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An Examination of Attitudinal Differences Between Men Involved in Three Categories of Intimate Partner Violence: Bidirectional, Unidirectional, and No Violence

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SIERRA J. GRAVES

An Examination of Attitudinal Differences between Men Involved In Three Categories of Intimate Partner Violence Experience: Bidirectional, Unidirectional, and No violence
(Under the direction of Daniel J. Whitaker, Ph.D.)

Abstract

Intimate partner violence (IPV) is a pervasive public health issue. Research suggests that the most common configuration of IPV is bidirectional. Previous research has found associations between elevated masculine gender role stress and endorsement of sexist attitudes towards women and increased likelihood of IPV perpetration. However, relatively few studies have examined these variables in relation to bidirectional IPV. The purpose of this investigation was to determine if significant differences in masculine gender role stress and attitudes towards women existed between these three groups. Results of group comparisons indicated that men in the bidirectional violence group had significantly higher mean scores for masculine gender role stress, hostility towards women, and hostile sexism than the no violence group. However, these differences did not persist, after controlling for trait aggression. These findings suggest that more research is necessary to better understand the role that individual attitudes and dispositional characteristics play in bidirectional IPV.

Keywords: intimate partner violence, bidirectional, masculine gender role stress, attitudes towards women

AN EXAMINATION OF ATTITUDINAL DIFFERENCES BETWEEN MEN
INVOLVED IN THREE CATEGORIES OF INTIMATE PARTNER VIOLENCE:
BIDIRECTIONAL, UNIDIRECTIONAL, AND NO VIOLENCE

by

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APPROVAL

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POSTERS AND PRESENTATIONS

Guastafarro, K.M., Guastafarro, W.P., Brown, J., & **Graves, S.** (November 16-19, 2014).

Reaching Families in an Adult Felony-Level Drug Court. A poster presented at the 142nd annual American Public Health Association, New Orleans, LA.

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Introduction

Intimate partner violence as public health problem

Intimate partner violence (IPV) has persisted as a public health problem in the United States, with immense costs to society. It is estimated that 31.5% of women and 27.5% of men have been subjected to physical violence by an intimate partner in their lifetime (CDC, 2014). Because experiencing intimate partner violence within one's lifetime is so common, it is necessary to consider the adverse health outcomes stemming from such exposure. Among the negative health outcomes stemming from IPV are serious injuries, and even mortality. Though men and women experience similar rates of physical violence, women are more at risk for injury and death related to IPV. Over 13% of women have experienced injury from IPV, as compared to 3.5% of men (Breiding et al., 2014). Similarly, women are the victims of most IPV homicides. For instance, in 2010, 1095 females and 241 males were killed by an intimate partner (USDOJ, 2011).

Nevertheless, both men and women suffer from many similar health issues related to IPV. Among the most common are higher prevalence of frequent headaches, difficulty sleeping, chronic pain, and activity limitations (CDC, 2011). Mental health related outcomes are also of particular concern. Those who experience intimate partner violence often suffer from depression, posttraumatic stress, and suicidal behaviors (Randle & Graham, 2011; Wong & Mellor, 2014). The economic costs attributed to IPV parallel its elevated prevalence. In 1995, it was estimated that medical and mental health care costs related to IPV added up to more than \$5.8 billion annually (CDC, 2003). The costs updated to reflect 2003 dollars totaled more than \$8.3 billion (Max et al., 2004). With such great costs to individuals and society, intimate partner violence is a pressing public

health issue, for which effective interventions are necessary. However, to develop these interventions, there is still much to learn about the causes of IPV and the situations in which it occurs. Decades of IPV research have yielded several theories that provide a framework for further investigation.

Theories of IPV

Feminist Theories

There are several theories that have developed over the years, as attempts to pinpoint the causes of intimate partner violence. Among them are theories that emerged from the second wave of the feminist movement, beginning in the 1960s. The feminist movement was one in which women and men alike advocated for the equality of women, politically, socially, and economically. Historically, those who endorsed a strict feminist perspective believed IPV was perpetrated by men to fulfill their need to control and affirm their power over female partners (Ali and Naylor, 2013). Feminist theorists argued that the need for control over women stems from a largely patriarchal society that perpetuates and celebrates male dominance over women (Walker, 1979). This perspective focuses on IPV within heterosexual relationships, and generally characterizes violence perpetrated by women as being done in self-defense.

However, a more contemporary feminist view acknowledges that unidirectional, male perpetrated violence is neither the only type, nor the most common type of IPV. This view recognizes that the most common form of IPV is bidirectional, and perpetrated at similar rates, by men and women. In feminist literature, this type of violence is often referred to as situational or common couple's violence (Johnson, 1995 Johnson, 2011).

Contemporary feminist theorists also acknowledge that patriarchy functions not only as a system of oppression against women, but also socializes men to feel obligated to uphold predetermined standards of masculinity, which can then influence the way conflict is handled within relationships (George & Stith, 2014).

Social Learning Theory

Social learning theory suggests that the use of violence, as a means to deal with conflict with an intimate partner, is a learned behavior (Mihalic & Elliott, 1997). Social learning theory was derived from Bandura's (1977) theory of learned behavior, and proposes that IPV is modeled after experiences of witnessing relationship violence in childhood and adolescence. Individuals may then grow to accept violence as an appropriate way to handle conflict within a relationship, and be at risk for victimization or perpetration of IPV (Lewis & Fremouw, 2001). In support of social learning theory, studies have shown that acceptance of violence in intimate relationships and witnessing interparental aggression in adolescence both correlate with likelihood of perpetrating IPV in adulthood (Cui et al., 2010; Franklin & Kercher, 2012). Much like Bandura's model, social learning theorists also argue that positive reinforcement may be a factor in the perpetuation of IPV. Riggs and O'Leary (1989) argue that simply witnessing positive or negative outcomes resulting from violence may be enough to increase an individual's propensity to perpetrate violence in the future.

Power Theory

Power theory, first developed by Straus (1976), views IPV as an issue rooted in the family structure. Straus argues that IPV is a three-pronged issue, stemming from the interaction of gender inequality, family conflict, and social tolerance of violence. Power theory posits that violence within families is more likely to occur when there are high levels of conflict and a power-imbalance exists, whereas egalitarian couples report both less conflict and lower rates of violence (Coleman & Straus, 1986). A study conducted by Sagrestano et al. (1999) also found that a negative relationship between husbands' and wives' perceptions of power in their marriage and violence perpetration, such that the less powerful one felt, the more likely he or she was to be violent. Power theorists also argue that family violence is perpetuated by the idea that what takes place within the home should be kept private from outsiders. As a result of such secrecy, there is no one to intervene when family violence occurs (Bell & Naugle, 2008). Similar to social learning theory, power theory also theorizes that people learn to accept relationship violence by witnessing or being subjected to it in childhood (Straus, 1977).

All of the aforementioned theories are well known and commonly cited in the IPV literature. They attempt to identify possible causes of IPV, emphasizing contextual and societal factors. Yet none of these theories address the individual attitudes and dispositional traits as potential determinants of IPV, particularly those that serve as a function of a patriarchal society. This study seeks to confront this gap in the theories by examining masculine gender role stress and attitudes towards women, so that results can expand upon existing theories, or even inform future models of IPV that account for influences at all socio-ecological levels.

Masculine Gender Role Stress and Intimate Partner Violence

Because intimate partner violence is such a pervasive health issue, research has centered on better understanding those involved in violent relationships, in order to understand how to best prevent it. Many studies have focused on the attitudes and perceptions of male perpetrators, with a specific focus on gender-related constructs. For instance, Masculine Gender Role Stress (MGRS) is a construct that has gained considerable attention, in relation to male aggression and violence towards women. Masculine Gender Role Stress occurs when men feel pressure to adhere to gender norms (e.g. being the “breadwinner” in the relationship), and men may behave aggressively as a result of the stress caused by demands to uphold gender roles (Eisler, 1995, O’Neil & Nadeau, 1999). Research has indicated that even from a young age, males learn to anticipate undesirable social outcomes as a result of violating masculine gender roles (Zeman & Garber, 1996). Such impending threats may increase the potential for the use of aggression and violence. Intimate relationships create an environment in which threats to masculinity are often unavoidable. For example, financial issues, such as not making enough money or making less money than a female partner, may prove stressful for a man who holds traditional views of women, and are not easily resolved. Studies have supported the notion that rates of violence and aggression by men towards women within intimate relationships are elevated, when gender role related stress and/or conflict is present (Jakupcak et al., 2002; Schwartz et al., 2005).

Attitudes Towards Women and Intimate Partner Violence

Aspects of men's attitudes towards women and IPV have also been studied a great deal, in regard to male intimate partner violence perpetration. Specifically, men's hostile sexism and hostile attitudes towards women have been linked to increased potential to perpetrate IPV against a female intimate partner (Briere, 1987; Glick et al., 2002; Parrott & Zeichner, 2003). Hostile sexism is one of two constructs making up ambivalent sexism theory, which conceptualizes sexism in terms of subjectively positive and negative gender-based appraisals (Glick & Fiske, 1996). Hostile sexism aligns with classic definitions of sexism, and involves overt antipathy towards women. Examples of hostile and/or sexist attitudes towards women are thinking women are deceitful and untrustworthy or that they are too easily offended. Benevolent sexism, on the other hand, describes sexist attitudes or beliefs about women that may seem subjectively positive (Glick & Fiske, 1996). For instance, believing that women are fragile, and therefore should be protected by men is an example of benevolent sexism. Research regarding the relationship between benevolent sexism and IPV has yielded mixed results, but some studies have shown that benevolent sexism may be a protective factor against male perpetration (Sakalli, 2001; Allen et al., 2009).

Recent research has sought to differentiate between males who perpetrate relationship violence and those who do not. Makin-Byrd and Azar (2011) conducted a study with undergraduate males that assessed differences in terms of relationship beliefs, hostile and sexist attitudes, and relationship attributions, for those who were violent and non-violent in their relationships. Results indicated that violent males endorsed more hostile attitudes towards women, as well as more unrealistic relationship beliefs. Other studies have indicated a relationship between sexist attitudes towards women and

attitudes supportive of intimate partner violence, as well as a propensity to victim-blame (Glick et al., 2002; Sakalli, 2001).

Trait Aggression

Trait aggression is a construct that is often studied alongside aggressive behavior. It is defined as the tendency to have hostile cognitions, express anger and engage in aggressive behavior (Buss and Perry, 1992). It has been shown that people high in trait aggression are more likely to engage in aggressive behavior, in the context of both provoking and non-provoking situations, as compared to those low in trait aggression. (Bettencourt et al., 2006). Likewise, research has also exhibited that those high in trait aggression are more likely to report justification for marital violence against women, compared to individuals low in trait aggression (Wesley & Craig-Henderson, 2006). Though the trait aggression research has primarily focused on its relationship with aggressive behavior generally, the abovementioned associations present trait aggression as a construct worth examining as a potential confounder to the relationship between masculine gender role stress, attitudes towards women and intimate partner violence.

This survey of the literature involving the relationship between attitudinal variables and intimate partner violence suggests that there are some areas in which further investigation is necessary. The aforementioned research largely focuses on male violence perpetration against female partners, allowing us to better understand attitudinal difference and stressors among men who do and do not perpetrate. However, little is known about the attitudes of men in relationships where violence is perpetrated by both

partners or where the man is the sole victim. The present study will address these gaps by examining attitudes of men involved in relationships in which both partners are violent towards one another.

Male and female perpetration of violence

Though the study of IPV began with the recognition of the impact of men's violence against women, there is increasing acknowledgement that violence is often perpetrated by both partners in a relationship. A number of large scale community-based surveys have shown that both males and females report perpetrating physical violence at about the same rate (Archer, 2000). Surveys of couples have shown that the most common configuration of perpetration in a relationship is one in which both partners perpetrate violence against the other. This has been termed mutual, reciprocal, or bidirectional violence.

Reciprocal or bidirectional violence is the more common form of violence perpetrated in intimate relationships. Though IPV is often thought of as an issue primarily impacting women, the data indicate that in relationships where any violence is present, reciprocal violence is indicated about half of the time (Straus, 2009). Among those cases where unidirectional violence is indicated, it is most often the female partner who is the sole perpetrator (Straus, 2009; Whitaker et al., 2007). This goes against the notion that women are victims and men are perpetrators of relationship violence. However, as noted above, the health consequences of IPV are greater for women than for men (Archer, 2000; Breiding et al., 2014; Whitaker et al., 2007).

While several studies have demonstrated that violence is most often bidirectional, fewer studies have examined the nature of the individuals or couples involved in bidirectional and unidirectional IPV. Of the studies that do examine differences in bidirectional and unidirectional violence, child maltreatment and alcohol and substance abuse are variables commonly examined (Charles et al., 2009; Cunradi et al., 2011; Renner & Whitney, 2011). However, attitudinal variables have been studied to a lesser extent. One study of interest, conducted by Karakurt and Cumbie (2012), examined the relationship between IPV and ambivalent sexism, egalitarianism and dominance in heterosexual couples. Results indicated that females endorsing egalitarian values and possessing low levels of hostile and benevolent sexism were more likely to perpetrate aggression against their male partner. On the other hand, there was no significant effect for egalitarianism and ambivalent sexism for male aggression. Though this particular study examined heterosexual dyads, bidirectional violence was not compared to other types of relationship violence in this sample.

This review of the intimate partner violence literature reveals that there are gaps in the theoretical perspectives, as well as the examination of attitudinal variables as they relate to IPV type. As noted earlier, feminist, social learning, and power theories fail to address the nature of those involved in IPV. It is important to learn about the attitudinal and dispositional characteristic of those involved in IPV, as they may be more changeable than societal and contextual factors. For instance, changing an entire system of oppression, such a patriarchy, which influences attitudes toward women, is no easy feat. However, changing individual attitudes that have been linked to IPV may be a more plausible way to influence its prevalence. In order to do that, we must first learn about

how differences in attitudes and dispositions are associated with different types of IPV, especially the most common type: bidirectional violence. Though men's attitudes about women, gender roles, and violence have received a great deal of attention generally, they have not been well studied with regard to bidirectional IPV. The present study will seek to bridge this gap.

The Present Study

As noted above, though research has examined group differences between men who do and do not perpetrate IPV, there has been relatively little research examining attitudinal differences between men who perpetrate in the context of bidirectional violence, those who are victimized, but do not perpetrate, and those who have not experienced violence. In this review, no studies were found that examined this relationship. The purpose of the present study was to examine differences between these three categories of men, in terms of masculine gender role stress and attitudes towards women. It was predicted that men who engaged in bidirectional violence would report the greatest gender role stress, and hostile sexism/attitudes toward women, followed by the victim only and no violence groups, respectively. It was hypothesized that the bidirectional violence group would present with the highest scores across these variables because it is the only group that includes perpetrators of IPV. As the research reviewed has exhibited, studies have shown a significant relationship between masculine gender role stress, hostile and sexist attitudes towards women, and male IPV perpetration. It was also predicted that the victim-only group would endorse the most benevolent sexism, as compared with the other two groups. This hypothesis drew from research presenting

benevolent sexism as a potential protective factor against male IPV perpetration (Sakalli, 2001; Allen et al., 2009). Because benevolent sexism often involves believing women are fragile and should be protected by men, it was predicted that holding such views would prevent men who'd been victimized from perpetrating in return.

Method

Participants

Study participants were part of a study validating a laboratory measure of sexual aggression (as described in Parrott et al., 2012). Study participants were recruited by convenience sampling methods, using internet and local newspaper advertisements. The inclusion criteria for the study included heterosexual, socially drinking men. Interested participants were first screened by telephone to verify their alcohol consumption using a set of six questions from the National Institute on Alcohol Abuse and Alcoholism. The questions asked participants about frequency of alcohol consumption in the past 12 months, and in their lifetime. (See Appendix A). Eligible participants were invited to laboratory at Georgia State University, where they were subjected to additional eligibility screening to confirm their relationship status and sexual orientation. Only socially drinking males, who'd been in a heterosexual relationship within the past year, were enrolled into the study. The final sample consisted of 197 men, between the ages of 21-35 ($M= 25.02$, $SD= 3.33$). A majority of the sample self-identified as Black or African American (64.5%), while 26.4% identified as White, and 7.1% as more than one race.

Marital status of the participants was primarily single/never married (82.2%). Eight percent of participants were married, and 7.6% were unmarried, but living with an intimate partner. On average, the sample received 14.12 (SD= 2.40) years of formal education.

Measures

Intimate Partner Violence/Aggression The *Revised Conflict Tactics Scale* (CTS-2; Straus, Hamby, Bony-McCoy, & Sugarman, 1996) was used to measure relationship violence. The CTS-2 is a widely used and validated 78-item instrument that measures the self-reported frequency of relationship violence and aggression. The measure allows a respondent to account for their own perpetration of aggression against their partner, as well as that partner's aggression against them. It consists of 5 subscales: Negotiation, Sexual Coercion, Psychological Aggression, Physical Assault, and Injury. For the purposes of the present study, the Physical Assault subscale was used to measure frequency of participants' IPV perpetration and victimization. Items on the physical assault subscale include a frequency count of incidents of pushing/shoving, punching, kicking, etc. (See Appendix 2 for complete list). Respondents can choose 0-5 to indicate how many times in the past year each action had occurred (0 = Never, 1 = Once, 2 = Twice, 3 = 3-5 times, 4 = 6-10 times, 5 = 11-20 times, 6 = More than 20 times). For the purposes of this study, responses were recoded to the midpoint (e.g. A response of "4 = 6-10 times" would be recoded to 8). Items were then summed, separating victimization and perpetration items, to create two composite scores. Dichotomous indices of lifetime

perpetration and victimization were created, such that each participant was classified as a victim or not, and as a perpetrator or not. From this, a three-level independent grouping variable was created based on IPV experience: 1 = bidirectional violence (yes to both victim and perpetrator; n = 64); 2 = victim only (n = 31) 3 = no violence (n = 102). This grouping variable was then used for all analyses. Note that there were too few participants classified as perpetrators only (n = 8) to include in the analyses.

Masculine Gender Role Stress The *Masculine Gender Role Stress* scale (MGRS; Eisler & Skidmore, 1987) was used in the present study to measure the construct of masculine gender roles stress. It is one of the most commonly used measures in studies of the relationship between gender role stress and IPV (Moore et al., 2010). The MGRS scale measures the extent to which men experience stress when faced with situations that challenge traditional gender role norms. This scale consists of 40 items, to which respondents can answer 0 to 5, indicating how stressful they would find a given situation (e.g. “Admitting to your friends that you do housework .”). Items on this scale were added together to form a composite score for each participant. The composite score was used for analysis. Internal consistency analysis yielded an alpha value of .94 for this sample.

Attitudes Towards Women Attitudes Towards Women was measured using two scales, the revised Hostility Toward Women scale (HTW-R; Lonsway & Fitzgerald, 1995) and the Ambivalent Sexism Inventory (ASI; Glick & Fiske, 1996). The HTW-R is a 10-item instrument that measures how much an individual endorses hostile attitudes towards

women. It includes items such as “When it comes down to it, a lot of women are deceitful,” to which respondents can rate their level of agreement with the statement on a 7-point Likert scale. The 10 items were added together to generate a composite score, which was then used for analyses. In this sample, internal consistency analysis produced an alpha of .81. The ASI is a 22-item scale that assesses positive and negative sexist attitudes. It is divided into two subscales: hostile sexism and benevolent sexism. The hostile sexism subscale measures aversion for women (e.g. “Women seek to gain power by getting control over men.”), while the benevolent sexism subscale measures seemingly positive attitudes towards women, rooted in patriarchy (e.g. “Many women have a quality of purity that few men possess.”). Each item is rated on a 6-point Likert scale, from “disagree strongly” to “agree strongly.” Composite scores were produced for each of the subscales, by adding together each of the items. Internal consistency analyses for the hostile and benevolent sexism subscales produced alphas of .77 and .72, respectively.

Trait Aggression The Buss-Perry Aggression Questionnaire (BPAQ; Buss & Perry 1992) was used to measure trait aggression. This scale consists of 29 items that determine an individual’s dispositional aggression across four domains: verbal aggression, physical aggression, and anger, and hostility. Respondents are asked to indicate, on a scale of 1-5, how much they think each statement accurately describes them, with 1 being “extremely uncharacteristic of me” and 5 being “extremely characteristic of me.” An example of the questions asked in the questionnaire is “If somebody hits me, I hit back.” Cronbach’s alpha statistic indicated an internal consistency of .88.

Procedure

Study participants were led to a private room, upon arrival to the laboratory. Informed consent was first provided, after which the participants were asked to complete a questionnaire. The questionnaire included demographic questions, as well as items making up the revised Conflict Tactics Scale, Masculine Gender Role Stress scale, revised Hostility Towards Women scale, the Ambivalent Sexism Inventory and the Buss-Perry Aggression Questionnaire. Other measures were included in the questionnaire, but were not relevant to the present study. The questionnaire was administered on a computer, using MediaLab 2006 software. Study staff explained how to use the software to participants, and was available for questions for the duration of the data collection period. Following the completion of the questionnaire, participants were debriefed, thanked for their time, and compensated.

Analytic plan

Data was analyzed using SAS version 9.2. To test the study hypotheses, the three-level violence grouping variable (victim/perpetrator, victim only, no violence) was used in a Multivariate Analysis of variance (MANOVA), with post-hoc tests, to compare means across the three groups for the dependent variables of masculine gender role stress, hostility towards women, hostile sexism, and benevolent sexism. A subsequent analysis was conducted in which a multivariate analysis of covariance (MANCOVA) was conducted to examine whether group differences persisted after controlling for the confounding affect of trait aggression. No other potentially confounding variables were controlled for.

Results

Preliminary analysis

Overall, 48% of the sample had some experience with intimate partner violence within the last year, through victimization, or victimization and perpetration. The majority of the sample fell into the no violence group ($n = 102$, 52%) followed by the victim/perpetrator ($n = 64$, 32%) and victim only ($n = 31$, 16%) groups. (Note: In the current sample, too few men self-reported unidirectional IPV perpetration toward their partner, so that group could not be examined). Mean scores and standard deviations were computed across the three IPV groups, for each dependent variable (**Table 1**).

Results of the overall MANOVA indicated a significant difference among the three groups, as it relates to the combination of dependent variables, $F(8, 328) = 3.30$, $p = .001$, Wilks' Lambda = .87. Follow up ANOVAs showed that the IPV groups significantly differed across three of the four dependent variables: (a) Masculine Gender Role Stress, $F(2, 194) = 6.55$, $p = .002$; (b) Hostility Towards Women, $F(2, 194) = 9.08$, $p = .001$; (c) Hostile Sexism, $F(2, 194) = 6.55$, $p = .002$.
Table 1. Comparison of dependent variable mean scores according to IPV group

	Victim/Perps (n=64)		Victim Only (n=31)		No violence (n=102)		p-value
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
	Masculine Gender Role Stress	83.59*	29.27	77.17	28.63	65.44	
Hostility Towards Women	35.31*	9.35	32.77	7.18	28.93	10.24	<.001
Hostile Sexism	31.53*	6.09	27.61	6.91	26.88	9.30	.001
Benevolent Sexism	34.08	7.08	35.25	9.41	34.44	8.42	.805

Note: * Show significant difference compared to No Violence group

$p < .001$; and (c) Hostile Sexism, $F(2, 194) = 6.82$, $p = .001$. To determine between which groups differences existed, Tukey HSD tests were conducted for each dependent variable. The mean MGRS scale score across the entire sample was 73.19 ($SD = 33.06$). When examining masculine gender role stress, it was determined that the only significant difference existed between the victim/perpetrator group ($M = 83.59$, $SD = 29.27$) and the no violence group ($M = 65.44$, $SD = 34.77$). Likewise, the mean score for HTW was 31.61 ($SD = 9.92$) in this sample. For HTW, the only significant group differences were also between the victim/perpetrator ($M = 35.31$, $SD = 9.35$) and no violence groups ($M = 28.93$, $SD = 10.24$). The mean score for Hostile Sexism was 28.51 ($SD = 8.26$) for the sample. Just as with MGRS and HTW, the group differences for hostile sexism were between the victim/perpetrator ($M = 31.53$, $SD = 6.09$) group and no violence group ($M = 26.88$, $SD = 9.30$). There were no significant group differences in Benevolent Sexism scores ($M = 34.45$, $SD = 8.15$).

Secondary Analysis

Prior to conducting a multivariate analysis of covariance to explore whether or not the IPV group differences persisted after controlling for the effect of trait aggression, collinearity diagnostics were examined for the physical assault subscale of the CTS2, used to create the IPV grouping variable, and the physical aggression subscale of the BAQ. Analyses yielded a Tolerance of .98 and Variance Inflation of 1.02, indicating that the two subscales were not collinear. As a result, the author proceeded with the use of trait aggression as a covariate. Results of the MANCOVA showed no overall main effect for IPV group, after adjusting for trait aggression, $F(8, 380) = 1.11$, $p = .354$; Wilks'

Lambda = .95. Similarly, there were no overall differences between the three groups, when looking at each dependent variable individually.

Discussion

The purpose of this investigation was to determine whether or not significant attitudinal differences existed between groups separated by IPV experience. The results indicated that there were individual differences in these groups of men. As hypothesized, the reciprocal violence group reported the highest masculine gender role stress, hostility towards women, and hostile sexism of the three groups, followed by the victim only, and no violence groups, respectively. However, the differences in these variables were only significant when comparing the reciprocal violence group and the no violence group. These findings support contemporary feminist theories that view patriarchy as a system of oppression that socializes men to uphold predetermined standards of masculinity, potentially influencing how conflict in relationships is handled (George & Stith, 2014). These findings also serve as an expansion upon the literature suggesting an association between elevated levels of gender roles stress and more sexist attitudes towards women and men's likelihood to perpetrate violence against a female partner (Briere, 1987; Glick et al., 2002; Jakupcak et al., 2002; Parrott & Zeichner, 2003; Schwartz et al., 2005). As mentioned previously, none of the bidirectional violence studies reviewed examined this combination of variables in relation to bidirectional violence.

It is important to note that the group differences in gender role stress and attitudes towards women did not persist once trait aggression was taken into account. This finding

addresses the fact that not every man that experiences gender role stress and has sexist attitudes will be involved in a violent relationship with their partner. Intimate partner violence is complex, in that there are various individual and situational factors that interact to determine whether or not violence will be perpetrated. This research alludes to the possibility of trait aggression serving as a determinant of reciprocal violence, particularly in the presence of masculine gender role stress and sexist attitudes.

The second study hypothesis was not supported, as the victim only group did not score significantly higher in benevolent sexism, compared to the other two groups. Though the mean benevolent sexism score for the victim-only group was the highest nominally, the difference was negligible and did not achieve statistical significance.

This research has many practical implications, from a public health standpoint. Because it was revealed that men involved in reciprocal violence differed from men in the no-violence group in regards to sexist attitudes and hostility towards women, programs that focus on promoting gender equality and fostering positive attitudes and regard for women may be effective in reducing rates of intimate partner violence. These programs should challenge traditional gender norms and engage men and boys in reflection of their own masculinity and how to redefine it in a way that is neither oppressive to themselves or women. Such programs can be implemented at a community level, targeting both adults and children. In support of conflict theory, public health professionals may also find that promoting egalitarian relationships and teaching men and women to value them can positively affect rates of IPV in this population, since it has been previously exhibited that egalitarian relationships have less conflict and relationship violence (Coleman & Straus, 1986). In egalitarian relationships, both men and women

provide for the family, and the financial burden is not solely on the man. In addition, domestic responsibilities are often shared willingly. Acceptance of such a relationship dynamic may prove effective in reducing levels of masculine gender role stress and sexist attitudes, and in turn, reduce the prevalence of IPV. Because social learning theory posits that IPV is modeled after childhood experiences, initiatives should seek to promote healthy relationships among children and adolescence, as well as adults. This may protect against the tolerance of intimate partner violence as acceptable by teaching adolescents more appropriate ways to resolve conflict. Lastly, the present research also suggests that public health professionals may benefit from targeting aggressiveness as a risk factor for bidirectional IPV. It has been shown in prior research that those involved in bidirectional IPV have greater involvement in other forms of aggressive behavior (Charles et al., 2011). Teaching individuals skills to better regulate aggression could potentially prevent violent outbursts, particularly within intimate relationships.

There are a few notable limitations to the present study. Convenience sampling methods were employed to recruit participants, introducing the possibility for sampling bias. Those who responded to study advertisements may in some way differ from other socially drinking males, and therefore may not be representative of the population. In addition, the fact that only socially drinking men were enrolled into the study is another limitation. The present study did not seek to examine attitudinal differences in only socially drinking men. Bias may also have been introduced, related to the CTS2. Though this measure has been shown to be both valid and reliable, the sensitive nature of the questions still allows for possible response bias. This could have manifested in several different ways. Participants may have felt inclined to underreport their own perpetration, due to generally

negative societal attitudes toward violence against women. Likewise, they may have also underreported their victimization out of embarrassment or failure to view themselves as victims.

A final limitation worth mentioning involves the way in which the grouping variable was created. As noted earlier, aside from the sole perpetrators of violence excluded from the present study, those who indicated even one incident of perpetration or victimization were included in either the bidirectional or unidirectional violence groups. This grouping does not account for severity or frequency of violence perpetration or victimization. Therefore, a man who'd reported numerous incidents of severe perpetration and one isolated incident of minor victimization would still be classified as a victim/perpetrator, despite an obvious disparity. In future research, the author would consider grouping participants in a way that adequately addresses such nuances.

The present research highlights a few potential future directions for research involving bidirectional IPV. It would be worthwhile to recreate the present study with heterosexual couple dyads. This would allow for more accurate depictions of bidirectional IPV victimization and perpetration, because both parties in the relationship would be represented. The couples could be assessed along several attitudinal variables, like those examined in the current investigation, to see what combination of individual characteristics in men and women best predict IPV group membership. This potential research endeavor would help researchers better understand the types of men and women that are involved in IPV, which could then inform interventions that target both male and female perpetrators of relationship violence.

In conclusion, notwithstanding study limitations, the present study indicates that there are individual differences between men engaged in bidirectional violence and men lacking any reported relationship violence, in terms of gender role stress and attitudes towards women. However, these differences are not significant when accounting for the variance in scores attributable to trait aggression. This illuminates the importance of investigating attitudinal differences in individuals involved in violent relationships. Gaining knowledge of what attitudinal and dispositional characteristics are associated with violent relationships could aid in developing strategies to combat IPV and the substantial burden associated with it.

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Appendix A

Question 1 - (asks about frequency of past 12 month drinking)

During the last 12 months, how often did you usually have any kind of drink containing alcohol? **By a drink we mean half an ounce of absolute alcohol (e.g. a 12 ounce can or glass of beer or cooler, a 5 ounce glass of wine, or a drink containing 1 shot of liquor).** Choose only one.

Every day

5 to 6 times a week

3 to 4 times a week

twice a week

once a week

2 to 3 times a month

once a month

3 to 11 times in the past year

1 or 2 times in the past year

(IF RESPONDENT GIVES ANY OF THE ABOVE RESPONSES, GO TO QUESTION 2)

I did not drink any alcohol in the past year, but I did drink in the past
(GO TO QUESTION 1A)

I never drank any alcohol in my life
(GO TO QUESTION 1B)

1A - During your lifetime, what is the maximum number of drinks containing alcohol that you drank within a 24-hour period? (asked here only of those who did not drink any alcohol during the past 12 months)

36 drinks or more

24 to 35 drinks

18 to 23 drinks

12 to 17 drinks

8 to 11 drinks

5 to 7 drinks

4 drinks

3 drinks

2 drinks

1 drink

(DONE WITH ALCOHOL QUESTIONS)

1B - So you have never had a drink containing alcohol in your entire life. (asked only of those who say they never drank alcohol in their lives)

Yes, I never drank.

(DONE WITH ALCOHOL QUESTIONS)

No, I did drink

(GO BACK TO QUESTION 1 AND REPEAT)

Question 2 - (asks about number of drinks on typical drinking day in past 12 months)

During the last 12 months, how many alcoholic drinks did you have on a typical day when you drank alcohol?

25 or more drinks

19 to 24 drinks

16 to 18 drinks

12 to 15 drinks

9 to 11 drinks

7 to 8 drinks

5 to 6 drinks

3 to 4 drinks

2 drinks

1 drink

Question 3 - (asks about maximum drinks in a 24 hour period in past 12 months)

During the last 12 months, what is the largest number of drinks containing alcohol that you drank within a 24-hour period?

36 drinks or more

24 to 35 drinks

18 to 23 drinks

12 to 17 drinks

8 to 11 drinks

5 to 7 drinks

4 drinks

3 drinks

2 drinks

1 drink

Question 4 - (asks about frequency of maximum drinks in last 12 months)

During the last 12 months, how often did you drink this largest number of drinks? Choose only one.

Every day

5 to 6 times a week

3 to 4 times a week

twice a week

once a week

2 to 3 times a month

once a month

3 to 11 times in the past year

1 or 2 times in the past year

Question 5 - (asks about frequency of binge drinking in past 12 months)

During the last 12 months, how often did you have 5 or more (males) or 4 or more

(females) drinks containing any kind of alcohol in within a two-hour period? [That would be the equivalent of at least 5 (4) 12-ounce cans or bottles of beer, 5 (4) five ounce glasses of wine, 5 (4) drinks each containing one shot of liquor or spirits - to be provided by interviewer if asked.] Choose only one.

Every day

5 to 6 days a week

3 to 4 days a week

two days a week

one day a week

2 to 3 days a month

one day a month

3 to 11 days in the past year

1 or 2 days in the past year

Question 6- (asks about maximum drinks in 24 hours in lifetime)

During your lifetime, what is the largest number of drinks containing alcohol that you drank within a 24-hour period?

36 drinks or more

24 to 35 drinks

18 to 23 drinks

12 to 17 drinks

8 to 11 drinks

5 to 7 drinks

4 drinks

3 drinks

2 drinks

1 drink

Appendix B*Physical Assault Scale Items**How many times in the past year have you:**0 = Never in the past year 1 = Once in the past year 2 = Twice in the past year 3 = 3-5 times in the past year**4 = 6-10 times in the past year 5 = 11-20 times in the past year 6 = More than 20 times in the past year*

<i>Question Number</i>	<i>Item</i>
7, 8	Threw something at my partner that could hurt; My partner threw something at me that could hurt
9, 10	Twisted my partner's arm or hair; My partner twisted my arm or hair
17, 18	Pushed or shoved my partner; My partner pushed or grabbed me
21, 22	Used a knife or gun on my partner; My partner used a knife or gun on me
27, 28	Punched or hit my partner with something that could hurt; My partner punched or hit me with something that could hurt
33, 34	Choked my partner; My partner choked me
37, 38	Slammed my partner against a wall; My partner slammed me against a wall
43, 44	Beat up my partner; My partner beat me up
45, 46	Grabbed my partner; My partner grabbed me
53, 54	Slapped my partner; My partner slapped me
61, 62	Burned or scalded my partner on purpose; My partner burned or scalded me on purpose
73, 74	Kicked my partner; My partner kicked me