occur between faculty, clinical instructors, staff athletic trainers, student-athletes, and student athletic trainers. For the purpose of this study, the researcher is *only interested in behaviors that were encountered between students and clinical instructors (staff athletic trainers, graduate assistant athletic trainers, and possibly program director) in an athletic training curriculum approved program.*

- ◆ The researcher anticipates that it will take you approximately 15-20 minutes to complete the questionnaire. Please indicate your preferred answer to each item by encircling the appropriate letter or number response, or filling in the blanks as needed on your questionnaire. In considering each item, go through the following steps;
 1. Read each item carefully.
 2. Think about the extent to which the item is related to your athletic training field experiences.
 3. Circle the response that you feel is most accurate.
 4. Please be sure to complete the entire question, some questions may have more than one part.
 5. Be assured all responses will be kept confidential. The data will be analyzed in such a way that no individuals can be identified.
- ◆ **The completion of this questionnaire is voluntary.** The investigator feels that subjects will not be exposed to any physical, psychological, and/or sociological risk. In accordance with this study, the risks to the subjects have been minimized and are reasonable in relation to the anticipated benefits. This objective measure for assessing such occurrences does not exist in athletic training education research. Hence, certified athletic trainers are concerned about the environment for rendering quality experiences to improve field experiences that meet the changing needs of our student population in athletic training curriculum programs.
- ◆ **Informed consent is implied by the completion of this instrument.** Your materials will be kept strictly confidential.
- ◆ Concerns about aspects of this study may be referred to the principle researcher, Charles Gillette (608) 796-0130, or the thesis committee chair Dr. Richard Pein (608) 785-8185. Questions regarding the protection of human subjects can be addressed to Dr. Garth Tymeson, Chair of the UW-L IRB Committee (608) 785-8155.
- ◆ Thank you for your participation in this project.

* Modified version of questionnaire from Richardson DA, Becker M, Frank RR, and Sokol RJ. Assessing medical students' perceptions of mistreatment in their second and third years. *Academ Med.* 1997;72;8:728-730. Hauth JM, Vanic KA, and Davis SE. The incidence of sexual harassment in an undergraduate athletic training education program. *JNATA.* 1999;34:(suppl) S-8.

Athletic Training Information

1. Which of the following sports have you been assigned to as Head Student Athletic Trainer? (circle all that apply)

- A. Baseball
- B. Men's Basketball
- C. Women's Basketball
- D. Men's Cross Country
- E. Women's Cross Country
- F. Men's Fencing
- G. Women's Fencing
- H. Field Hockey
- I. Football
- J. Men's Golf
- K. Women's Golf
- L. Men's Gymnastics
- M. Women's Gymnastics
- N. Men's Ice Hockey
- O. Men's Indoor Track
- P. Women's Indoor Track
- Q. Men's Lacrosse
- R. Women's Lacrosse
- S. Men's Outdoor Track
- T. Women's Outdoor Track

- U. Men's Rifle
- V. Women's Rifle
- W. Women's Rowing
- X. Men's Skiing
- Y. Women's Skiing
- Z. Men's Soccer
- AA. Women's Soccer
- BB. Softball
- CC. Men's Diving/Swimming
- DD. Women's Diving/Swimming
- EE. Men's Tennis
- FF. Women's Tennis
- GG. Men's Volleyball
- HH. Women's Volleyball
- II. Men's Water Polo
- JJ. Wrestling
- KK. Other _____

2. Which of the following sports have you been assigned to as an Assistant Student Athletic Trainer? (circle all that apply)

- A. Baseball
- B. Men's Basketball
- C. Women's Basketball
- D. Men's Cross Country
- E. Women's Cross Country
- F. Men's Fencing
- G. Women's Fencing
- H. Field Hockey
- I. Football
- J. Men's Golf
- K. Women's Golf
- L. Men's Gymnastics
- M. Women's Gymnastics
- N. Men's Ice Hockey
- O. Men's Indoor Track
- P. Women's Indoor Track
- Q. Men's Lacrosse
- R. Women's Lacrosse
- S. Men's Outdoor Track
- T. Women's Outdoor Track

- U. Men's Rifle
- V. Women's Rifle
- W. Women's Rowing
- X. Men's Skiing
- Y. Women's Skiing
- Z. Men's Soccer
- AA. Women's Soccer
- BB. Softball
- CC. Men's Diving/Swimming
- DD. Women's Diving/Swimming
- EE. Men's Tennis
- FF. Women's Tennis
- GG. Men's Volleyball
- HH. Women's Volleyball
- II. Men's Water Polo
- JJ. Wrestling
- KK. Other _____

Institutional Information

3. Which athletic association and division are a majority of your sports at your University associated with? (circle one)
- A. NCAA Division I-A
 - B. NCAA Division I-AA
 - C. NCAA Division I-AAA
 - D. NCAA Division II
 - E. NCAA Division III
 - F. NAIA Division I
 - G. NAIA Division II
4. Identify the NATA District in which your institution is located. (circle one)
- A. District 1 (ME, NH, VT, RI, CT, MA, Quebec, New Brunswick, Nova Scotia)
 - B. District 2 (NY, NJ, PA, DE)
 - C. District 3 (MD, VA, NC, SC, WV, DC)
 - D. District 4 (IL, IN, MI, MN, OH, WI, Manitoba, Ontario)
 - E. District 5 (IA, KS, MO, NE, ND, OK, SD)
 - F. District 6 (TX, AR)
 - G. District 7 (AZ, CO, NM, UT, WY)
 - H. District 8 (CA, HI, NV)
 - I. District 9 (AL, FL, GA, KY, LA, TN, MS)
 - J. District 10 (AK, ID, MT, OR, WA, Albert, British Columbia, Saskatchewan)

Listed below are some behaviors that might occur between student athletic trainers and clinical instructors. Have you ever encountered any of the following behaviors during an athletic training clinical experience? If you have experienced any of the following behaviors, rate how severe you believe the encounter(s) was/were. (circle the number that corresponds with the occurrence of the behavior)

	Never	Rarely	Sometimes	Frequently
5. I feel I have been yelled at by a clinical instructor(s).	1	2	3	4
6. I feel I have been sworn at by a clinical instructor(s).	1	2	3	4
7. I feel I have experienced unfair treatment from a clinical instructor(s) because of my gender.	1	2	3	4
8. I feel I have experienced unfair treatment from a clinical instructor(s) because of my race/ethnic background.	1	2	3	4
9. I have felt excluded from informal medical/ educational discussions with a clinical instructor(s) because of my gender.	1	2	3	4

	Never	Rarely	Sometimes	Frequently
10. I feel I have been physically threatened by a clinical instructor(s).	1	2	3	4
11. I feel I have been physically harmed by a clinical instructor(s).	1	2	3	4
12. I have experienced discomfort listening to sexual humor by a clinical instructor(s).	1	2	3	4
13. I have experienced discomfort by being the object of sexual humor by a clinical instructor(s).	1	2	3	4
14. I feel I have experienced unwanted sexual advances from a clinical instructor(s).	1	2	3	4
15. I feel I have observed instances of professional misconduct by a clinical instructor(s).	1	2	3	4
16. I feel I have experienced unfair treatment from a clinical instructor(s) because of my sexual orientation.	1	2	3	4
17. In the space below, please feel free to provide any additional comments where you think you have been discriminated against because of your gender.				

18. Please indicate the sex of the clinical instructor that initiated any of the actions that were given in questions 5-17. (If more than one individual, see Question # 20)

- A. Female
- B. Male

19. Please indicate the position of any or all of the individuals that initiated any of the actions that were given in questions 5-17. (If more than one individual, see Question # 20)

- A. Program Director
- B. Head Athletic Trainer
- C. Assistant Athletic Trainer
- D. Graduate Assistant Athletic Trainer
- E. Other _____

20. If any of the aforementioned actions have been initiated by more than one of the individuals identified in Question # 19 please indicate that person's position and gender in the space provided.

21. If you have experienced any of the behaviors identified in this survey (Questions 5-17) by a clinical instructor, please indicate your (the student athletic trainer) response(s) to the behavior(s) (Circle all that apply).

- A. Have not experienced such behaviors
- B. Ignored the behaviors
- C. Approached the offender and communicated displeasure with behaviors
- D. Communicated with Program Director
- E. Communicated with other Student Athletic Trainers
- F. Communicated Athletic Training Faculty/Staff
- G. Wrote anonymous letter to _____.
- H. Other _____.

Listed below are some behaviors that might occur between student athletic trainers and clinical instructors. Have you ever seen any of your peers encounter any of the following behaviors during an athletic training clinical experience? If you have observed them experience any of the following behaviors, rate how severe you believe the encounter(s) was/were. (circle the number that corresponds with the occurrence of the behavior)

	Never	Rarely	Sometimes	Frequently
22. I feel I have observed my peers being yelled at by a clinical instructor(s).	1	2	3	4
23. I feel I have observed my peers being sworn at by a clinical instructor(s).	1	2	3	4
24. I feel I have observed my peers being treated unfairly by a clinical instructor(s) because of their gender.	1	2	3	4
25. I feel I have observed peers being treated unfairly by a clinical instructor(s) because of their race/ethnic background.	1	2	3	4

	Never	Rarely	Sometimes	Frequently
26. I feel I have observed my peers feeling excluded from informal medical/ educational discussions with a clinical instructor(s) because of their gender.	1	2	3	4
27. I feel I have observed my peers being physically harmed by a clinical instructor(s).	1	2	3	4
28. I feel I have observed my peers being threatened by a clinical instructor(s).	1	2	3	4
29. I feel I have observed my peers experience discomfort by listening to sexual humor by a clinical instructor(s).	1	2	3	4
30. I feel I have observed my peers experience discomfort by being the object of sexual humor by a clinical instructor(s).	1	2	3	4
31. I feel I have observed my peers experience unwanted sexual advances from a clinical instructor(s).	1	2	3	4
32. I feel I have observed my peers experience unfair treatment from a clinical instructor(s) because of their sexual orientation.	1	2	3	4

33. In the space below, please feel free to provide any additional comments where you have observed discrimination of your peers because of their gender.

34. Please indicate the sex of the clinical instructor that initiated any of the actions given in questions 22-33. (If more than one individual, see Question # 36)

- A. Female
- B. Male

Demographics

40. Your Age: _____ years

41. Marital Status:

- A. Married
- B. Single
- C. Divorced
- D. Other _____ (please indicate)

42. Sex:

- A. Male
- B. Female

43. Race Ethnicity:

- A. American Indian
- B. Asian American
- C. Black African American
- D. Hispanic
- E. White/Caucasian
- F. Other _____ (please indicate)

44. Describe your educational status:

- A. Freshman
- B. Sophomore
- C. Junior
- D. Senior

45. Describe how many years you have been in the athletic training program at your institution (not including observational year):

- A. 1 year
- B. 2 years
- C. 3 years
- D. 4 years
- E. 5 years
- F. Other _____ (please indicate)

46. Approximately how many supervised NATA clinical hours have you completed: _____

APPENDIX E
REVIEW OF RELATED LITERATURE

REVIEW OF RELATED LITERATURE

According to Anderson, women in athletic training have made great strides in attaining equality in the workforce¹. Many have gone the extra mile to gain the credentials necessary to challenge even the slightest criticism from those who assert that women have been incapable of handling "really tough jobs." As reported by the NATA's Women in Athletic Training Committee, both men and women have indicated that sexual harassment does occur in the field of athletic training^{2,3}. There also is evidence that female students believe they have not received the same opportunities as their male counterparts^{4,5}.

Richardson, Becker, Frank, and Sokol; and Baldwin, Daugherty, and Eckenfels found that medical students perceived that they have been discriminated and sexually harassed in the educational setting by their clinical supervisors^{4,5}. Baldwin et al. have also indicated that sexual harassment and discrimination are closely related⁵. Therefore discrimination should exist in a setting where sexual harassment has been reported. Hauth, Vanic, and Davis have indicated that sexual harassment has been perceived by students in athletic training education programs⁶. If discrimination is perceived to take place in these programs, it is important to know who perceived these behaviors, where the behaviors originated, and what dimensions were the students perceiving these behaviors: offensive language, abusive behaviors, language relating to sexual humor, and unwanted sexual advances.

Mistreatment in Athletic Training

According to Anderson, women have begun to challenge the inequality in all aspects of sport, including athletic training¹. Although women have not remained silent, more must be done to openly confront sexist comments, language, policies, procedures, and practices that have placed women in a subordinate role and limited their input into the decision-making process¹. In order to increase the number of women in athletic training and decrease the amount of sexual discrimination, Casey has suggested the following: a) launch a concerned effort by national and regional sport organizations to address the issue, b) establish a mentorship program to serve as a model for receiving and retaining women in the field, and c) provide documented information and research into the reason why women have chosen not to enter the field or leave, and why some women decide to stay in athletic training⁷.

In the early 1960's, females were not allowed to enroll in athletic training classes, but in the late 60's progress was made in that women could enroll in athletic training classes as long as another female enrolled in the class with them⁸. Prior to Title IX, females were viewed as athletic trainers for women not women athletic trainers. Because of this label, women were never considered as viable candidates for vacancies in men's athletic programs¹. With the passage of Title IX, many colleges and universities have developed and expanded women's sport programs, which has created a need for the health care of female athletes¹. As the need has increased, more and more females have been employed by professional athletic teams and Division I institutions⁸. This increase in opportunity to work with a variety of sports and administer care to higher profile athletes has assisted females with achieving the proper experience needed to acquire new positions¹.

Many female athletic trainers have felt that they have been just as qualified as men, but have been denied the exposure to football and other high-risk sports. Anderson reported that the first females in athletic training, during their educational preparation, perceived access to academic programs in athletic training and exposure to high risk sports, particularly football, was not offered at the same level to females as it was to males¹. Exposure to high-risk sports and any other opportunities males have is vital to a well-rounded athletic training experience⁹. If students have access to the same classroom opportunities, but not the same clinical opportunities, they may not be able to develop the necessary skills to become a certified athletic trainer.

Although the NATA has set rigorous standards that requires student athletic trainers to gain experience (25% of all clinical hours) with men's and women's high risk sports, many females have been denied the experience with football¹. If females have not had this experience, they have been discriminated against. By excluding females from these opportunities we have limited their potential to contribute to the total development of the profession.

Through the work of the NATA Women in Athletic Training Committee, sexual harassment of females in the profession of athletic training has been documented^{2,3}. Perceptions of harassment are held not only by females, but also of males. When surveyed, 37% of the female respondents felt as if they had been sexually harassed², while 41% of the male respondents thought as if females in the profession had been sexually harassed³. Females in this study indicated that more work needs to be done on the issues regarding sexual harassment and discrimination while being proactive in

establishing roles for females in the profession². Although male respondents indicated that female athletic trainers had been victims of harassment, several of them did perceive that they were victims of 'reverse' discrimination³.

Velasquez examined the perceptions' of 119 certified athletic trainers and athletic administrators about their perceptions, experiences, and problems with sexual harassment¹⁰. The questionnaire was composed of 60 questions broken down into three areas: 1) perceptions, 2) experiences, and 3) problems with handling sexual harassment. Questions specific to the areas of athletic training and athletics were modified for use in this study. Twenty-five percent of the athletic trainers who were surveyed indicated they had experienced and/or perceived sexual harassment towards certified athletic trainers. Although males and females were targets of sexual harassment, Velasquez reported that females had higher perceptions and experiences of sexual harassment than males. The majority of the sexually harassing behaviors, as perceived by certified athletic trainers, originated from a colleague, student, or another individual who was not in an administrative or supervisory role.

In a review of issues evolving around sexual harassment, Velasquez discussed how athletic trainers should deal with and why they need to be concerned about this issue¹¹. Due to the nature of the environment, certified and student athletic trainers need to be aware of the comments, conversations, and incidental contact by athletes and/or staff that may be perceived as sexually harassing. If an institution does not have a policy regarding sexual harassment, Velasquez recommends the development of a policy.

Educational Experiences of Females and Males

Incidences of gender bias take place everyday in the American classroom. Issues involving discrimination and harassment have been a continuing concern in the lives of undergraduate students on college/university campuses throughout Canada and the United States¹²⁻¹³. Sexual harassment is so prevalent in today's society that 20 to 30% of females enrolled as undergraduate students in the United States in 1992 reported being sexually harassed¹³. Many times instances of gender bias are so subtle teachers are not aware of their actions or the actions of their peers¹³. These actions often go unnoticed because these professionals have not had time to reflect on and analyze their actions with the boys and girls that they are teaching. Instead, they spend their time on making decisions about classroom management and issues regarding the curriculum¹⁴. In fact, teacher education in many institutions of higher education reinforces the already existing sexist attitudes of many undergraduates¹⁴. Prior to ever teaching, many educators set forth into the workforce with a sex-role ideology firmly in place¹⁵.

In a review of their work, Sadker and Sadker have reported that sexism in the classroom since the 1970's has not changed¹⁶. Students from a variety of ethnic backgrounds and communities in more than a 100 fourth- sixth- and eighth-grade language arts, english, math, and science classes were observed. Behaviors of sexism were determined over a 3 year period through direct observation or by analyzing videotapes. The origin of these actions have been attributed to early childhood development, so by the time individuals become professors of higher education these actions have already been entrenched into their everyday behavior. Through their

analysis, the Sadkers indicated that boys had more advantages than girls did in the classroom and thus they have increased their chances for a better education. Furthermore girls have received fewer academic contacts, asked lower level questions, and have been provided less constructive feedback and encouragement than boys. Sadker and Sadker's work has been supported by Kobrynowicz and Branscombe in which 295 undergraduates indicated the extent to which they perceived different types of sex discrimination on an 8-point Likert-type scale¹⁷. Although Kobrynowicz and Branscombe reported similar results as the Sadkers, they also found that the structurally privileged group members (males) have claimed that they have been the object of discrimination, because they felt the need to explain the decline in the privileges that they have received¹⁷. Further results indicated that both genders perceived that women in general, face more incidences of gender discrimination than men. This study indicated that females would report more incidences of discrimination to themselves and to their social group because they generally experienced it in a much greater frequency¹⁷. Many times females have personally denied being the victim of discrimination, however they did admit that their social group is the subject of discrimination¹⁸.

In a review of issues that examined the interaction of teachers with male and female students, how teachers responded to verbal cues by students, and how teachers' nonverbal messages fed sex-based differences regarding the interests and goals of students¹²⁻²¹, Lafrance has indicated that teachers tend to direct more interactions toward boys than towards girls¹⁹. One reason provided for males receiving more verbal cues from their teachers than females, was that males misbehave more often, so the teacher

had to direct most of his/her attention to those individuals who were misbehaving¹⁹. As teachers developed a pattern of calling on boys more than girls, they began to provide a message to the students that boys were more valued than girls²⁰.

Although few studies have indicated that females have more interaction between their teachers than boys do or there is no difference at all, Sadker and Sadker have reported that boys tend to dominate classroom communications¹⁶. Teachers have allowed males to dominate classroom conversation because females have a societal stereotype of being the better listeners and therefore they are expected to listen while the boys talk²². More interestingly, the Sadkers found that boys tended to interact more than girls do and the response of the teacher was different when girls repeated the same behaviors as the boys¹⁶. Grossman found that teachers tended to accept the answers from boys when they did not raise their hand and just called out the answer²². When girls did the same thing, teachers tended to reprimand the individual's behavior.

In 1990, Smithson reported his findings on similar behaviors in a study that he conducted in grade schools of four states and the District of Columbia²³. His investigation demonstrated that most teachers in fourth-, sixth-, and eighth-grade classrooms have continued to devote more time to their male students than to their female students by asking them more challenging questions and by allowing them more time to talk. Although many of these actions and behaviors have occurred in the elementary and high school setting, Smithson believes these behaviors are carried over to the higher educational setting where professors repeat the behaviors of elementary and high school teachers, therefore students are oblivious to the sexist actions^{15,23}. In fact their

experiences in colleges/universities are likely to have a 'chilling effect' on their aspirations and goals¹⁵. This often occurs because of the disproportionate number of male to female faculty members at the college and university level and partly because male faculty members tend to affirm students of their own sex more than students of the opposite sex¹⁵.

This differential treatment, combined with classroom behavior of male students contributes to what Sandler, Sliverberg, and Hall call a "chilly climate"²¹. Because of this so-called "chilly climate" in the college classroom, Sandler et al. have reported that females felt that they were unable to participate fully in the learning process^{21,23}. Contrary to this belief, Drew and Work have indicated that there appears to be no evidence from the analysis of the responses of college students that females are currently suffering from a "chilly climate"²⁴. According to Drew and Work, this is most probably due to the fact that such a climate does not exist extensively in higher education. In fact, their study indicated that females report enjoying experiences and gains from college equivalent to or in many cases exceeding those of men²⁴. One reason given for a change in the female students' experiences may have to do with the fact that there are more female faculty and administrators in the college setting. Although research has concentrated on the behaviors and actions of our children's teachers, we need to look at the whole picture and see the correlation between treatment of females in society and their treatment in the classroom²⁵.

Mistreatment and Harassment in the Allied Health Field

Many times students in allied health curriculums have not experienced any sort of discrimination until their first clinical experience. Since student athletic trainers are in the clinical setting for a majority of their educational experiences, it was important to know and understand how they think their clinical instructors are treating them. Like medical school, athletic training educational programs equip students with the knowledge and clinical skills and serves as an introduction to the life-long learning process required of allied health professionals. Richardson et al. and Baldwin et al. have reported that medical students have experienced sexual harassment and mistreatment during their training^{4,5}. In fact Baldwin et al. indicated that there was a correlation between those students who perceived sexual harassment and sex discrimination⁵. According to Hauth et al. sexual harassment has been reported by students in athletic training educational programs⁶. Since sexual harassment has been found in the athletic training clinical setting one could expect to see discrimination in the clinical setting.

Many athletic trainers work in environments where there is an increased potential for sexual harassment¹¹. With sexist and gender-biased policies, it is unlikely that male victims would be in the equivalent subordinate and oppressed position of females¹⁷. Because of this, discrimination against females was more commonplace and tends to be an expression of the institutionalized view that females were less important or inferior in the sporting domain²⁶. Sexual harassment is not just a problem for its victims, it is a problem for everyone. Anyone responsible for decisions in the workplace or employee supervision is responsible for understanding and preventing sexual harassment from

occurring in the workplace¹¹. Research examining the perceptions of medical school students has indicated that 56.5 to 96.5% of those surveyed have experienced sexual harassment or been discriminated against during their clinical experience^{4,5}. Incidences of sexual harassment may include, but are not limited to the following: a) physical contact (e.g., brushing against another persons body, pinching, hugging); b) offensive remarks or verbal abuse of sexual nature; c) sexual advances or suggestions and; d) offensive gestures (e.g., gestures with sexual innuendo)²⁷.

Richardson et al. examined perceptions of mistreatment of 769 second and third year medical students⁴. Students were questioned on a four point scale (from 1 = very favorable to 4 = very unfavorable) about their perceptions of being yelled or sworn at, being physically threatened or harmed, experiences of unwanted sexual advances, experiences of unfair treatment because of their gender or race-ethnicity, feelings of exclusion from informal medical school or clinical settings because of gender, and of experiences discomfort from sexual humor. This was done to determine the degree of perceived gender and racial-ethnic bias, as well as overall mistreatment as a student, between second and third year medical students. The authors of this study reported that a significantly large number of second year medical students (37.2%) and third year medical students (75.8%) perceived themselves to be the object of harassment and/or discrimination during their training⁴. There was a significant difference reported between the second and third year students in four specific areas: being sworn or yelled at (8.9 vs. 50.2%), exclusion on the basis of gender (7.2 vs. 17.6%), sexual humor (16.1 vs. 31.5%), and unwanted sexual advances (2.2 vs. 9.7%). They also found a strong correlation

between being a female and increased perceptions of mistreatment relating to sexual humor, unfair gender treatment, and exclusion on the basis of gender. Students treated the best to the worst included: white men, nonwhite men, white women, and nonwhite women. To support the work of Richardson et al, Field and Lennon questioned the perceptions of 232 first and fifth year medical students in the United Kingdom²⁸. Students in this study indicated that females were at a greater disadvantage and mistreated more often than males were when comparing fifth to first year medical students.

In a survey to determine mistreatment and harassment of 989 senior students from ten medical schools throughout the United States, Baldwin et al found similar results⁵. This study was conducted because women, minorities and older students constituted a larger percent of students in medical school. In order to determine incidences of mistreatment and/or harassment, respondents were asked to indicate how often they had experienced a specific behavior on a four-point scale (never, rarely, sometimes, or often). Students were then asked to indicate the source of each type of perceived mistreatment. These authors indicated that 96.5% of the respondents reported at least one type of mistreatment or harassment at some point during medical school training. Fifty-five percent of the respondents indicated that they were sexually harassed. Seventy-nine percent of those individuals who reported incidences of sexual harassment indicated that clinical faculty were the primary source of this perceived mistreatment. Thirty percent of the females surveyed indicated that they were sexually harassed on three or more occasions from clinical faculty and resident staff. While 59% of the women indicated

that they had been sexually harassed at one point in their education, 25% of the men also reported some type of sexual harassment from clinical faculty and residents. Many of these behaviors were in the form of sexist slurs to statements that women were incapable or did not belong in medicine or in a particular specialty.

Although females were apparently mistreated more often than males, both sexes indicated that members of the opposite sex were given preferential treatment based on their sex^{4,5}. Depending on the specialty, females indicated that they were treated better than males and vice versa^{4,5}. In most instances where males were the clinical instructors, female students were often the individuals who were reporting the incidences of sexual harassment or misconduct. This occurred because female students felt more comfortable around female faculty members and therefore they would not come to judgement as quick as they would when male educators were mistreating them²⁹.

When examining perceptions of sexual harassment in the athletic training educational setting, some evidence has been presented as to its existence. Hauth, Vanic, and Davis focused on the experiences of student athletic trainers and their experiences with student-athletes, coaches, and supervising certified athletic trainers⁶. The authors placed emphasis on examining the total number of incidences reported, who the offender was and where the incident took place with a 30-item Likert-type questionnaire. Eighty-two percent of the 39 students surveyed, indicated at least one behavior of a sexually harassing nature in their relationships with student-athletes, while 18% of them indicated coaches were the source, and 23% indicated supervising certified athletic trainers were the primary source. Students also indicated that they were more often to experience a

sexually harassing behavior when their field experience was with a men's sport and that 67% of the behaviors originated from male coaches, while 33% originated from female coaches. Areas where a majority of these behaviors took place include: the primary athletic training facility (26%), at the athletic practice/game venue (20%), and in the bus or van (18%).

Through the work of Richardson et al and Baldwin et al, sexual harassment has been linked to incidences of sex discrimination^{4,5}. Since Hauth et al have reported on the presence of sexual harassment in athletic training educational programs and the clinical setting of athletic training educational programs resembles the clinical setting of medical school, sex discrimination is likely to exist in the clinical setting of athletic training education programs⁶.

Summary

Incidences of sex discrimination have been reported in many aspects of allied health^{1-6,10-11,28}. Many times perceptions of discrimination may vary, because individuals may have differing opinions of what behaviors qualify as discriminating. As reported by Sadker and Sadker and several other authors, discrimination can appear in many forms regardless of the sex of the offender and the victim^{2-6,10,12-25,28-30}. Studies conducted in the area of allied health have indicated high percentages of mistreatment of students and individuals in the profession^{2-6,10,28,31-32}. Students often indicate that the clinical instructors are the main source of the discriminating behavior and/or mistreatment⁴⁻⁶.

In order to prevent some of these similar actions from occurring at the educational level of athletic training programs, clinical instructors need to make sure that all female student athletic trainers receive the same educational experience that is provided to male student athletic trainers. This includes team assignments with football and other high risk sports and being treated the same in the classroom and the athletic training room when it comes to learning and everyday conversation. A move to promote these actions should ensure quality preparation of quality professionals regardless of gender.

REFERENCES

1. Anderson MK. Women in athletic training. *JOPERD*. 1992; 63;3:42-44
2. National Athletic Trainers' Association. NATA Women in athletic training survey. Available at <http://www.nata.org/Committee/women/html>. Accessed September 26, 1999.
3. National Athletic Trainers' Association. NATA Women in athletic training survey. Available at <http://www.nata.org/Committee/men/html>. Accessed September 26, 1999.
4. Richardson DA, Becker MD, Frank RR, Sokol, RJ. Assessing medical students' perceptions of mistreatment in their second and third years. *Academ Med*. 1997;72;8:728-730.
5. Baldwin DC, Daugherty, SR, Eckenfels EJ. Student perceptions of mistreatment and harassment during medical school: A survey of ten United States schools. *West J Med*. 1991 Aug; 155:140-145.
6. Hauth JM, Vanic KA, Davis SE. The incidence of sexual harassment in an undergraduate athletic training education program. *JNATA*. 1999;34:(suppl) S-8.
7. Casey A. Title IX and women officials- How have they been affected? *JOPERD*. 1992; 63;3:45-47.
8. Rochman S. Breaking barriers. *Training & Conditioning*. 1998; 8;5:12-19.
9. Martin J. Women trainers: A growing field. *Phys Sportsmed*. 1976;4;8:93-97.
10. Velasquez, BJ. Sexual harassment issues in athletic training and athletics. *JNATA*. 1997;32:(suppl) S-7.
11. Velasquez BJ. Sexual harassment: A concern for the athletic trainer. *JNATA*. 1998;33:171-176.
12. Cairns KV, Hatt DG. Discrimination and sexual harassment in a graduate student sample. *Canadian J Human Sexuality*. 1995;4;3:169-176.

13. Mazer DB, Perceival EF. Ideology or experience? The relationships among perceptions, attitudes, and experiences of sexual harassment in university students. *Sex Roles*. 1989;20;3/4:135-147.
14. Marshall CS, Reinhart J. Gender issues in the classroom. *Clearing House*. 1997;70:333-338.
15. O'Reilly P, Borman K. Sexism and sex discrimination in education. *Theory Into Prac*. 1982; 23;2:110-115.
16. Sadker M, Sadker D. Sexism in the schoolroom of the 80's. *Psych Today*. March 1985:54-57.
17. Kobryniewicz D, Branscombe NR. Who considers themselves victims of discrimination? Individual difference predictors of perceived gender discrimination in women and men. *Psych Women Quart*. 1997;21:347-363.
18. Crosby F. The denial of personal discrimination. *American Behavioral Scientist*. 1984;27:371-386.
19. Lafrance M. School for scandal: Different educational experiences for females and males. *Gender & Education*. 1991;3;1:3-13.
20. Streitmatter J. Equity or equality: Gender equity on classroom teaching. *People and Education*. 1993;1;3:233-249.
21. Sandler BR, Silverberg LA, Hall RM. *The Chilly Classroom Climate: A Guide to Improve the Education of Women*. Washington, DC: National Association for Women in Education.
22. Grossman H, Grossman SH. Origins of gender differences. *Gender Issues in Education*. Boston, MA: Allyn & Bacon; 1994: chap. 2.
23. Smithson I. *Gender in the Classroom: Power and Pedagogy*. Urbana, IL: University Press; 1990: Introduction. In Gabriel SL and Smithson I (Eds). (p. 1-27).
24. Drew TL, Work GG. Gender-based differences in perception of experiences in higher education. *J Higher Ed*. 1998;69:542-555.
25. Kanwar A. Gender in the classroom: Boundaries real or imagined. *Thresholds in Education*. 1995;22;3-4:35-40.
26. Fasting K, Sisjord MK. Gender roles and barriers to participate in sports. *Soc Sport J*. 1985;2:345-351.

27. Woodhead B. Sexual harassment of female trainers. *The Amateur Footballer*. 1995;8;3:2.
28. Field D, Lennox A. Gender in medicine: The views of first and fifth year medical students. *Med Ed*. 1996;30:246-252.
29. Ehrhart JK, Sandler BR. Rx for success: Improving the climate for women in medical schools and teaching hospitals. *AWIS Magazine*. 1996;25;5:10-11.
30. Koenigsberg R, Arrighi M. Women athletic trainers. *JOPERD*. 1975;46;1:51-52.
31. National Athletic Trainers' Association. NATA code of ethics. Available at <http://www.nata.org/brochures/ethics.html>. Accessed September 26, 1999.
32. National Athletic Trainers' Association. NATA sexual harassment policy. Available at <http://www.nata.org/Committees/sexual.html>. Accessed September 26, 1999.