

University of Memphis

University of Memphis Digital Commons

Electronic Theses and Dissertations

5-29-2012

An Exploration of the Link Between Masculinity and Intimate Partner Violence

Alida Gage

Follow this and additional works at: <https://digitalcommons.memphis.edu/etd>

Recommended Citation

Gage, Alida, "An Exploration of the Link Between Masculinity and Intimate Partner Violence" (2012).
Electronic Theses and Dissertations. 502.
<https://digitalcommons.memphis.edu/etd/502>

This Dissertation is brought to you for free and open access by University of Memphis Digital Commons. It has been accepted for inclusion in Electronic Theses and Dissertations by an authorized administrator of University of Memphis Digital Commons. For more information, please contact khhgerty@memphis.edu.

AN EXPLORATION OF THE LINK BETWEEN MASCULINITY AND INTIMATE
PARTNER VIOLENCE

by

Alida Novarese Gage

A Dissertation

Submitted in Partial Fulfillment of the

Requirements for the Degree of

Doctor of Philosophy

Major: Counseling Psychology

The University of Memphis

August 2013

Dedication

I would like to dedicate this dissertation to the women, children, and men who suffer because of intimate partner violence in the United States. This dissertation was completed in the hopes of learning more about how to improve our understanding of this phenomenon and how to prevent it.

Acknowledgements

I would like to acknowledge some of the many people who have supported me in completing this dissertation.

Dr. Suzanne Lease helped me find in my clinical experience a research question that was both inspiring and relevant and supported me in producing research I am proud of.

My parents, Paula and Steve Baugh, and Michael Novarese, have supported me in every way throughout all levels of my education. I truly would not be where I am today without their generosity and support.

My husband, Billy Gage, continually expresses his positive view of me and my abilities which enables me to try to live up to it.

Abstract

Gage, Alida Novarese. Ph.D. The University of Memphis. August 2013. An Exploration of the Link Between Masculinity and Intimate Partner Violence. Major Professor: Suzanne Lease, Ph.D.

Current research has established links between endorsement of traditional male role norms and the perpetration of intimate partner violence. However, research has not identified the cognitive and affective pathways that link masculinity ideology and beliefs about intimate partner violence. The current study examined fear of intimacy, ambivalent sexism, and relationship dominance as potential mediating factors of the relationship between masculinity ideology and the acceptance of myths about partner violence in a community sample of 101 American men. Multiple regression analyses indicated that, while sexism and dominance did partially mediate the proposed relationship, fear of intimacy did not. Research and clinical implications are discussed.

Table of Contents

Chapter 1: Introduction.....	1
Intimate Partner Violence.....	2
Traditional Masculinity and IPV.....	4
Factors Associated with Masculinity and IPV.....	5
Acceptance of IPV.....	9
Research Question.....	10
Chapter 2: Literature Review.....	11
Prevalence and Consequences of Intimate Partner Violence.....	11
Historical Context of Societal Response to IPV.....	15
Masculinity Ideology.....	18
Masculinity and IPV.....	19
Fear of Intimacy, Dominance, and IPV.....	22
Sexism and IPV.....	25
Summary.....	28
Chapter 3: Method.....	29
Participants.....	29
Measures.....	30
Procedure.....	36
Chapter 4: Results.....	38
Regression Analysis.....	38
Chapter 5: Discussion.....	42

Limitations.....	46
Clinical Implications.....	47
Conclusions.....	49
References.....	51
Appendix.....	60

Chapter 1: Introduction

Although estimates regarding the prevalence of domestic violence in the United States vary, a review of major U.S. surveys indicates that 12% of women reported physical abuse by a partner in the past 12 months (Perilla, Lippy, Rosales, & Serrata, 2011). While victims of domestic violence may receive mental health counseling to address their traumatic experiences (Kress, Protivnak, & Sadlak, 2008), male perpetrators of domestic violence are also attending group, individual, and family counseling in growing numbers (Brown, 2004), sometimes voluntarily and sometimes in conjunction with legal judgments. Therefore, it is essential for psychotherapists working with these men to understand the beliefs they hold that contribute to their violent behavior. Research has already shown a link between males' endorsement of traditional masculinity and their perpetration of violence, specifically domestic violence (Copenhaver, Lash, & Eisler, 2000; Schwartz, Waldo, & Daniel, 2005). However, the specific pathways between men's endorsement of traditional masculine norms and acceptance of the violent behaviors are largely unexplained.

Current research has established links between endorsement of traditional masculinity and other variables related to domestic violence. Adult males' endorsement of the masculine role norm of dominance is associated with increased instances of domestic violence (Straus, 2008; Tager, Good, & Brammer, 2010; Whitaker, 2011). Some men experience relationship vulnerability as shameful and a threat to their masculinity, creating a fear of intimacy that must be defended against (Jennings & Murphy, 2000). Men who endorse higher acceptance of traditional concepts of masculinity have been shown to endorse higher levels of sexism that also might lead to

acceptance of violence toward women (Leaper & Van, 2008). These constructs of dominance, fear of intimacy, and sexism may provide the pathways that link masculinity to the acceptance of perpetration of domestic violence. The current study sought to advance the existing research on masculinity and domestic violence by examining the relationship between adult males' endorsement of traditional masculine norms and their endorsement of domestic violence myths and whether that relationship is mediated by their fear of intimacy, benevolent/hostile sexism, and need for dominance.

Intimate Partner Violence

Intimate partner violence (IPV) is a significant health issue in the United States, with an estimated 5.3 million victimizations and 2.0 million injuries, 550,000 of which require medical attention, occurring among U.S. women ages 18 and older each year (Center for Disease Control and Prevention, 2003). IPV can be fatal or cause serious and long-term negative consequences for the victim's physical and psychological health, including physical injury/illness and psychological trauma/illness (Gelles, 1997). Moreover, IPV results in costs exceeding \$5.8 billion annually in the U.S., a figure that includes medical costs, mental health care costs, and lost wages (Center for Disease Control and Prevention, 2003).

Despite these severe health consequences for women in the United States and the resulting costs to society, it was only with the growing women's movement, starting in the 1960s, that IPV received widespread attention as a serious societal health issue (Day, Chung, O'Leary, & Carson, 2009). In the early years of feminists' efforts to mobilize societal resources to combat IPV, emphasis was placed on raising awareness and helping the female and child victims of IPV to escape from abuse and recover safely. Few

resources were allocated to the treatment of offenders (Day et al., 2009). Establishing victim-focused programs and services such as safe houses, battered women's shelters, and the YWCA, was an essential step toward bringing serious attention to the issue at the societal level (Robinson, 2000); however, this approach was incomplete in focus (Robinson, 2000).

Figures on the occurrence of IPV made it clear that focusing solely on victims missed an important part of the equation, the perpetrators (Robinson, 2000). Increasingly, IPV intervention and prevention efforts are targeting the perpetrators, with the aim of preventing re-offense and thus increasing the safety of victims (Robinson, 2000). With the enactment of stricter legislation regarding IPV, in addition to increasing court-mandated referrals to IPV group treatment programs, offenders are starting to receive more clinical attention (e.g., VA's, community mental health centers) (Robinson, 2000). Integrated models of IPV treatment, prevention, and intervention, such as the influential Duluth Model (Pence & Paymar, 1983), advocate the inclusion of male offender treatment into the societal response to IPV. The main treatment modality for offenders in Duluth model-based programs is feminist-theory driven group psychoeducation of offenders illuminating how power dynamics, masculinity, and social norms may contribute to IPV (Dobash, Dobash, Cavanagh, & Lewis, 1999).

Treatment of IPV offenders is a difficult task, with higher recidivism rates than in the general offender population (Day et al., 2009). More needs to be done to understand this difficult population in order to effectively treat them and protect potential victims (Levesque, Velicer, Castle, & Greene, 2008). Because of the traditional focus on the victims of DV, new or even experienced therapists may find it difficult or distasteful to

try to understand the psychological mechanisms through which a man becomes violent towards an intimate partner. They may fear the burnout from working with this population (Edmunds, 1997) or feel disgust, anger, or even fear for their safety when exposed to violent offenders (Knoll, 2009). However, when therapists can understand the core hurts and belief systems that may contribute to interpersonal violence, they can convey the empathic response essential for effective treatment of this population (Knoll, 2009).

Traditional Masculinity and IPV

In order to understand and appropriately treat perpetrators of IPV, program developers and counselors need to be familiar with not only contextual factors (i.e., exposure to IPV in childhood, alcohol abuse and dependence) common to IPV perpetrators, but also with the intrapsychic qualities and personal belief systems that may be points for intervention (Easton et al., 2007). A large body of research links the psychological construct of traditional masculinity with the perpetration or acceptance of IPV (e.g., Tager et al., 2010). Traditional masculinity, according to Levant (1992), is a socially defined construct that differs by culture. Traditional North American masculinity ideology represents a “male code” (Levant, 1992, p. 385) of behavior, abilities, and values to which men are socialized as boys and to which they may feel pressure to adhere to or fulfill. These male role norms are defined as traditional because they represent the prevailing ideal to which men and boys were socialized before the deconstruction of gender ideals and norms began in the 1960s and 1970s. In his evaluation of the male code, Levant (1992) found positive aspects to be celebrated, such as men’s value of enduring pain and hardship for the sake of protection of others and providing for family,

as well as negative aspects to be eliminated, such as men's difficulties with emotional intimacy, their endorsement of hierarchical power structures that are based on dominance, and devaluing of women and homosexuals.

Men who reported a high degree of endorsement of traditional male role norms have been shown to experience a number of relational difficulties, ranging in severity from poor functioning in intimate relationships to perpetration of IPV (Burn & Ward, 2005; Good, Heppner, Hillenbrand-Gunn, & Wang, 1995; Jakupcak, Lisak, & Roemer, 2002; McGraw, 2001; Tager et al., 2010). Heterosexual men who endorse higher levels of conformity to masculine gender roles are more dissatisfied in their intimate relationships, as are their female partners (Burn & Ward, 2005; McGraw, 2001). Further, these men are seen by their female intimate partners to be lower in closeness and caregiving characteristics and higher in angry/aggressive and authority/dominant characteristics (McGraw, 2001). The endorsement of a high degree of adherence to traditional norms of masculinity is a strong predictor of endorsement of rape myths, belief in the adversarial nature of male-female sexual relations, and use of psychological violence against women (Good et al., 1995). A high degree of endorsement of traditional male role norms combined with high levels of stress in meeting those ideals significantly predicts males' aggression and violence towards their female partners (Jakupcak et al., 2002).

Factors Associated with Masculinity and IPV

Although endorsement of traditional norms of masculinity is a strong predictor of IPV and should be included in the treatment protocols for male offenders, it might be more effective to focus on the beliefs and behaviors that derive from the masculinity

ideology, or the traditional role norms of masculinity. Since the masculine socialization process starts early (Levant, 2005), it becomes the basis for identity and subsequent psychological characteristics and belief systems that may be available for more immediate intervention via IPV treatment programs or counseling. As research on domestic violence has accumulated increasing evidence for the link between the identification with traditional male role norms and IPV, investigators have turned to exploring associated variables that may mediate the relationship between masculinity ideology and IPV (e.g., Gratz & Roemer, 2004; Tager et al., 2010). This study will focus on fear of intimacy, dominance, and ambivalent sexism as potential mediators of the masculinity – IPV relationship. Aspects of this cluster of attitudinal sets have been examined in relation to masculinity and IPV, but they have not been examined in combination. Yet it is likely that they function as a set linking masculinity to IPV. Emotional dysregulation, a common characteristic of violent men, represents an individual's inability to regulate affective states and has been cited as an important way to understand how masculine ideology is expressed in IPV (Tager et al., 2010). Studies have supported the idea that the emotional restriction component of masculinity ideology (Levant, 1996) leads to males' emotional dysregulation and their using IPV as a way to shield themselves from intimacy and vulnerability and manage threats to their masculinity (Dutton, 2007). IPV is also a means for restoring dominance along gendered lines (Jakupcak, 2003). Some researchers (e.g., Brown, 2004) have drawn on attachment theory to understand how a fragile masculinity and fears of intimate connections might result in IPV.

As a group, male IPV offenders reported greater levels of avoidance of dependency and fear of abandonment by their intimate partners than did nonviolent men (Holtzworth-Munroe, Stuart, & Hutchinson, 1997). Men who displayed fearful or preoccupied attachment styles were more likely to endorse controlling behaviors towards intimate partners (Mahalik, Aldarondo, Gilbert-Gokhale, & Shore, 2005). Qualitative analysis of IPV offenders' responses revealed a fear-based theme 'Women are dangerous' that describes these men's implicit theory that women wield power over men and that men are helpless to negotiate with women in a satisfying way without resorting to violence (Gilchrist, 2009). Men who strongly adhere to an ideology of control and dominance might be especially reactive to feeling vulnerable (i.e., fear of intimacy).

Some authors have focused on attachment issues unique to the male socialization process that may produce the context of a fear of intimacy (Levant, 1992; Pollack, 1999). These authors described the premature separation that occurs between young boys and their maternal attachment figure because of the push for boys to develop self-sufficiency and disconnection from emotions at an early age (Levant, 1992). This premature separation may leave the boys "without the necessary tools to make connections in later relationships...unprepared to deal with separation and unable to accept their dependency needs" (Mahalik et al., 2005, p. 619). Therefore, the traditional male may see intimate situations as exposing their vulnerability and reactivating their attachment-related fears of abandonment and the accompanying negative self-concept (Jennings & Murphy, 2000). These unresolved attachment issues in these men may create a fear of intimacy as they feel ill-equipped to negotiate their lack of control in intimate relationships balanced with their needs for maternal reassurance that they did not internalize as boys (Levant, 1992).

Their need for the woman's love exposes them to feeling shame for their weakness, and their fear of humiliation leads them to act in ways that restore their positive view of self as in control and invulnerable (Jennings & Murphy, 2000).

Along with the fear of intimacy stemming from unresolved attachment issues, a need to dominate and control an intimate partner has been linked both to masculinity and to IPV (Tager et al., 2010). Separate from the general dominance characteristic that is valued by the competitive traditional male, the need to dominate an intimate partner represents a hierarchical and power-based approach to relationships and a need for control in intimate relationships (Hamby 1996). Another potential consequence of the traumatic separation from reliance on a motherly attachment figure is a feeling of destructive entitlement in which the man feels that he must dominate others, especially an intimate partner, and make them pay for the loss of the holding environment and security of his early childhood (Levant, 1996). This destructive entitlement represents a maladaptive attempt on the traditional male's part to regain the control of his environment that was taken from him before he was ready (Levant, 1996).

Another line of inquiry in research regarding masculinity and domestic violence offenders relates to sexism. Sexism can be understood as "a special case of prejudice marked by a deep ambivalence, rather than a uniform antipathy, towards women" (Glick & Fiske, 1996, p, 491). Glick and Fiske conceptualized ambivalent sexism as encompassing both hostile and benevolent feelings towards women that stem from faulty generalizations about women as a group. The devaluation of the feminine is considered to be an integral component of North American traditional masculine socialization (Brannon & Juni, 1984; Levant et al., 2007; Mahalik et al., 2003; Thompson & Pleck, 1986), so it is

likely that stronger endorsements of the traditional masculinity ideology are associated with greater levels of sexism. Sexism has been related to the endorsement of traditional masculinity (Leaper & Van, 2008) as well as the perpetration of IPV (Crossman, Stith, & Bender, 1990; Eades, 2003; Flynn, 1990) and the acceptance of rape myths (Good et al., 1995).

Acceptance of IPV

While research has focused on the actual commission of violent behaviors directed at interpersonal partners, attitudes or beliefs about the acceptability of IPV are also important to examine. Radical feminist theory views IPV as a socially sanctioned way for men to keep their partners psychologically and physically vulnerable and hamper their independence (Peters, 2008). The acceptance of erroneous beliefs, or myths, regarding IPV serves a broader function for the women in society as a whole, keeping them silent and shifting the blame of male-perpetrated IPV to the victims (Peters, 2008). The measurement of IPV myths can also broaden the study of IPV to non-clinical populations by accessing the general societal beliefs that produce IPV-conducive situations (Peters, 2008). Attitudes towards IPV have been linked to the actual perpetration of IPV (Guoping, Yalin, Yuping, Momartin, & Ming, 2010). False beliefs that serve to deny, minimize, or justify IPV, such as “Women instigate most family violence,” (Peters, 2008, p. 21) may give women a false sense of security about who are the potential victims of IPV. The acceptance of such myths on the part of men may help men blame women victims for IPV. Such beliefs are identified and challenged by IPV intervention programs.

In summary, research in the fields of masculinity and IPV has established links between these two constructs through variables of attachment related phenomena such as fear of intimacy and need for dominance in intimate relationships, as well as ambivalent sexism. These three constructs form a constellation of negative attitudes regarding women in general and one's relationship partner specifically. However, no research to date has brought together these variables in a model that can explain how the relationships among these elements might work together to produce a relational context that is conducive to IPV. Thus, this study sought to explore whether fear of intimacy, relationship dominance, and ambivalent sexism mediated the previously established relationship between masculinity and the acceptance of IPV myths.

Research Question

The purpose of this study was to investigate possible mediating variables of the relationship between masculinity and myths about domestic violence, which would help therapists understand and plan more effective treatments for this population. The research question was: Do fear of intimacy, need for dominance, and benevolent/hostile sexism mediate the relationship between males' endorsement of traditional masculine role norms and their acceptance of IPV myths?

Hypothesis 1: Controlling for exposure to interparental violence in childhood, endorsement of traditional masculine ideology was predicted to be associated with acceptance of IPV myths.

Hypothesis 2: The association between masculinity ideology and IPV myths was predicted to be mediated by males' fear of intimacy, need for dominance in intimate relationships, and ambivalent sexism.

Chapter 2: Literature Review

This chapter reviews the extant literature on masculinity and IPV and the potential mediating variables of fear of intimacy, need for dominance of an intimate partner, and ambivalent sexism. First, a consideration of the prevalence and consequences of intimate partner violence in the United States will provide an appreciation for the seriousness of the problem for the society at large and the justification for undertaking the current study. This first section will also include literature that supports the current study's method of assessing the construct of myths about intimate partner violence. Second, an introduction to the history of the United States' response to intimate partner violence will present the traditional ways that intimate partner violence has been approached by various societal systems and how the current study could add to this response. Finally, the variables included in the current study, masculinity ideology, dominance, fear of intimacy, and ambivalent sexism will be considered as to their relevance to intimate partner violence.

Prevalence and Consequences of Intimate Partner Violence

Intimate partner violence (IPV) is a major health issue in the United States, especially for adolescent and adult females (U.S. Department of Justice, 2009). The Department of Justice defines IPV as "intentional physical violence committed, attempted, or threatened between spouses, ex-spouses, common-law spouses, boyfriends or girlfriends, present or past" (Smith & Farole, 2009, p. 1). In 2008, females over the age of 12 were victimized by an intimate partner at the rate of 4.3 per 1,000 while males over the age of 12 were victimized by an intimate partner at the rate of 0.8 per 1,000 (Bureau of Justice Statistics, 2009). Overall, females are much more likely than males to be the victim of IPV. In 2008, 99% of the offenders of these crimes were males (Bureau of

Justice Statistics, 2009). These figures of IPV encompass the crimes of rape/sexual assault, robbery, aggravated assault, and simple assault and account for a large percentage of the total violence against women, often by an intimate partner. Twenty percent of the total rapes/sexual assaults against women in 2008 were committed by an intimate partner, and 45% of the total female homicide victims in 2007 were killed by an intimate partner (Bureau of Justice Statistics, 2009).

Obviously, violence between intimate partners creates major health hazards for women in the United States. In an analysis of the IPV cases in 16 large urban counties brought before state courts in 2002, 89% of victims sustained physical injuries as a result of the IPV (Smith & Farole, 2009). These injuries included gunshot/stab wound, rape/sexual assault, severe lacerations/burns, loss of teeth, broken bones, loss of consciousness, minor cuts, redness, bruises, and pain (Smith & Farole, 2009).

Other sequelae of IPV for victims beyond these immediate injuries were summarized in a review spanning 10 years of research (Campbell, 2002). Victims of IPV experienced, at a higher rate than the general population, symptoms of chronic pain, gastrointestinal difficulties, gynecological complications, depression, and post-traumatic stress disorder (Campbell, 2002). Moreover, abused women were at higher risk for developing neurophysiological symptoms such as fainting spells, migraines, seizures, and dizziness (Campbell, 2002). Abused women were more likely than non-abused women to report cardiac problems and chest pain, which may be linked to lifestyle factors associated with being a victim of IPV such as substance abuse, smoking, and high levels of stress (Campbell, 2002). These high levels of stress are thought to be implicated in poor immune system functioning, which leads to higher levels of contracting common

colds and influenza for IPV victims, as well as contributing to long-term chronic health conditions such as hypertension. Sexual abuse may also leave female victims with sexually-transmitted infections in addition to other gynecological and urinary problems (Campbell, 2002).

In addition to the physical health consequences, IPV victims experience long-term mental health symptomology at a higher rate than the general population of women, which may also play a part in their poor physical health (Campbell, 2002). In a meta-analysis of the literature of nursing, public health, and psychology, Golding (1999) found that the most prevalent mental health symptoms in survivors of IPV were depression, suicidality, PTSD, and substance use, which were all present at higher levels than in non-abused women. Depression was found to have a mean lifetime prevalence rate of 48% in abused women versus 10-21% of non-abused women (Golding, 1999). The review of studies assessing the prevalence of suicidality in abused women showed rates ranging from 5 to 77%, producing a weighted mean of 17.9%, which was higher than the general population rates of suicidal ideation or attempts (Golding, 1999). Post-traumatic stress disorder (PTSD) prevalence was reviewed in 11 studies and was found to have prevalence rates ranging from 31 to 84% for abused women versus 1 to 12% for general populations (Golding, 1999). Finally, alcohol use and dependence in samples of women who were victims of IPV was 18.5% compared to prevalence rates in the general population of women ranging from 4.6 to 8.2% (Golding, 1999). Campbell (2002) concluded her review by stating that these physical and mental health issues for victims of IPV lead them to seek medical care 92% more than women who were not abused,

indicating that IPV is a serious public health problem that incurs significant financial costs to the United States. It is also preventable.

Since men perpetrate the majority of IPV, their behaviors and attitudes are the logical starting place for any prevention efforts. The current study will not assess actual incidents of IPV, but the attitudes toward IPV that perpetuate the acceptance of violence against women in intimate relationships. These attitudes towards IPV are amenable to study within non-clinical samples of men (Saunders, Lynch, Grayson, & Linz, 1987), while at the same time representing the very attitudes and beliefs that many IPV perpetrator treatment programs seek to change (Craig, Robyak, Torosian, & Hummer, 2006). Also, the current study will seek a diverse sample in terms of ethnicity and age variables in order to gain a more broad perspective on the attitudes towards IPV in American men. Many studies of these attitudes and beliefs about IPV have used college men to draw conclusions about American men as a whole (Saunders et al., 1987) or have focused on clinical samples (Craig et al., 2006).

Attitudes toward IPV are sometimes termed as “myths” about IPV paralleling Burt’s (1980) measure of endorsement of rape myths. Peters (2008) reviewed two approaches and explanations for domestic violence, one from the camp of sociologists who view domestic violence primarily as individual expression of learned behavior and cited figures that reflect similar rates of IPV perpetrated by men and women, and one from the radical feminist scholars who see IPV as a socially sanctioned way for men to maintain societal and relational power over women. Myths facilitate the maintenance of societal power over women. Myths are faulty beliefs that people hold as “true” or “factual” about a phenomenon. Myths about IPV serve to reduce social support for

victims, by circulating such information as “Domestic violence does not affect many people” (Peters, 2008, p. 21) or “Domestic violence results from a momentary loss of temper” (Peters, 2008, p. 21). Such myths serve patriarchal functions in society such as blaming the female victim for the abuse, exonerating the male perpetrator, and minimizing the seriousness or prevalence of the abuse. Moreover, the perpetuation of such myths may endanger the safety of women, by falsely protecting women from feeling threatened by potential harm from IPV, by encouraging them to stay in abusive relationships for fear of social reprisal, and by protecting abusers from realizing blame for the IPV.

Historical Context of Societal Response to IPV

IPV was recognized as a societal health issue beginning with the women’s movement in the 1960s and concerns about IPV gained momentum during the 1970s (Murphy & Ouimet, 2008). Much of the initial research and corresponding social action first focused on intervening on the behalf of the female and child victims of family violence; dealing with the perpetrators was seen as the responsibility of the criminal justice system (McPhail, Busch, Kulkarni, & Rice, 2007). More recently, an integrated program called the Duluth Model that encompasses victim services as well as coordination with the criminal justice system to rehabilitate perpetrators and prevent re-offense has emerged as the preferred societal response to IPV (Day et al., 2009).

The Duluth model is based on feminist theory and is characterized by a group psychoeducational approach to reducing violence that focuses on educating male batterers about power dynamics and encouraging them to try problem solving in their relationships in a more egalitarian manner. The Duluth model does incorporate

psychoeducation and feminist theories of domestic violence that address misogyny and power dynamics of gender that pure cognitive-behavioral treatment approaches often do not incorporate. However, it has its critics.

Several researchers noted the failure of the Duluth Model to show efficacy in clinical studies (Corvo, Dutton, & Chen, 2009; Stover, Meadows, & Kaufman, 2009). Authors of another meta-analytic review of IPV treatments' effects on recidivism (Babcock, Green, & Robie, 2004) concurred that the recidivism rate of the Duluth model is not significantly better than that of arrest alone; however, they pointed out that no other single type of treatment rises above Duluth model treatments. They also compared the high recidivism rates of the Duluth model and other similar treatments to the high relapse rates of commonly-accepted substance abuse treatments, concluding that although clinician's and researcher's energies need to be continually directed toward innovating new treatments and improving current ones, complete rejection of the current treatment approach is not appropriate either.

In addition to the lack of efficacy of the Duluth-type treatments for IPV offenders, clinicians working in agencies using this model experience difficulty in delivering the "one size fits all" treatment to a variety of men (Aymer, 2008). Treatment approaches such as the Duluth model that focus on enlightening violent males to "feminist ideas and socio-political rhetoric [that] denotes that men's violence against their partners is driven by societal messages and patriarchal norms" (Aymer, 2008, p. 323) have been shown to meet with strong resistance, as evidenced by the high dropout rates reported in many studies (e.g., Babcock et al., 2004). Clinicians attempting to deliver better interventions within a Duluth-type program can experience dissonance with the program and difficulty

with not being able to address needs of perpetrators based on their complicated histories, personality, and therapeutic needs (Edmunds, 1997). As one clinician describes this predicament, “While facilitating cognitive-behavioral groups for these men in the past, it became evident that many of them had histories of exposure to domestic violence. Not being able to fully respond to this left me with a sense of frustration and a sense of incompleteness” (Aymer, 2008, p. 324). Treatment that is more individualized and takes into account history of childhood exposure to IPV as well as societally structured gender norms may help clinicians empathize and understand their clients better (Knoll, 2009).

Samuel Aymer (2008), a clinical social worker with experience treating male batterers in Duluth-type groups, provided some clinical directions for those dissatisfied with the Duluth’s model’s ineffectiveness. He highlighted the importance of working through early experiences of violence in individual therapy with male perpetrators of IPV. Aymer holds that while Duluth-type approaches and cognitive-behavioral groups have some merit, their singular, confrontational, and labeling method leaves out the important piece of men’s childhood histories of witnessing or being the victim of abuse in the home. Not only can battering that occurs in the childhood home impair the parenting of the boy and model violence as a way of solving conflicts, it also presents an image of masculinity that is both frightening and painful. In order for the offending male to heal, to take responsibility for his actions, to develop empathy for intimate partners, and to learn to self-soothe in intimate relationships, Aymer recommended giving the male client the time, space, and opportunity to connect his past experiences with his current behavior. This includes helping male perpetrators redefine their understanding of masculinity in relationships and heal early attachment disruptions.

Masculinity Ideology

In order to continually improve treatment for IPV offenders, it is necessary for psychologists and other providers to understand the processes that underlie the development of violence in intimate relationships for men who offend. Common characteristics of men who batter are exposure to family violence as children (Corvo, 2006), abuse of substances (Easton et al., 2007), and endorsement of traditional masculine role norms (Moore & Stuart, 2005; Tager et al., 2010). Stronger endorsement of traditional male role norms has been shown to be a strong predictor of IPV perpetration (Tager et al., 2010), controlling behaviors towards intimate partners (Good et al., 1995), and relationship difficulties (Burn & Ward, 2005).

Ronald Levant (1996) is one of the most prolific researchers and writers in the area of men and masculinity. In his 1996 article, he summarized the history of the psychology of men and explained the concept of masculinity ideology, which he defined as a multidimensional construct representing the dominant view on ideal masculine behavior and traits. He proposed that masculinity is not an essential or biological characteristic, but one that is socially constructed. He proposed seven traditional male role norms: avoiding femininity, restrictive emotionality, seeking achievement and status, self-reliance, aggression, homophobia, and nonrelational attitudes towards sexuality. Levant described the crisis of masculinity of being ushered in by societal changes that stripped men of the importance of the “Mr. Good Provider” role and required them to take on multiple roles that required skill sets that they did not adequately possess.

There are both positive and negative aspects to the male code of attitudes and behaviors (Levant, 1996). Positive aspects include willingness to set aside one’s own

needs for sake of family and country, withstanding pain and hardship to protect others, taking care of people and solving their problems, expressing love by doing things for others, loyalty, dedication, and commitment, logic, staying calm in the face of danger, and assertiveness. The negative aspects are men's difficulty with emotional empathy and identification of their own feeling states, aggression and rage, nonrelational sexual attitudes, and difficulty with emotional intimacy and working in partnership with wives in maintaining a home and raising children. Problems that arise from these societal norms are aggression, devaluation of women and homosexuals, detached fathering, and neglect of health needs. In sum, males' endorsement of masculine ideology is often associated with negative outcomes not only for those around them, but also for themselves.

Masculinity and IPV

The endorsement of masculine ideology has been shown to be a strong predictor of relationship variables, ranging from relationship dissatisfaction (Burn & Ward, 2005) to IPV variables (e.g., Tager et al., 2010). In a study of 307 predominantly Caucasian college men and women, Burn and Ward (2005) investigated men's conformity to male role norms and women's perceptions of their male partners' conformity to male role norms as they related to relationship satisfaction for both sexes. The authors found that conformity to masculine role norms, either self-reported by men, or reported by female partners, was associated with lower relationship satisfaction for both sexes. They found that men's relationship satisfaction was negatively related to their identification with the masculine role norms of desiring multiple partners, risk-taking, dominance, violence, and power over women.

Tager et al. (2010) investigated a clinical sample of 108 men. These authors reasoned that the great prevalence of intimate partner violence can be explained in part by the masculine socialization imposed on males regarding ideas about women and power, but also indirectly by the emotional restriction that leads to emotional dysregulation. Emotional dysregulation is the inability to manage uncomfortable feelings in a healthy manner, resulting in destructive behaviors. They hypothesized that IPV was a dysfunctional way to manage threats to a male's self-esteem and thus regulate his emotions by regulating his partner's behavior. Using multiple regression analyses, the authors found that emotional dysregulation and masculine norms were associated with each other and with IPV. Dominance was uniquely tied to emotion dysregulation as well as with IPV.

Good et al. (1995) also connected endorsement of masculine ideology with relationship variables related to IPV. The authors examined correlations among several psychological predictor variables and the criterion variables of endorsement of rape myths, belief in the adversarial nature of sexual relations, and psychological violence. The predictor variables in question were men's attitudes about male gender roles, cognitive factors such as intellectual activity and problem-solving, self psychology variables such as the development of their sense of self, self-esteem, and emotional mood states. Participants were 90 male students enrolled in an introductory psychology course. In each regression equation, masculinity ideology was the strongest predictor of men's endorsement of rape myths, adversarial sexual relations, and perpetration of psychological violence. Goal instability or immature self-development also added to the ability to predict the criterion variables.

Jakupcak et al. (2002) provided another example of the role of masculine ideology in the men's perpetration of IPV. These authors sought to examine the interplay between masculine ideology and masculine gender role stress in producing relationship violence. The authors hypothesized that masculine ideology would predict men's relationship aggression and that the addition of masculine gender role strain would improve the ability to predict aggression. They also expected for there to be an interaction effect with these two predictor variables on aggression. Participants were 165 male students at an urban northeastern university with a mean age of 25.83 years. Contrary to the hypothesis, masculinity ideology did not significantly predict aggression. The authors explained this unexpected outcome by suggesting that ideology alone may not be enough to produce actual aggression in relationships, as traditional men might still control and vary their behavior according to the situation. They may endorse competitiveness and dominance, but find socially acceptable outlets, such as sports, for these tendencies. The addition of masculine gender role stress did predict aggression. The interaction of the two predictor variables produced interesting results. Men who espoused traditional masculine ideologies, but who did not experience the masculine gender role stress at having these ideals threatened, showed lower levels of aggression. The authors conjectured that men who are low in gender role strain but high in masculine ideology may represent a certain subset of traditional men who strongly believe in some of the traditional masculine norms (i.e., "A man needs to be a good provider"; "A man should never hit a woman"), but do not experience threat to their masculine self-esteem and therefore do not need to defend it violently.

Additional research explored this concept of threats to manhood and the need to continually perform or demonstrate manhood. Bosson and Vandello (2011) reviewed their team's research studying manhood in different cultures worldwide and how men react to threats to their manhood. The authors suggest that manhood, unlike womanhood, is a precarious state that must be first earned and continually proven or demonstrated through actions. The authors state that the precarious nature of manhood may encourage men to fear the vulnerability of intimacy and to resort to dysfunctional behaviors including aggression and dominance in order to manage anxiety about the threat to their manhood. Especially in honor cultures such as some Hispanic and Middle Eastern cultures, physical aggression, even towards women, may be seen as a socially acceptable way for a man to restore his manhood when it has been damaged or threatened. The authors concluded that, across cultures, manhood differs from womanhood not only in its content (i.e., norms), but also in its structure (i.e., the way it is attained, and maintained over time).

Fear of Intimacy, Dominance, and IPV

It follows from conceptualizations of masculinity that men who endorse higher levels of traditional masculine ideology would have a greater fear of intimacy and a stronger reliance on dominance to manage relationships because of the strong social pressure to attain and continually demonstrate masculinity to one's peers. In this way, IPV could be seen as a way to dominate a partner, thus demonstrating masculinity and avoiding intimacy and its threats. This type of conceptualization takes a multidimensional view of the IPV perpetrator that reflects the predicaments they are placed in at the intersection of masculine socialization and intimate relationships. In an

attempt to better understand perpetrators of IPV, researchers have begun to look beyond earlier conceptualizations of IPV as purely criminal activity that should be punished rather than treated (e.g., Brown, 2004).

Many of these researchers use attachment theories to conceptualize their offender clients and to guide interventions to heal them (e.g., Mahalik et al., 2005). Levant (1996), in his article about masculinity and the male socialization process, cited the traumatic separation from mothers as a difference in the raising of boys that leaves them with unresolved dependency needs and also a loss of the holding environment, which breeds a sense of destructive entitlement (Boszormenyi-Nagy & Ulrich, 1981) or defensive autonomy (Pollack, 1990). The absence of the approval of their fathers is a widespread and painful phenomenon for men and is called “the wound” (Bly, 1990). The avoidance of shame, which is intimately tied to emotionality, femininity, and dependence, is recognized as a powerful force to maintain men’s adherence to the male code, no matter how painful or destructive it may be for them.

Mahalik and colleagues (2005) provide a good example of newer conceptualizations about the role masculine socialization and attachment play in IPV. These authors state that although the social-contextual predictors of IPV are known (i.e., exposure in childhood to interparental violence, psychopathology and personality disorders, social isolation, and substance abuse), the mechanisms by which these predictors contribute to IPV are unknown. They reviewed adult attachment research, showing that some attachment styles have been associated with the known predictors of IPV. The authors hypothesized that male gender role strain would positively relate to controlling behaviors and mediate the relationship between insecure attachment and

controlling behaviors. The sample used in this study was 143 men, ranging in age from 19 to 64 years, who were court mandated to a IPV intervention program in the Northeast United States. The authors found that fearful attachment predicted male gender role strain and controlling behaviors. Fearful attachment is characterized by a “negative model of the self and negative model of the other associated with withdrawing due to fear of rejection or beliefs that others will be neither available nor responsive to them” (Mahalik et al., 2005, p.618). Preoccupied attachment did not predict male gender role strain or controlling behaviors. Male gender role strain predicted controlling behaviors. Fearful attachment was partially mediated by male gender role strain on controlling behaviors.

Mahalik and colleagues’ (2005) study has implications for the current study. The researchers found that fearful attachment predicted controlling behaviors in male batterers and was also related to males’ difficulty in meeting gender role expectations. It follows that men in a nonclinical sample who endorse traditionally masculine ideology might be shaped by some of the same disrupted attachment experiences and be more likely to avoid emotional intimacy and its attending vulnerability and resort to dominance tactics to manage intimate relationships.

Tager et al. (2010) investigated the role of dominance on abusive behaviors in a sample of men participating in batterer intervention programs. Dominance accounted for 25% of the variance in abusive behaviors toward an intimate partner. This study clearly shows the trait of dominance is associated with abusive behaviors in a clinical sample, yet this effect has not been explicitly shown in non-clinical samples. In the development of an inventory of conformity to masculine ideology, Mahalik et al. (2003) reported that higher levels of masculine ideology led men to enact dominance strategies in response to

emotional distress. Talka (2008) investigated factors contributing to men's fear of intimacy with relationship satisfaction as a covariate in a sample of men in a university setting. The author found that a set of variables including masculine ideology, dismissing attachment style, and alexithymia predicted fear of intimacy significantly. Scott (1998) compared a sample of male IPV perpetrators with both distressed and happily married non-violent men in an investigation of how specific attachment processes (i.e., separation protest), rather than attachment categories (i.e., secure versus insecure attachment), could contribute to a conceptualization of IPV in males. Results showed that partner violent men were significantly higher in fear of intimacy than nonviolent/nondistressed men as well as happily married men from the community. Taken together, these studies suggest that adherence to a traditional masculinity may predispose men to be hypervigilant about being or appearing weak or vulnerable in intimate relationships and resorting to dominance, and possibly violence, as a means of combating the feared vulnerability.

Sexism and IPV

Although several researchers have critiqued the feminist-psychoeducational Duluth Model intervention with IPV offenders (Babcock et al., 2004; Corvo et al., 2009; Dutton & Corvo, 2007; Stover et al., 2009), the theoretical basis of this approach that male IPV offenders as a group hold strong sexist beliefs has been supported by research (Flynn, 1990, Craig et al., 2006, Yamawaki, Ostenson, & Brown, 2009). Craig et al. (2006) investigated 58 male batterers' sexism and attitudes toward partner abuse. The sample consisted of veterans with an average age of 45. The study assessed the male batterers' attitudes toward partner abuse and their benevolent and hostile (ambivalent) sexist attitudes before and after treatment, comparing them to a sample of 71 veterans in

treatment for substance abuse. The authors based their work on an Israeli study by Esikovits, Edleson, Guttman, and Sela-Amit (1991) that suggested that male batterers could be distinguished from non-batterers by their sexist attitudes toward women. In the Batterer Intervention Program (BIP) group, of the 58 veterans who took the pretest, only 33 completed the treatment and took the posttest (43% attrition), while in the Substance Abuse Treatment Program (SATP), 49 of 71 completed the posttest (30% attrition). Controlling for social desirability through a repeated measures MANCOVA, main effects for time in treatment (pretest to posttest) were found for attitudes toward partner abuse and hostile sexism, meaning that regardless of treatment for battering or substance abuse, both groups of men became less accepting of partner abuse and reported less belief in hostile sexist attitudes. There was also a main effect for treatment group (BIP vs. SATP) on overall attitudes toward IPV after treatment, meaning that veterans in the BIP showed significantly more reductions in their violence-condoning attitudes than their SATP peers. Men in the BIP group changed significantly more over time on ambivalent sexist attitudes compared to their SATP peers. The authors concluded that batterer intervention programs may help change men's attitudes regarding domestic violence and sexism above and beyond other treatments.

Males' endorsement of traditional masculinity has also been explicitly linked with sexist beliefs (Leaper & Van, 2008). Leaper and Van (2008) investigated the relationship between masculinity and sexism in the context of investigating these variables' effects on career choice and self-efficacy in 342 men enrolled in undergraduate psychology courses. The sample was predominantly (94%) white. The MRNI (Levant, Hirsch, Celentano, & Cozza, 1992) total score was used to operationally define masculinity, and the total score

on the Neosexism Scale (Tougas, Brown, Beaton, & Joly, 1995) was used to measure sexism. Through Spearman bivariate correlation analyses, masculinity ideology and covert sexism were significantly positively related ($r = .58, p < .001$).

Yamawaki et al. (2009) examined factors that have been shown to affect individuals' perceptions of domestic violence, ambivalent sexism and gender role traditionality, in a cross-national sample of 101 American and 103 Japanese college students. The research design was unique because instead of asking participants to self-report their beliefs in statements about IPV, the authors designed a vignette of an instance of male-on-female marital violence and asked the participants to report their judgments about the seriousness of the incident and who was to blame for the incident. Using the Ambivalent Sexism Inventory and the Sex-Role Ideology Scale – Short Form, these researchers were able to assess the degree to which these participant variables were associated with their perceptions of the vignette. The vignette was also manipulated as an independent variable by adding more details on the severity of injury caused by the incident for some groups and on the frequency of the IPV for the couple for some participants. The researchers found that Japanese students minimized the seriousness of the IPV presented in the vignette, excused the perpetrator, and blamed the victim more than American students because of their higher levels of gender role traditionality. The second finding concerned the manipulation of the details of the incident of IPV. Here, the authors found that participants reading vignettes where more detail was given about the injury and frequency of IPV rated the incident more seriously, attributed less blame to the victim and more to the perpetrator. The third finding showed that the participants with higher levels of ambivalent sexism minimized the seriousness of the incident.

Further, those with higher levels of benevolent sexism showed higher levels of victim blaming. Finally, the authors found that male students blamed the victim more than females, cross-nationally. The findings from all the reviewed studies suggest that ambivalent sexism could well mediate the relation between masculinity and attitudes about IPV.

Summary

In summary, the relationship between males' espousment of masculinity ideology and their IPV attitudes and behaviors has been well established in the literature. Some researchers have begun to hypothesize that the male socialization process to a traditional masculinity may result in hypermasculine activities to compensate for the shame of being vulnerable. Fear and avoidance of intimacy and social dominance behaviors might result from a masculinity emphasizing emotional restraint, self-reliance, and power over others, but could also facilitate attitudes or behaviors of IPV. Ambivalent sexism has also been shown to be related to masculinity as well as to the minimization of the seriousness of domestic violence (Yamawaki et al., 2009). However, heretofore, no study has brought these variables together in a mediated model that may explain how masculinity ideology is related to myths through a set of related attitudinal sets (i.e., social dominance, ambivalent sexism, fear of intimacy) in a non-clinical sample of adult American men.

Chapter 3: Method

The purpose of this study was to test a mediated model where the relationship between endorsement of traditional masculine ideology and acceptance of IPV myths is mediated by fear of intimacy, need for dominance, and ambivalent sexism. Prior to data collection, the investigation was approved by the University's Institutional Review Board.

Participants

Participants were 101 men who were US citizens, currently living in the United States. A sample of 101 men was deemed appropriate for the proposed analyses of multiple regression, as moderate effect sizes have been shown in research regarding masculinity and IPV (Murnen, Wright, & Kalzuny, 2002). A minimum of 91 participants is needed to detect a moderate effect size at the alpha level of .05, (Soper, 2011). Effect sizes between the other study variables ranged from .054 (Thompson & Pleck, 1986) to .292 (Glick & Fiske, 1996). Effect sizes for some relationships (i.e., relationship between masculinity and fear of intimacy) could not be found. The men ranged in age from 21 to 71, ($M = 41.78$ years, $SD = 13.93$). Ninety-five of the men (94.1%) were Caucasian/White, one (1%) was African American/Black, two (2%) were Asian American, two (2%) were Latino American/Hispanic American, and one (1%) was biracial/multiracial. In terms of highest educational level, three men (3%) had received their high school diploma/GED, 10 (9.9%) had some college education, three (3%) had a Vocational or Associates (2-year) degree, 32 (31.7%) had a four-year degree, 18 (17.8%) had some graduate work, and 35 (34.7%) had a graduate degree. In terms of socioeconomic status background, 24 men (23.8%) identified as "often struggling with

money,” 66 men (65.4%) identified as “mostly O.K. with money,” and 11 men (10.9%) identified as “mostly well-off.” In terms of sexual orientation, 90 men (89.1%) identified as heterosexual/straight, 8 men (7.9%) identified as homosexual/gay, and 3 men (3%) identified as bisexual. Although all men (100%) reported having been in at least one romantic relationship, 30 men (29.7%) reported themselves as unpartnered/single, 11 men (10.9%) were partnered and living together, 9 men (8.9%) were partnered and living separately, 46 men (45.5%) were married, 4 men (4%) were divorced, and 1 man (1%) was widowed. Regarding the witnessing of interparental violence during childhood, 84 men (83.2%) reported that they did not see a primary caregiver (mother, father, etc.) use physical force against another primary caregiver (i.e., slap, push, hit, choke, use a gun or knife), while 17 men (16.8%) reported that they did witness interparental violence.

Measures

Participants were asked to complete the following measures: a demographics questionnaire (see Appendix); the Male Role Norms Inventory-Revised (MRNI-R; Levant et al., 2007); the Fear of Intimacy Scale (FIS; Descutner & Thelen, 1991); the Dominance Scale (Hamby, 1996); the Ambivalent Sexism Inventory (ASI; Glick & Fiske, 1996); and the Domestic Violence Myths Acceptance Scale (DVMAS; Peters, 2008). The average time to complete all the measures was estimated by the web-based assessment tool to be approximately 27 minutes.

Demographic Variables. Demographic information (Appendix) collected for each participant included age, gender, sexual orientation, marital/relationship status, race/ethnicity, socioeconomic background, and level of education. In addition, exposure to interparental violence in childhood and to child abuse was assessed by three items

taken from the Revised Conflict Tactics Scale (CTS2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996).

Endorsement Of Traditional Male Role Norms. This construct was operationalized as the total score on the Male Role Norms Inventory-Revised (MRNI-R; Levant, Rankin, Williams, Hasan, & Smalley, 2010). The MRNI-R consists of 53 items that capture the variance in the belief in the traditional male role norms of Western society, termed traditional masculinity ideology (Levant et al., 2010). Traditional masculinity ideology represents the degree to which an individual has been socialized to endorse Western views on gender and male roles at a broad level, and each dimension includes several distinct beliefs about male roles. The MRNI-R was constructed to maximize efficiency and reliability in measurement of individuals' endorsement of traditional masculine ideology for use in research and practice, with item selection via factor analysis (Levant et al., 2010). The MNRI-R can be scored as seven separate subscales (Avoidance of Femininity, Negativity Toward Sexual Minorities, Self-Reliance, Aggression, Dominance, Non-relational Sexuality, and Restrictive Emotionality) and as a total score.

Participants responded to each item on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). Subscale scores were computed by taking the average of the items designated for the subscale. The total scale score was obtained by taking the average of responses to all the items. A high score indicated stronger endorsement of traditional masculine ideology. The total score was used in the current study. Levant and colleagues (2010) reported an alpha reliability of 0.96 for total scale internal consistency in a sample of 593 undergraduates; however, no test-retest reliability

has been reported. Validity was assessed by correlating the MRNI-R with other measures of male gender role norms: coefficients were reported as .33 with the Male Role Attitude Scale (MRAS; Pleck, Sonenstein, & Ku, 1994) and .60 with the Conformity to Male Norms Inventory (CMNI; Mahalik et al., 2003). In the current study, the alpha coefficient for the MRNI-R total score was .95.

Fear of Intimacy. This construct was operationalized by the Fear of Intimacy Scale (FIS; Descutner & Thelen, 1991). The FIS consisted of 35 items that capture the variance in the anxiety that individuals feel in close, intimate relationships. The fear of intimacy represents the degree to which an individual experiences difficulty or anxiety in exchanging personal information, expressing strong feelings, or experiencing vulnerability within a close, intimate relationship (Descutner & Thelen, 1991).

The FIS Part A includes 30 items and asks respondents to imagine they are in a close, dating relationship and to respond to the items based on that close relationship. Items were rated on a scale of 1 to 5 with 1 meaning “not at all characteristic of me” and 5 meaning “extremely characteristic of me.” Part B includes 5 similar items about general past relationships. The Total Score was computed by reversing the scoring on some items, then calculating the average of the total number of items. Higher scores indicated higher degrees of fear of intimacy. Reliability assessments have yielded alpha values from .92 with American college and middle-aged samples (Descutner & Thelen, 1991; Doi & Thelen, 1993), to .88 with a Chinese sample (Ingersoll, Norvilitis, Zhang, Jia, & Tetewsky, 2008), and test-retest reliability with a 1 month interval at $r = .89$ (Descutner & Thelen, 1991). In the current study, alpha coefficients were .71 for the FIS Part A, .84 for the FIS Part B, and .89 for the FIS Total Score. Validity coefficients with the Revised

UCLA Loneliness Scale ($r = .48$) indicated a significant positive relationship and provided evidence of construct validity, as did significant negative relationships with the Jourard Self-Disclosure Questionnaire (JSDQ; Jourard, 1964) ($r = -.55$), and the Miller Social Intimacy Scale (MSIS; Miller & Lefcourt, 1982) ($r = -.60$).

Dominance. This construct was operationalized as the total score on the Dominance Scale (DS; Hamby, 1996). The DS consists of 32 items that assess dominance or power over an intimate partner (Hamby, 1996). Dominance was defined (Hamby, 1996) as the degree to which an individual deviates from relating to his or her partner in an egalitarian manner, using authority, restrictiveness, and disparagement instead. The DS asked respondents to consider how they relate to their [romantic] partner and rate their agreement with each statement on a 1 (strongly disagree) to 4 (strongly agree) scale. If the respondent was not currently in a relationship, they were asked to reflect on their last significant relationship.

The three subscales of the DS were Authority (12 items), Restrictiveness (9 items), and Disparagement (11 items). The Authority subscale measured an individual's holding the decision-making power in a relationship or being 'in charge' and was represented by items such as, "If my partner and I can't agree, I should have the final say." The Restrictiveness subscale measured the degree to which an individual feels the right to intrude on the partner's behavior and was represented by items such as, "I insist on knowing where my partner is at all times." The Disparagement subscale measured an individual's negative appraisal of the partner's self-worth and was represented by items such as, "My partner doesn't know how to act in public." Hamby (1996) reported

Cronbach alphas from .73 to .82 for the subscales with a sample of American undergraduates. In the current study, alpha for the DS total score was .85.

Evidence for dominance as a construct has been obtained across samples and instruments (Hamby, 1996; Hoskins, 1990; Mudrack & Farrell, 1994). Correlation coefficients with the subscales of Conflict Tactics Scale, Revised (CTS-2; Straus et al., 1996) were reported for the DS subscales. The Aggression subscale was significantly correlated with the CTS-2 subscales of Negotiation ($r = -.22$) and Psychological Aggression ($r = .35$). The Restrictiveness subscale was significantly correlated with the CTS-2 subscale of Psychological Aggression ($r = .33$), Physical Assault ($r = .33$), and Injury ($r = .21$). The Disparagement subscale was significantly correlated with the CTS-2 subscales of Negotiation ($r = -.21$) and Psychological Aggression ($r = .22$). The total scale was tested for reliability with a small sample of women who answered the instrument in describing their partner's dominance, yielding internal consistency scores of .92 to .96 (Hamby, 1996). No evidence for discriminant validity of the whole scale has been reported, nor have test-retest data been reported.

Ambivalent Sexism. This construct was operationalized as the Ambivalent Sexism Inventory (ASI; Glick & Fiske, 1996). The ASI consists of 22 items on two subscales of Hostile Sexism (11 items) and Benevolent Sexism (11 items). The Hostile Sexism subscale represents the belief that women are dangerous, manipulative, and contentious towards males, containing such items as, "Once a woman gets a man to commit to her, she usually puts him on a tight leash." The Benevolent Sexism subscale represents the belief that women are in need of and deserve to be protected, cherished, and revered for their special moral virtue, containing such items as, "Many women have a

quality of purity that few men possess.” Respondents rated each item on a scale ranging from 0 (disagree strongly) to 5 (agree strongly), The Total Score was computed by reversing the scoring on some items, then taking the average of the responses. Higher scores indicated higher levels of benevolent and/or hostile sexism.

Internal consistency estimates on the measure have yielded alpha values for the Hostile Sexism subscale from .80 to .92 and for the Benevolent Sexism subscale from .73 to .85, while alphas for the total scale ranged from .83 to .92 for various samples (Glick & Fiske, 1996). In the current study, alphas were .84 for the Benevolent Sexism subscale, .91 for the Hostile Sexism subscale, and .88 for the Total Score. Correlations with the Attitudes Toward Women Scale (AWS; Spence & Helmreich, 1972) ($r = .63$) and the Rape Myth Acceptance Scale (RMA; Burt, 1980) ($r = .54$) provided evidence of construct validity. No test-retest data were reported.

Domestic Violence Myth Acceptance. This construct was operationalized as the total score on the Domestic Violence Myths Acceptance Scale (DVMAS; Peters, 2008). The DVMAS consists of 18 items that assess the degree to which individuals believe misconceptions regarding the prevalence, causes, responsibility, and severity of IPV (Peters, 2008). Acceptance of IPV Myths differs from similar constructs assessed by other instruments (e.g., Attitudes Towards Women Scale; Spence, Helmreich, & Tapp, 1974) because the myths represent societal beliefs in false information that reduce support for victims and serve a defensive function (Peters, 1996). The DVMAS is comprised of four subscales: character blame of victim, behavior blame of victim, minimization of the incidence of IPV, and exoneration of the perpetrator. The character blame factor of the DVMAS is represented by 7 items such as, “I hate to say it, but if a

woman stays with a man who abused her, she basically deserves what she gets.” The behavior blame factor is represented by 5 items such as, “Women can avoid physical abuse if they give in occasionally.” The minimization factor is represented by 3 items such as, “Domestic violence does not affect many people.” Finally, the exoneration of the perpetrator factor is represented by 3 items such as, “Domestic violence results from a momentary loss of temper.” Respondents rated each item on a scale ranging from 0 (“disagree strongly”) to 5 (“agree strongly”). The Total Score is computed by reversing the scoring on some items, then calculating the average of the responses to all the items. Only the total score was used in the current study. A high score indicated a high level of belief in myths pertaining to IPV. Peters (2008) reported a Cronbach alpha of .88 with a university sample of 345 adults. In the current study, the alpha for the DVMA was .85. Correlations with the Attitudes Towards Women Scale (ATW; Spence et al., 1974) ($r = .47$) and the Rape Myth Acceptance Scale (RMA; Burt, 1980) ($r = .65$) provided evidence of construct validity.

Procedure

Following approval from IRB, the investigator contacted men’s electronic mail listservs, newsletters, and message boards that are tailored to men’s interests and solicited participants via social networking sites. The survey was available on a secure online server (surveygizmo.com). Participants were obtained by sending invitations to the study to listservs targeted to men through e-mail invitations to lists of male students and faculty, and through invitations to male college students. The link to the study’s online questionnaire was included in all electronic communications, and males who are U.S. citizens and 18 or older were encouraged to answer questions via the online survey.

Responses were anonymous, and respondents were not required to enter any identifying information.

Chapter 4: Results

Preliminary analyses examined the correlations among the study variables, including the FIS – Parts A and B (as well as the total scale). Based on the correlations, the FIS – Part A, which measures men’s experience of fear of intimacy in past or present intimate relationships, appeared to be more strongly related to domestic violence myths than the FIS- Part B, which measures a man’s overall quality of standoffishness in past relationships, including, but not limited to, intimate relationships. As the current study was concerned mainly with intimate relationships, only the FIS-Part A was included in subsequent analyses. Correlations, means, and standard deviations for the study measures are shown in Table 1.

An examination of the zero-order correlations indicated the domestic violence myths were positively related to all the study variables indicating that endorsement of traditional masculinity, fear of intimacy, sexism, and dominance in relationships were all related to stronger acceptance of domestic violence myths. Masculinity was related to the mediating variables with the exception of FIS-A. All correlations were in the expected directions.

Regression Analysis

Multiple regression analyses were calculated in order to answer the primary research question of mediation of the masculinity – acceptance of IPV myths relation. Analyses were computed by entering data into SPSS statistical software with the add-on of the INDIRECT macro syntax (Preacher & Hayes, 2008) that allowed for the simultaneous testing of multiple mediators. Simultaneous testing is an improvement over the traditional Baron and Kenney (1986) approach that only tests the mediating effect of

one variable at a time. Combining several mediators in one model allows the researcher to evaluate the magnitude of the specific indirect effects associated with the mediators. It also reduces the likelihood of models having the omitted variable issue that can result from testing separate simple mediation models for each mediation hypothesis. Omitted variables can lead to biased parameter estimates and an incorrect understanding of the relationships among the variables. Since the hypothesized mediator variables are expected to form a constellation of attitudes around intimate relationships, it is more appropriate to test them simultaneously. The INDIRECT macro also allows for the calculation of bootstrap resampling. Given the smaller sample size, the use of bootstrap resampling provides greater confidence in the stability of the findings.

It was hypothesized that American men with greater endorsement of traditional social norms of masculinity would endorse more acceptance of IPV myths, and that this relationship would be mediated by their fear of intimacy, dominance of their partner, and sexism, while controlling for childhood exposure to interparental violence. In the “a paths” of the model, or those from the independent variable (MRNI-R) to the mediators, all paths were significant or approached significance (MRNI-R to FIS-A had a p -value of .051). In the “b paths” of the proposed model, or those from the mediators to the dependent variable (DVMAS), two of the three paths were significant, those from the Ambivalent Sexism Inventory ($p < .001$) and the Dominance Scale ($p < .001$). Examination of the bias corrected confidence intervals indicated that there were significant indirect effects of masculinity on IPV myth acceptance through social dominance and sexist beliefs. Overall, the model was significant ($p < .001$; c path; $\beta = .40$). Masculinity had a significant direct effect on domestic violence myth acceptance (p

Table 1

Descriptive Statistics and Correlations for the Study Variables

Variables	1	2	3	4	5	6
1. MRNI-R	1.00					
2. FIS-A	.18	1.00				
3. FIS-B	-.081	.52***	1.00			
4. ASI	.66***	.07	-.08	1.00		
5. DS	.39***	.33***	.06	.42***	1.00	
6. DVMAS	.56***	.28***	.03	.53***	.51***	1.00
Means	3.06	2.11	2.37	2.28	1.89	1.44
<i>SD</i>	.92	.49	.97	.75	.27	.69

Note. MRNI-R = Masculine Role Norms Inventory – Revised, FIS-A = Fear of Intimacy Scale – Part A, ASI = Ambivalent Sexism Index, DS= Dominance Scale, DVMAS = Domestic Violence Myths Acceptance Scale.

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

< .05; c' path, $\beta = .20$) as well as an indirect effect on domestic violence myth acceptance through hostile sexism and social dominance. The partial effect of the control variable, the witnessing of interparental violence in childhood, on DVMAS scores, was significant ($p < .05$). The results of the regression analysis are shown in Table 2.

Table 2

Summary of Multiple Regression Analysis for Variables Predicting IPV Myths Acceptance (N=101), Controlling for Exposure to Interparental Violence

Variable	β	SE	t	p
MRNI-R (IV) → mediators (a paths)				
FIS-A	.11	.05	1.97	.051
ASI	.54	.06	8.70	.000***
DS	.12	.03	4.06	.000***
Direct effects of mediators →DVMAS (DV) (b paths)				
FIS-A	.19	.11	1.73	.090
ASI	.21	.09	2.21	.030*
DS	.64	.22	2.97	.003**
Total (direct + indirect) effect of MRNI-R (IV) → DVMAS (DV) (c path)				
MRNI-R→DVMAS	.40	.06	6.45	.000***
Direct effect of MRNI-R (IV) → DVMAS (DV) (c' path)				
MRNI-R→DVMAS	.20	.08	2.52	.013*
Partial effect of IPVwit (control variable) →DVMAS (DV)				
IPVwit	-.29	.14	-2.11	.037*

Note. Adjusted R-square predicting DVMAS = .45; $F = 17.37 (5, 95)$; $p < .0001$. MRNI-R = Masculine Role Norms Inventory – Revised, FIS-A = Fear of Intimacy Scale – Part A, ASI = Ambivalent Sexism Index, DS= Dominance Scale, DVMAS = Domestic Violence Myths Acceptance Scale, IPVwit = exposure to interparental violence. * $p < .05$. ** $p < .01$. *** $p < .001$.

Chapter 5: Discussion

The current study investigated the relationship between the endorsement of traditional masculinity ideology and the acceptance of domestic violence or intimate partner violence (IPV) myths in a community sample of American men. Acceptance of a traditional masculinity ideology that emphasizes restricted emotionality, toughness and avoidance of anything deemed feminine has consistently been linked to aspects of relationship dysfunction (Burn & Ward, 2005; Wade & Coughlin, 2011). This includes interpersonal violence in relationships (Copenhaver et al., 2000; Schwartz et al., 2005). However, less is known about the specific pathways through which masculinity influences relationship attitudes or behaviors.

This study investigated three mediators hypothesized to partially mediate the relationship between endorsement of masculinity and acceptance of domestic violence myths: fear of intimacy, ambivalent sexism (benevolent and hostile), and relationship dominance. Exposure to interparental violence as a child was controlled in this study. As expected, level of endorsement of masculinity ideology accounted for a significant amount of variance in the acceptance of domestic violence myths. The proposed mediation was partially supported by the data, with relationship dominance and ambivalent sexism being strong mediators, while fear of intimacy did not function as a significant mediator of the relationship between masculinity and domestic violence myth acceptance. The effect of masculinity on IPV myth acceptance was substantially reduced in the presence of the mediators, but not completely removed. Therefore, inferring from the current data, it would appear that (1) masculinity ideology is a strong predictor of IPV

myth acceptance, and that (2) this relationship is partially mediated by a combination of sexist and relationship dominance attitudes.

The current study adds to the literature on masculinity and intimate partner violence by bringing greater understanding of some of the pathways through which masculinity works. The current data show that masculinity ideology has a direct effect on the acceptance of IPV myths, meaning that the normative beliefs that result from the masculine socialization process are associated with a minimization of the prevalence and severity of IPV and a tendency to exonerate the perpetrators of IPV while blaming the victims. This finding was consistent with the existing literature on the strong link between masculinity ideology and other measures of IPV (Good et al., 1995; Jakupcak et al., 2002; Moore & Stuart, 2005). A man's higher levels of endorsement of traditional masculinity reflects rigid views on what it means to be a man – views that value dominance, toughness, and devalue the feminine. If femininity is something to be avoided at all costs, it follows that these traditional men would view women as a step below men, an objectification that makes violence towards them more acceptable. However, this study was the first to connect masculine ideology with the belief systems that support IPV (rather than the behavior) in a community sample while investigating mediators that may account for this link. This connection to beliefs or myths about IPV is important to make because it is essential to not only focus on the perpetration of IPV through treatment of perpetrators, but it is also essential to understand the widespread acceptance of the myths that perpetuate IPV. These beliefs both support/protect perpetrators and make it more difficult for victims to come forward for help. Identifying

the precursors to these myths provides an early intervention/prevention point before the violence occurs.

In addition to this direct pathway between masculinity ideology and acceptance of IPV myths, some of the relationship between these two variables was explained by the proposed mediators of ambivalent sexism and dominance. The Ambivalent Sexism Scale (Glick & Fiske, 1996) was chosen to capture the strong, sometimes conflicting, and deeply-rooted sexist beliefs that might result from adherence to a rigidly defined traditional masculinity. This scale in particular was appropriate given its representation of the duality of sexist beliefs that is prevalent in our society. The duality addresses the elevating of “good,” “moral,” and “valuable/precious” women onto precariously high pedestals that make their fall even more precipitous when they inevitably stray from these impossibly high standards. The ‘fall’ lands them squarely in the “bad,” “immoral/manipulative,” and “devalued” women category. It makes sense that this simplistic way of viewing women would be associated with men’s rigid internalized beliefs about their own role in society in the form of traditional masculine ideology as well as lead to acceptance of myths that make it acceptable to ‘discipline’ women.

The Dominance scale (Hamby, 1996) was chosen to capture the beliefs about the importance of gaining, maintaining, and proving the possession of power and control in intimate relationships. Again, these dominance attitudes follow from many of the masculine role norms involving avoidance of femininity, toughness, aggression, and emotional restriction. The constructs assessed by the Dominance scale of partner restrictiveness, authority, and disparagement appear to carry the influence of masculine

role norms in a way that increases the acceptance of beliefs that excuse and minimize IPV and blames victims rather than perpetrators.

Although relationship dominance and ambivalent sexism did function as mediators of the hypothesized relationship, fear of intimacy was not a significant mediating variable. Multiple regression analysis with simultaneous entering of all three mediators showed that men's endorsement of masculine role norms was only moderately related to their fears of intimacy (p value of .051). These fears were not related to men's acceptance of IPV myths. In the current sample, in contrast to previous work (Mahalik et al., 2005), masculinity did not seem to serve as the precursor or connection to this protective rejection of vulnerability. While Aymer (2008) and Mahalik and colleagues (2005) suggested that disrupted attachment provided an essential link in the understanding of why men engage in IPV, it is possible that the measure used in the current study to assess this construct lacked sufficient strength to capture this link in a community sample. The restriction of range represented by the participants' responses to the DVMAS ($M = 1.44$, possible range 0-5; $SD = .69$) also limited the ability of the analyses to detect a possible relationship. Perhaps in a sample with a greater range of DVMAS responses, fear of intimacy would have been a significant mediator. Another possibility for this finding is that, while the FIS measured men's assessments of their emotional responses to intimate relationship situations (e.g., I would be afraid to take the risk of being hurt in order to establish a closer relationship with another), these emotional responses do not play out in attitudes about interpersonal violence. Another possibility to explain the lack of significance of the FIS in this model is that admitting to fears about

intimacy with a specific, and perhaps current, partner may be too threatening to a man's sense of self and worldview to be accessible in a brief survey.

Limitations

The limitations of the current study include the self-report method of data collection. Participants were likely to be aware that the constructs being measured were somewhat undesirable and could lead to their being viewed in a negative light. However, responses were collected via an online measure that minimized contact with the researchers and reduced the possibility of anyone being able to connect the participant with his responses. Therefore, participants who were more sensitive to potential identification with their responses remained completely anonymous, and this might increase their willingness to answer in a non-guarded, non-biased manner.

Another limitation is that this study did not measure all potential variables that may have explained the variance in IPV myth acceptance, such as social desirability, emotional dysregulation, and alcohol or other substance use. The assumption was made that these constructs exist outside of the relationship between masculinity and IPV, and, although they may contribute to an overall model of understanding male-to-female IPV, they were not mediators of the proposed relationship. In order to keep the online survey as short as possible to retain more participants, these constructs were excluded from this study. These constructs may need to be assessed in a study aimed at predicting overall IPV acceptance, as opposed to the current study that sought to explain the established relationship between masculinity and IPV.

Because the data were gathered at a single point in time, causal relations between variables cannot be inferred. Rather, only correlational relationships can be established.

The online snowball sampling technique is another limitation of this study. Although efforts were made to reach men of diverse cultural, socioeconomic, and educational backgrounds, the obtained sample was overwhelmingly white, middle-class, and college educated. This limits the generalizability; however, within this community sample, the sample had a wider age range that would have been possible in a university sample. This age representation was considered extremely important due to the questions about intimate relationships as these questions would likely have more meaning for older men who had more experience with long-term intimate relationships.

Clinical Implications

Currently, the most prevalent treatment model for perpetrators of domestic violence is the Duluth Model (Pence & Paymar, 1983) that focuses on group psychoeducation about feminist sociopolitical concepts regarding power and gender roles. The literature contains mixed reviews of this model's efficacy (Corvo et al., 2009; Day et al., 2009; Dutton & Corvo, 2007; Stover et al., 2009). The current data supports the connection between traditional masculine ideology and acceptance of IPV myths, which is partially explained by sexist and relationship dominance attitudes. It follows that therapists working with men, specifically partner-violent men, need to understand the constellation of these attitudes and how men are socialized to hold these beliefs. Thus, the results of this study support the Duluth Model's general philosophical foundation. The current data also point to the difficulty men may encounter in connecting these attitudes with the vulnerable emotions (i.e., not being in control in relationships, connecting to women in an authentic manner rather than objectifying them as overly "good" or "bad") they have been taught to hide. Consequently, therapists aiming to

promote emotional healing in males will need to specifically target activities that will help men access emotions in a safe space.

Understanding the meaning of traditional masculine ideology, no matter how distasteful to the therapist who values egalitarian gender relationships, could help therapists to establish and maintain rapport with clients who do adhere to a traditional masculinity. It could also pave the way for discussion of the positive and negative aspects of the traditional masculine ideology and the beliefs and behaviors associated with it. This understanding would allow the therapist to show respect for a man's worldview while also challenging the aspects of it that may not be working in his life and relationships. For instance, the application of gender aware therapy (Brooks & Good, 2005) in a multi-modal treatment program for impaired male professionals was described by Robertson and Williams (2010). The authors describe how, in each step of the therapeutic process (e.g., initial assessment, goal development, individual sessions, group therapy and psychoeducation), the staff utilized a gender-specific lens through which to shape interventions. The structure of the program is male-friendly in that it presents men with task-oriented and self-directed therapeutic assignments (e.g., genograms, bibliotherapy) that prime them for the content of the sessions (father-wounds, sexism, abuses of power). Another application of Brooks and Good's (2005) gender-aware therapy is the Emotional Competency psychoeducation group (Robertson & Williams, 2010), which discusses the role of masculine socialization processes in promoting emotional restriction, stress buildup, and negative ways of coping. However, the positive aspects of the gender socialization process are also discussed and capitalized upon. Men are encouraged to simultaneously appreciate how their socialization into masculine

ideology, sexist beliefs, and hierarchical/dominant relationship behaviors originated and were adaptive at certain times, while accepting and becoming aware of the ways in which these qualities have harmed them and others. This awareness is combined with information on how they can change their attitudes and behaviors.

Kiselica and Englar-Carlson (2010) presented a framework for helping therapists work with, not against, the masculine socialization process in therapy, specifically in individual and family therapy. Their positive psychology/positive masculinity (PPPM) model proposes that rather than seeing the male clients' deficits that may be barriers to their therapeutic success, therapists must learn to recognize their strengths that include active caring, self-reliance, providing, courage, and group orientation.

Good and Robertson (2010) gave another perspective on treating the traditional male by explaining that men are reluctant to seek help for a variety of reasons (e.g., appearing weak, fear of consequences, feeling helpless). When a male client presents for therapy, therapists can focus on meeting clients where they are, normalizing their ambivalence, seeking to understand rather than direct and push, affirming strengths, and helping the men and boys anticipate and prepare for challenges in the therapeutic process. When trust and rapport are established in the therapeutic relationship and a man feels that his masculinity is not disparaged but respected, more challenging conversations about the destructive aspects of sexism and relationship dominance will be able to be tolerated.

Conclusions

In summary, American men's traditional masculinity socialization is strongly related to their acceptance of IPV myths; this effect is partially explained by their ambivalent sexism and relationship dominance. The male socialization process

prescribes the ways men should act in specific situations, including intimate relationships. Following these prescriptions can hinder men's functioning and satisfaction in these important life roles through structuring overly simplistic ways of viewing women as "all good" (supporting and nurturing men's place in society, needing their protection) or "all bad" (challenging men's place in society, asserting power which is seen as taking men's power). These sexist beliefs and use of tactics to maintain power over women in intimate relationships, potentially in an effort to shape or protect their own identities as men, result in men's over-reliance on faulty minimizing "myths" about IPV. In order to increase support for victims of IPV, to improve men's health and relationship functioning, and to reduce sexist power tactics used against women in society and in intimate relationships, energy could be spent in altering the societal discourse on gender and the way boys and men are socialized into emotionally and behaviorally restrictive norms.

References

- Aymer, S. R. (2008). Beyond power and control: clinical interventions with men engaged in partner abuse. *Clinical Social Work Journal*, 36, 323-332.
- Babcock, J. C., Green, C. E., & Robie, C. (2004). Does batterers' treatment work? A meta-analytic review of domestic violence treatment. *Clinical Psychology Review*, 23, 1023-1053. doi:10.1016/j.cpr.2002.07.001
- Baron, R. M., & Kenney, D. A. (1986). The moderator-mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology*, 51, 1173-1182.
- Bly, R. (1990). *Iron John: A book about men*. Reading, MA: Addison-Wesley.
- Bosson, J. K., & Vandello, J. A. (2011). Precarious manhood and its links to action and aggression. *Current Directions in Psychological Science*, 20, 82-86.
- Boszormenyi-Nagy, I., & Ulrich, D.N. (1981). Contextual family therapy. In A. S. Gurman & D. P. Kniskern (Eds.), *Handbook of Family Therapy* (pp. 159-186). New York, NY: Brunner/Mazel.
- Brannon, R., & Juni, S. (1984). A scale for measuring attitudes about masculinity. *Psychological Documents*, 14, (University Microfilms No. 2612).
- Brooks, G. R., & Good, G. E. (2005). A final word. In G. E. Good & G. R. Brooks (Eds.), *The new handbook of psychotherapy and counseling with men: A comprehensive guide to settings, problems, and treatment approaches (Rev. & abridged ed., pp. 405-406)*. San Francisco: Jossey-Bass.
- Brown, J. (2004). Shame and domestic violence: Treatment perspectives for perpetrators from self psychology and affect theory. *Sexual and Relationship Therapy*, 19, 39-56. doi:10.1080/14681990410001640826
- Burn, S., & Ward, A. (2005). Men's conformity to traditional masculinity and relationship satisfaction. *Psychology of Men & Masculinity*, 6, 254-263. doi:10.1037/1524-9220.6.4.254
- Burt, M. R. (1980). Cultural myths and support for rape. *Journal of Personality and Social Psychology*, 38, 217-230.
- Campbell, J. C. (2002). Health consequences of intimate partner violence. *Lancet*, 359, 1331-1336.

- Center for Disease Control and Prevention (2003). *Costs of intimate partner violence against women in the United States*. National Center for Injury Prevention and Control: Atlanta, GA.
- Copenhaver, M. M., Lash, S. J., & Eisler, R. M. (2000). Masculine gender-role stress, anger, and male intimate abusiveness: Implications for men's relationships. *Sex Roles, 42*, 405-414. doi:10.1023/A:1007050305387
- Corvo, K. (2006). Violence, separation, and loss in the families of origin of domestically violent men. *Journal of Family Violence, 21*, 117-125. doi:10.1007/s10896-005-9011-1
- Corvo, K., Dutton, D., & Chen, W. (2009). Do Duluth model interventions with perpetrators of domestic violence violate mental health professional ethics? *Ethics & Behavior, 19*, 323-340. doi:10.1080/10508420903035323
- Craig, M. E., Robyak, J., Torosian, E. J., & Hummer, J. (2006). A study of male veterans' beliefs toward domestic violence in a Batterers Intervention Program. *Journal of Interpersonal Violence, 21*, 1111-1128.
- Crossman, R. K., Stith, S. M., & Bender, M. M. (1990). Sex role egalitarianism and marital violence. *Sex Roles, 22*, 293-304.
- Day, A., Chung, D., O'Leary, P., & Carson, E. (2009). Programs for men who perpetrate domestic violence: An examination of the issues underlying the effectiveness of intervention programs. *Journal of Family Violence, 24*, 203-212. doi:10.1007/s10896-008-9221-4
- Descutner, C. J., & Thelen, M. H. (1991). Development and validation of a Fear-of-Intimacy Scale. *Psychological Assessment: A Journal of Consulting and Clinical Psychology, 3*, 218-225. doi:10.1037/1040-3590.3.2.218
- Dobash, R. P., Dobash, R. E., Cavanagh, K., & Lewis, R. (1999). *Changing violent men*. Thousand Oaks, CA: Sage Publications.
- Doi, S. C., & Thelen, M. H. (1993). The Fear-of-Intimacy Scale: Replication and extension. *Psychological Assessment, 5*, 377-383. doi:10.1037/1040-3590.5.3.377
- Dutton, D. G. (2007). *The abusive personality: Violence and control in intimate relationships* (2nd Ed.). New York, NY: Guilford Press.
- Dutton, D. G., & Corvo, K. (2007). The Duluth model: A data-impervious paradigm and a failed strategy. *Aggression and Violent Behavior, 12*, 658-667. doi:10.1016/j.avb.2007.03.002

- Eades, R. (2003). Ambivalent sexism as a predictor of severity of domestic violence by male offenders. *Dissertation Abstracts International: Section B. Sciences and Engineering*, 64 (6), 2913. Retrieved from EBSCOhost.
- Easton, C. J., Mandel, D. L., Hunkele, K. A., Nich, C., Rounsaville, B. J., & Carroll, K. M. (2007). A cognitive behavioral therapy for alcohol-dependent domestic violence offenders: An integrated substance abuse-domestic violence treatment approach (SADV). *The American Journal on Addictions*, 16, 24-31. doi:10.1080/10550490601077809
- Edmunds, S. B. (1997). The personal impact of working with sex offenders. In S. B. Edmunds (Ed.), *Impact: Working with Sexual Abusers* (pp. 11–29). Brandon, VT: Safer Society Press.
- Esikovits, Z. C., Edleson, J. L., Guttman, E., & Sela-Amit, M. (1991). Cognitive styles and socialized attitudes of men who batter: Where should we intervene? *Family Relations*, 40, 72-77.
- Flynn, C. P. (1990). Sex roles and women's responses to courtship violence. *Journal of Family Violence*, 5, 83-94.
- Gelles, H. J. (1997). *Intimate violence in families*, 3rd ed. Thousand Oaks, CA: Sage Publications.
- Gilchrist, E. (2009). Implicit thinking about implicit theories in intimate partner violence. *Psychology, Crime, & Law*, 15, 131-145.
- Glick, P., & Fiske, S. T. (1996). The Ambivalent Sexism Inventory: Differentiating hostile and benevolent sexism. *Journal of Personality and Social Psychology*, 70, 491-512.
- Golding, J. M. (1999). Intimate partner violence as a risk factor for mental disorders: A meta-analysis. *Journal of Family Violence*, 14, 99-132. doi:10.1023/A:1022079418229
- Good, G. E., Heppner, M. J., Hillenbrand-Gunn, T. L., & Wang, L. (1995). Sexual and psychological violence: An exploratory study of predictors in college men. *The Journal of Men's Studies*, 4, 59-71. Retrieved from EBSCOhost.
- Good, G. E., & Robertson, J. M. (2010). To accept a pilot? Addressing men's ambivalence and altering their expectancies about therapy. *Psychotherapy: Theory, Research & Practice*, 47, 306-315. doi:10.1037/a0021162
- Gratz, K. L., & Roemer, L. (2004). Multidimensional assessment of emotion regulation and dysregulation: Development, factor structure, and initial validation of the

- Difficulties in Emotion Regulation Scale. *Journal of Psychopathology and Behavioral Assessment*, 26, 41-54.
- Guoping, H., Yalin, Z., Yuping, C., Momartin, S., & Ming, W. (2010). Relationship between recent life events, social supports, and attitudes to domestic violence: Predictive roles in behaviors. *Journal of Interpersonal Violence*, 25, 863-876. doi:10.1177/0886260509336959
- Hamby, S. L. (1996). The Dominance Scale: Preliminary psychometric properties. *Violence and Victims*, 11, 199-212.
- Holtzworth-Munroe, A., Stuart, G. L., & Hutchinson, G. (1997). Violent versus nonviolent husbands: Differences in attachment patterns, dependency, and jealousy. *Journal of Family Psychology*, 11, 314-331. doi:10.1037/0893-3200.11.3.314
- Hoskins, C. N. (1990). The Dominance-Accommodation Scale: Further studies of validity and reliability. *Psychological Reports*, 66, 1101-1102. doi:10.2466/PRO.66.4.1101-1102
- Ingersoll, T. S., Norvilitis, J. M., Zhang, J., Jia, S., & Tetewsky, S. (2008). Reliability and validity of the Fear of Intimacy Scale in China. *Journal of Personality Assessment*, 90, 270-279. doi:10.1080/00223890701885019
- Jakupcak, M. (2003). Masculine gender role stress and men's fear of emotions as predictors of self reported aggression and violence. *Violence and Victims*, 18, 533-541.
- Jakupcak, M., Lisak, D., & Roemer, L. (2002). The role of masculine ideology and masculine gender role stress in men's perpetration of relationship violence. *Psychology of Men & Masculinity*, 3, 97-106. doi:10.1037/1524-9220.3.2.97
- Jennings, J. L., & Murphy, C. M. (2000). Male-male dimensions of male-female battering: A new look at domestic violence. *Psychology of Men & Masculinity*, 1, 21-29. doi:10.1037/1524-9220.1.1.21
- Jourard, S. M. (1964). *The Transparent Self*. Princeton, NJ: Van Nostrand.
- Kiselica, M. S., & Englar-Carlson, M. (2010). Identifying, affirming, and building upon male strengths: The positive psychology/positive masculinity model of psychotherapy with boys and men. *Psychotherapy: Theory, Research & Practice*, 47, 276-287. doi:10.1037/a0021159
- Knoll, J. (2009). Treating the morally objectionable. In J. T. Andrade & J. T. Andrade (Eds.), *Handbook of violence risk assessment and treatment: New approaches for*

mental health professionals (pp. 311-346). New York, NY: Springer Publishing Co. Retrieved from EBSCOhost.

- Kress, V. E., Protivnak, J. J., & Sadlak, L. (2008). Counseling clients involved with violent intimate partners: the mental health counselor's role in promoting client safety. *Journal of Mental Health Counseling, 30*, 200-210. Retrieved from EBSCOhost.
- Leaper, C., & Van, S. R. (2008). Masculinity ideology, covert sexism, and perceived gender typicality in relation to young men's academic motivation and choices in college. *Psychology of Men & Masculinity, 9*, 139-153. doi:10.1037/1524-9220.9.3.139
- Lee, M. Y., & Lawy, P. F. (2001). Perceptions of sexual violence against women in Asian American communities. *Journal of Ethnic and Cultural Diversity in Social Work, 10*, 3-25.
- Levant, R. F. (1992). Toward the reconstruction of masculinity. *Journal of Family Psychology, 5*, 379-402.
- Levant, R. F. (1996). The new psychology of men. *Professional Psychology, 27*, 259-265.
- Levant, R. F. (2005). The crises of boyhood. In G. E. Good, G. R. Brooks, (Eds.), *The new handbook of psychotherapy and counseling with men: A comprehensive guide to settings, problems, and treatment approaches (Rev. & abridged ed., pp. 161-171)*. San Francisco, CA: Jossey-Bass. Retrieved from EBSCOhost.
- Levant, R. F., Hirsch, L. S., Celentano, E., & Cozza, T. M. (1992). The male role: An investigation of contemporary norms. *Journal of Mental Health Counseling, 14*, 325-337. Retrieved from EBSCOhost.
- Levant, R. F., Rankin, T. J., Williams, C. M., Hasan, N. T., & Smalley, K. (2010). Evaluation of the factor structure and construct validity of scores on the Male Role Norms Inventory—Revised (MRNI-R). *Psychology of Men & Masculinity, 11*, 25-37. doi:10.1037/a0017637
- Levant, R. F., Smalley, K., Aupont, M., House, A., Richmond, K., & Noronha, D. (2007). Initial validation of the Male Role Norms Inventory-Revised (MRNI-R). *The Journal of Men's Studies, 15*, 83-100. doi:10.3149/jms.1501.83
- Levesque, D. A., Velicer, W. F., Castle, P. H., & Greene, R. (2008). Resistance among domestic violence offenders: Measurement development and initial validation. *Violence Against Women, 14*, 158-184. doi:10.1177/1077801207312397

- Mahalik, J. R., Aldarondo, E., Gilbert-Gokhale, S., & Shore, E. (2005). The role of insecure attachment and gender role stress in predicting controlling behaviors in men who batter. *Journal of Interpersonal Violence, 20*, 617-631. doi:10.1177/0886260504269688
- Mahalik, J. R., Locke, B. D., Ludlow, L. H., Diemer, M. A., Scott, R. J., Gottfried, M., & Freitas, G. (2003). Development of the Conformity to Masculine Norms Inventory. *Psychology of Men & Masculinity, 4*, 3-25. doi:10.1037/1524-9220.4.1.3
- Mcgraw, S. (2001). Masculinity ideologies, men's relationship behavior, and relationship satisfaction in heterosexual couple relationships. *Dissertation Abstracts International: Section B. Sciences and Engineering, 62*, 1588. Retrieved from EBSCOhost.
- McKinley, L. L., Pullin, M., Goodfriend, W., Pritchard, M. E., & Lassiter, P. (2007, May). *Adult attachment and the acceptance and perpetration of partner violence*. Paper presented at the Western Psychological Association Convention, Vancouver, BC.
- McPhail, B. A., Busch, N., Kulkarni, S., & Rice, G. (2007). An integrative feminist model: The evolving feminist perspective on intimate partner violence. *Violence Against Women, 13*, 817-841. doi:10.1177/1077801207302039
- Miller, R. S., & Lefcourt, H. M. (1982). The assessment of social intimacy. *Journal of Personality Assessment, 46*, 514-518.
- Moore, T. M., & Stuart, G. L. (2005). A review of the literature on masculinity and partner violence. *Psychology Of Men & Masculinity, 6*, 46-61. doi:10.1037/1524-9220.6.1.46
- Mudrack, P. E., & Farrell, G. M. (1994). The need for dominance scale of the Manifest Needs Questionnaire and role behaviour in groups. *Applied Psychology: An International Review, 43*, 399-413. doi:10.1111/j.1464-0597.1994.tb00836.x
- Murnen, S. K., Wright, C., & Kaluzny, G. (2002). If 'boys will be boys,' then girls will be victims? A meta-analytic review of the research that relates masculine ideology to sexual aggression. *Sex Roles, 46*, 359-375. doi:10.1023/A:1020488928736
- Murphy, S. B., & Ouimet, L. V. (2008). Intimate partner violence: A call for social work action. *Health & Social Work, 33*, 309-314. Retrieved from EBSCOhost.
- Pence, E., & Paymar, M. (1983). *Education groups for men who batter: The Duluth model*. New York, NY: Springer.

- Perilla, J. L., Lippy, C., Rosales, A., & Serrata, J. V. (2011). *Prevalence of domestic violence*. In J. W. White, M. P. Koss, & A. E. Kazdin (Series Eds.), *Violence against women and children: Vol. 1. Mapping the terrain* (pp. 199-220). doi:10.1037/12307-009
- Peters, J. (2008). Measuring myths about domestic violence: Development and initial validation of the Domestic Violence Myth Acceptance Scale. *Journal of Aggression, Maltreatment & Trauma, 16*, 1-21. doi:10.1080/10926770801917780
- Pleck, J. H., Sonenstein, F. L., & Ku, L.C. (1994). Attitudes toward male roles: A discriminant validity analysis. *Sex roles, 30*, 481-501.
- Pollack, W. S. (1990). Men's development and psychotherapy: A psychoanalytic perspective. *Psychotherapy: Theory, Research, Practice, Training, 27*, 316-321. doi:10.1037/0033-3204.27.3.316
- Preacher, K. J., & Hayes, A. F. (2008). Asymptotic and resampling strategies for assessing and comparing indirect effects in multiple mediator models. *Behavior Research Methods, 40*, 879-891.
- Robertson, J. M., & Williams, B. (2010). "Gender aware therapy" for professional men in a day treatment center. *Psychotherapy: Theory, Research & Practice, 47*, 316-326. doi:10.1037/a0021163
- Robinson, B. (2000). The impact of gender role adherence, gender role stress, and sexist attitudes on violence against women. *Dissertation Abstracts International: Section A. Humanities and Social Sciences, 61*, 2468. Retrieved from EBSCOhost.
- Saunders, D. G., Lynch, A. B., Grayson, M., & Linz, D. (1987). The Inventory of Beliefs about Wife Beating: The construction and initial validation of a measure of beliefs and attitudes. *Violence and Victims, 2*, 39-57. Retrieved from EBSCOhost.
- Schwartz, J. P., Waldo, M., & Daniel, D. (2005). Gender-role conflict and self-esteem: Factors associated with partner abuse in court-referred men. *Psychology of Men & Masculinity, 6*, 109-113. doi:10.1037/1524-9220.6.2.109
- Scott, E. (1998). Specific attachment processes in partner abusive men: Examining the role of interpersonal dependency, fear of intimacy, and intense ambivalence. *Dissertation Abstracts International: Section B. Sciences and Engineering, 59*, 1868. Retrieved from EBSCOhost.
- Soper, D.S. (2011) "A-priori sample size calculator for multiple regression (Online Software)", <http://www.danielsoper.com/statcalc3>.

- Smith, E. L., & Farole, D.J. (2009). *Profile of Intimate Partner Violence Cases in Large Urban Counties* (Report No. 228193). Washington, DC: U.S. Department of Justice.
- Spence, J. T., & Helmreich, R. (1972). The Attitudes Toward Women scale. *JSAS Catalog of Selected Documents in Psychology*, 2, Ms. #152.
- Spence, J. T., Helmreich, R. L., & Stapp, J. (1974). A short version of the Attitudes Toward Women scale (ATW). *Bulletin of Psychonomic Society*, 2, 219-220.
- Stover, C., Meadows, A., & Kaufman, J. (2009). Interventions for intimate partner violence: Review and implications for evidence-based practice. *Professional Psychology: Research and Practice*, 40, 223-233. doi:10.1037/a0012718
- Straus, M. A. (2008). Dominance and symmetry in partner violence by male and female university students in 32 nations. *Children and Youth Services Review*, 30, 252-275. doi:10.1016/j.chilyouth.2007.10.004
- Straus, M. A., Hamby, S. L., Boney-McCoy, S., & Sugarman, D. B. (1996). The revised Conflict Tactics Scales (CTS2): Development and preliminary psychometric data. *Journal of Family Issues*, 17, 283-316. doi:10.1177/019251396017003001
- Tager, D., Good, G. E., & Brammer, S. (2010). "Walking over 'em": An exploration of relations between emotion dysregulation, masculine norms, and intimate partner abuse in a clinical sample of men. *Psychology of Men & Masculinity*, 11, 233-239. doi:10.1037/a0017636
- Talka, K. M. (2008). Alone on the range: Does dismissing attachment style, masculine ideology, and alexithymia predict men's fears of intimacy in romantic relationships? *Dissertation Abstracts International: Section B. Sciences and Engineering*, 68, 4849. Retrieved from EBSCOhost.
- Thompson, E. H., & Pleck, J. H. (1986). The structure of male role norms. *American Behavioral Scientist*, 29, 531-543. doi:10.1177/000276486029005003
- Tougas, F., Brown, R., Beaton, A. M., & Joly, S. (1995). Neosexism: plus ça change, plus c'est pareil. *Personality and Social Psychology Bulletin*, 21, 842-849. doi:10.1177/0146167295218007
- U.S. Department of Justice. (2009). Female victims of violence. Washington, DC: Bureau of Justice Statistics.
- Wade, J. C., & Coughlin, P. (2011). Male reference group identity dependence, masculinity ideology, and relationship satisfaction in men's heterosexual romantic relationships. *Psychology of Men & Masculinity*. Advance online publication. doi:10.1037/a0026278

Whitaker, M. (2011). Do macro contexts of women's controllability perpetuate men's control-seeking and facilitate intimate partner violence? *Dissertation Abstracts International: Section A. Humanities and Social Sciences*, 71, 3044. Retrieved from EBSCOhost.

Yamawaki, N., Ostenson, J., & Brown, C. (2009). The functions of gender role traditionality, ambivalent sexism, injury, and frequency of assault on domestic violence perception: A study between Japanese and American college students. *Violence Against Women*, 15, 1126-1142. doi:10.1177/1077801209340758

Appendix

Demographic Questionnaire

Please answer the following questions.

1. Your age

2. Which of the following best describes your ethnicity?

- Caucasian/White
- African American/Black
- Asian American
- Latino American/Hispanic American
- Native American/American Indian
- Biracial/multiracial
- Other

3. Which of the following describes your highest level of education?

- Did not graduate from high school
- High school diploma/GED
- Some college
- Vocational or Associates (2 year) Degree
- 4 year degree
- Some graduate work
- Graduate degree

4. Growing up in my family, we:

___1 - often struggled financially

___2

___3 - mostly did OK financially

___4

___5 - were mostly well off

5. Which of the following best describes your sexual orientation?

Heterosexual/straight

Homosexual/gay

Bisexual

Other

6. What is your current relationship status?

___ Unpartnered/single

___ Married, living with spouse

___ Partnered, not living with partner

___ Living with partner, unmarried

___ Widowed

___ Legally separated

___ Divorced

___ Other (please specify): _____

7. If you are currently in a relationship, how long have you been with this partner?

8. In which region of the United States do you currently live?

- Midwest
- Northeast
- Northwest
- Southwest
- Southeast
- Outside of the U.S.

9. During your childhood were you ever injured from discipline used by your parents (i.e., bruises, cuts, broken bones, burns, etc.)?

- Yes
- No

10. During your childhood did you ever see one of your primary caregivers (mother, father, etc.) use physical force against another primary caregiver (i.e., slap, push, hit, choke, use a gun or knife)?

- Yes
- No

11. If so, indicate which of the following (check all that apply):

- Father/male caregiver used force towards mother/female caregiver
- Mother/female caregiver used force towards father/female caregiver
- Mother used force towards mother (in cases of same-sex parents)
- Father used force towards father (in cases of same-sex parents)
- N/A

12. Which of the following best describes your current employment status?

- Employed full-time, not enrolled as student
- Employed part-time, not enrolled as student
- Enrolled as student, not employed
- Enrolled as student, employed full or part-time
- Unemployed, not enrolled as student