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MASCULINITY AND BYSTANDER HELPING BEHAVIOR: A STUDY OF THE RELATIONSHIP BETWEEN CONFORMITY TO MASCULINE NORMS AND BYSTANDER INTERVENTIONS

by

Jerrod Anthony Koon

A thesis submitted in partial fulfillment of the requirements for the Doctor of Philosophy degree in Psychological and Quantitative Foundations (Counseling Psychology) in the Graduate College of The University of Iowa

December 2013

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CERTIFICATE OF APPROVAL

PH.D. THESIS

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ABSTRACT

Hundreds of research articles have been published about variables related to bystander helping behavior. Although significant gender differences have been found in bystander intervention research, the results have been incongruent with little explanation about the relationship between gender and bystander interventions. This study assessed the relationship between conformity to masculine role norms and bystander intervention behavior. In this study, 200 college students completed the Conformity to Masculine Norms Inventory-46 (CMNI-46) to determine the relationship between conformity to masculine norms and the level of bystander intervention selected on the Bystander Intervention Measure (BIM). It was hypothesized that a significant main effect would exist between conformity to masculine norms and the types of bystander interventions selected. Participants also completed surveys on bystander self-efficacy, bystander intervention decision making, and prosocial tendencies (Prosocial Tendencies Measure). Four hypotheses were developed for this study. It was hypothesized that there would be a statistically significant difference in scores on the five CMNI-46 subscales of winning, emotional control, risk-taking, violence, and self-reliance and the degree of involvement and immediacy of bystander interventions the four subscales of the Bystander Intervention Measure (BIM); that the five CMNI-46 subscales will still account for more variance regarding the degree of involvement and immediacy of bystander interventions even after controlling for prosocial tendencies from the PTM subscales; that there would be a statistically significant difference in scores on the five CMNI-46 subscales and the six PTM subscales, and that the five CMNI-46 subscales would predict bystander self-efficacy and decision making scores.

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CHAPTER 1

INTRODUCTION

The variables that influence bystander intervention behavior have been a significant area in psychological research for over four decades. Darley and Latane´ (1968a) wrote the preliminary article regarding the impact of situational variables and group size on bystanders' willingness to engage in helpful interventions. Their research demonstrated that group size has a powerful, significant effect on the likelihood of bystander willingness to offer assistance. An increase in the size of the group decreased the likelihood of an individual getting involved (1968a) and the phenomenon has been replicated across numerous studies. Darley and Latane´ (1968b) named this phenomenon the *bystander effect*.

The bystander effect has been studied in hundreds of articles and is one of the most well-researched and consistent situational variables in social psychology (Banyard, 2008). Preliminary research regarding the bystander effect investigated the willingness and likelihood of a bystander to offer assistance in the presence of other individuals. That simple phenomenon had numerous implications for social psychology and spawned hundreds of research articles which tried to explain the implications for human behavior. Over 40 years of research exists which has examined the numerous variables that are related to how, when, and why bystanders get involved to offer assistance in emergency and non-emergency situations. Numerous moderating and mediating variables have been identified that inform, affect and predict helping behavior including personality, situational, individual and victim characteristics. This phenomenon has important

implications in numerous situations ranging from offering cardiopulmonary resuscitation to intervening in a sexual assault situation.

Bystanders are likely to witness numerous inappropriate, offensive, and even illegal activities and are often situated to able to intervene effectively. According to the National Crime Victim Survey (NCVS), bystanders are present in over 70% of assaults, 52% of robberies, and 29% of sexual assaults and/or rapes (Planty, 2002). Not only do bystanders witness these behaviors, but their intervention can be helpful. Bullying research has shown that over half of bullying behaviors and harassment ceases within 10 seconds of bystander intervention (Hawkins, Pepler, & Craig, 2001). Bystanders are often present during the pre-assault phase where markers of sexual assault risk are present (Banyard, Plante, & Moynihan, 2004; Berkowitz 2002) putting them in an important position to intervene and potentially prevent an assault. Understanding the motivations and variables related to bystanders' decisions to help and how they help in situations where there is potential for violence or other inappropriate conduct is extremely. Knowing which variables promote or inhibit bystanders' willingness to speak up for the recipient of harmful behavior or willingness to speak out against inappropriate and unhealthy attitudes could facilitate numerous positive changes in our communities.

The implications of this research are particularly relevant to numerous areas such as violence, sexual assault, bullying, racism, heterosexism, sexism, ableism, street harassment, or any other situation where harmful or inappropriate conduct occurs. Over the past decade, violence and sexual assault prevention groups have been created across college campuses and in communities across the nation. They have emphasized the importance of utilizing the principles of the bystander effect in mobilizing and training

individuals to engage in primary prevention (Banyard, 2008). These violence prevention programs focus on increasing helpful bystander intervention behaviors through raising awareness about the warning signs of violence and teaching prosocial intervention strategies and skills (Banyard, Moynihan, & Plante, 2007). Initial research demonstrated that bystander education workshops significantly increased the knowledge and self-efficacy of participants and created significant attitudinal and behavioral change regarding sexual assault prevention (2007). The demonstrated changes in attitudes and behaviors persisted for two months for male and female college students. In addition to teaching bystander intervention skills, masculinity is frequently a secondary focus of many bystander education workshops (Katz, 2006) and the majority of bystander education programs purposefully engage college men as potential allies in violence prevention (Foubert, 1997, Berkowitz, 2002; & Banyard, 2005). The reason for this is twofold. First, college men are disproportionately represented as judicial offenders and perpetrators of violence on college campuses (Harper, Harris, & Mmeje, 2005). However, the second reason is that, in reality, only a small minority of men commit the majority of violence, which means the majority of men in a community are not violent, potential allies and bystanders (Katz, 2006). However, without the appropriate level of awareness and skills to intervene most bystanders, including men, can choose to remain silent, thus reenacting the bystander effect principles (2006).

Masculinity is largely a homosocial experience, meaning that men learn what is socially appropriate from interacting with other men (Kimmel & Aronson, 2004). Understanding the reinforcement and consequences of masculinity on social interaction can be important in understanding how to engage men as allies in bystander interventions

related to violence and sexual assault prevention. The homosocial experience of masculinity is such an influential variable that the best predictor of whether or not a college male will intervene in a situation that might lead to sexual assault is based on their perception of whether or not men like them would be willing to intervene (Banyard, 2008). Even in the absence of other male bystanders, men reflect on aspects of masculinity and social comparison to inform their choices. Although bystander education workshops have been shown to create similar levels of change between males and females, since bystander education often targets healthy and unhealthy aspects of masculinity, it is important to understand if a significant relationship exists between masculinity and bystander interventions. This understanding could result in information that could lead to the creation of targeted and effective programming.

Understanding potential interactions of masculinity and helping behavior is important regarding bystander interventions and there are some implications in the current research. Significant gender differences have been found in a meta-analysis of bystander effect research (Eagly & Crowley, 1986). Overall, it was found that men were more likely to offer assistance in stranger situations that were perceived as dangerous more frequently than women. However, women were more likely to help in situations they deemed as "safer." Eagly and Crowley explained the sex differences through a somewhat generic and vague discussion of gender roles related to men's socialization, chivalry, and heroic nature. No further explanation or analysis was provided in the discussion of the results.

There have been relatively few studies that have purposefully examined the role of gender in bystander behavior and the results are mixed. Tice & Baumeister (1985)

found that highly masculine men were less likely to help in emergency situations and that femininity had no measurable effect on helping behaviors. However, Senecker & Hendrick (1985) found that androgynous women who scored high on expressiveness reacted quicker than men but that men helped more frequently than women. Siem & Spence (1986) supported and extended that research when they found that expressiveness and assertiveness were positively correlated with helping behavior of women but decreased helping behavior of men. These findings are incongruent with Eagly and Crowely's meta-analysis which cited assertiveness as a reason that men intervened at a higher rate than women. The explanation about how gender is related to helping behavior has not been resolved and recent research is still discovering new variables and implications. Banyard (2008) found that college women reported significantly higher levels of bystander behaviors and awareness of problematic situations when compared to college men. Laner, Benin and Ventrone (2001) found that bystanders who perceive themselves as being strong and aggressive were significantly more likely to perform prosocial helping behaviors regardless of gender. The biggest limitation of these studies is that they reported about gender differences as a simple demographic variable without investigating the construct of masculinity. Since individuals can exhibit masculine traits across gender, it is important to specifically investigate the relationship between aspects of masculinity and prosocial bystander interventions.

There have been numerous attitudinal and behavioral implications related to conformity to traditional masculine norms (Levant, Wimer, Williams, Smalley, & Noronha, 2009). In general, traditional masculine role norms in the United States emphasize risk-taking, assertiveness, control, self-reliance, emotional control,

independence, and dominance (Mahalik, Locke, Ludlow, Diemer, Scott, & Gottfried, 2003). There is evidence that men who adopt traditional attitudes about manhood experience numerous negative consequences to their physical and mental health. These include increased anxiety and stress, maladaptive coping, depression symptoms, and poor health behaviors related to smoking, alcohol and drug use, safety, diet, sleep, and sexual practices (Courtenay, 2001). Numerous negative consequences have been found related to restrictive and rigid definitions of masculinity. However, recently, several men and masculinity researchers have emphasized the inclusion of positive aspects of masculinity in addition to focusing on the "toxic.” Kiselica and Englar-Carlson (2010) encouraged further research on male relational styles, ways of caring, fatherhood, self-reliance, work ethic, heroism, courage/risk-taking, humor, and group orientation in order to conduct more effective clinical work with boys and men. Hammer and Good (2010) conducted some of the first research on the relationship between positive outcomes of adhering to traditional masculine role norms. The preliminary research discovered several relationships between traditional masculine subscales with higher levels of personal courage, physical endurance, fitness, and resilience (2010).

Overall, this research suggests that adherence to certain aspects of masculinity has a significant relationship with behaviors and attitudes, whether they be positive or negative. The bystander effect and helping research also suggests a gender difference even though the results have been incongruent and without much explanation. However, to date, there is no research which has investigated the relationship between aspects of masculinity and prosocial bystander interventions in college men and women. Understanding the relationship between adherence and conformity to masculine role

norms and bystander helping behavior could influence the content and delivery of violence prevention and bystander intervention programming, as well as add to the literature regarding variables related to prosocial bystander behavior.

However, some researchers argue that not all prosocial behaviors are equal (Carlo & Randall, 2001). Carlo and Randall (2002) created the Prosocial Tendencies Measure (PTM) to correct the limitations of previously strictly global or strictly situation specific prosocial assessments. The purpose of the PTM was to better understand the different dimensions and motivations of helping behavior. The PTM differentiates between 6 different dimensions of helping behaviors (altruistic, compliant, emotional, dire, public, and anonymous) and allows for the assessment of individual differences and global factors regarding prosocial bystander behaviors as well as allows for the assessment of multidimensional aspects of prosocial helping behaviors. An investigation into prosocial helping behaviors should include a way to understand and control for attitudes and motivations related to prosocial tendencies.

Numerous instruments have been created to assess societal ideological beliefs about masculinity. A few of the most popular ones in research are the Male Role Norms Scale (Thompson & Pleck, 1986); The Male Role Attitudes Scale (Pleck, Sonenstein, & Ku, 1994); Male Role Norms Inventory (Levant, Hirsch, Celantano, Cozza, et. al, 1992); and The Conformity to Masculine Norms Inventory (CMNI) (Mahalik et. al., 2003). The CMNI seeks to assess participant's level of conformity and nonconformity to socially constructed masculine role norms present in the dominant culture of the United States (2003). The CMNI assesses the affective, behavioral, and cognitive dimensions of normative masculinity. The CMNI was chosen as the assessment for masculinity in this

study based on its' ability to assess adherence to masculine role norms. The CMNI included updated items and includes numerous, relevant valid factors of masculinity which provides a richer, more complex picture of masculinity. Recently a short form version of the original CMNI has been created. The CMNI-46 uses 46 of the original CMNI items and was developed to improve poor construct specificity, low factor loadings, and weak reliability coefficients (Parent & Moradi, 2009).

Investigating masculinity and its relationship to bystander interventions and attitudes about violence prevention can inform the creation and delivery of effective violence prevention education. This information can answer important questions about the relationship between conformity to masculine role norms and attitudes and behaviors related to bystander interventions. It will also provide insight into how different aspects of masculinity affects bystanders' choice of intervention, their confidence about intervening, how they decide whether or not to offer assistance, and the relationship with prosocial tendencies. At the time of this study, there is no research that directly addresses the association of conformity to masculine gender norms and bystander interventions.

This research could also positively affect the development and implementation of violence prevention programs that include aspects of masculinity. These results could provide additional evidence that contributes to the recent emphasis on investigating potential positive aspects of masculinity in the aim of creating a balanced and accurate conceptualization of masculinity and the relationship with behaviors and attitudes. This knowledge could also assist educators in their conceptualization of masculinity and how to tailor programs to effectively engage college men. However, college men are not the only population that can offer assistance in bystander situations or the only ones who can

subscribe to masculine norms. This study will also examine the relationship of masculinity endorsed by all participants and the relationship with their behaviors and attitudes regarding bystander intervention and violence prevention.

This study identifies and describes the relationship between the conformity to masculine norms by individuals and the relationship to their choices of bystander intervention. This study uses the CMNI-46 to assess participants' conformity to five different subscales of masculinity, their choice of bystander intervention, and their attitudes and decision making processes regarding violence prevention. This is important because understanding and describing this relationship will allow for the creation of a conceptualization of how conformity to masculine role norms with behaviors and attitudes surrounding violence prevention.

Four hypotheses were developed for this study to examine the relationship between adhering to traditional masculine role norms and bystander intervention behavior and attitudes among college students. The first hypothesis is that there will be a statistically significant difference in scores on the five CMNI-46 subscales of winning, emotional control, risk-taking, violence, and self-reliance and the degree of involvement and immediacy of bystander interventions the four subscales of the Bystander Intervention Measure (BIM). The second hypothesis is that the five CMNI-46 subscales will still account for more variance regarding the degree of involvement and immediacy of bystander interventions even after controlling for prosocial tendencies from the PTM subscales. The third hypothesis was that there would be a statistically significant difference in scores on the five CMNI-46 subscales and the six PTM subscales. The

fourth hypothesis was that the five CMNI-46 subscales would predict bystander self-efficacy and decision making scores.

CHAPTER 2

LITERATURE REVIEW

Extensive research exists regarding the variables that contribute to and influence the bystander effect phenomenon on bystander interventions. Numerous situational and characteristic variables have been identified that increase or inhibit the likelihood of an individual getting involved. Despite the discovery of gender differences regarding bystander interventions (Eagly, & Crowley, 1986), there has been little empirical investigation or explanation regarding what contributed to these differences. The field of men's studies research has explored the impact of societal expectations of masculine gender role norms on the physical and psychological functioning of men. Masculinity research and assessment may offer insight into how gender role norms are related to bystander interventions. Adherence to traditional masculine role norms has been shown to be related to numerous behaviors. The majority of bystander intervention research has focused on the relationship of situational variables on bystanders, with little attention to gender role factors. Gender is often treated as a demographic variable, without any exploration of the relationship of adherence and conformity to gender role norm on behavior. The recent emphasis of engaging college men in engaging in violence prevention work aimed at increasing prosocial bystander interventions requires an understanding of the relationship between masculinity and bystander interventions.

In this chapter, a review of the literature on the bystander effect and bystander interventions, masculinity and the application to violence prevention programming will be presented. Relevant situational and relational variables that are related to bystander

interventions are explored as well as existing literature on gender differences related to bystander intervention.

Men and masculinity research relevant to the effect of adhering to traditional gender role norms on behavior will be reviewed as well as the social construction of gender. A review of assessment designed to measure conformity to traditional masculine role norms as well as the positive and negative outcomes will be presented. Finally, outcome research on violence prevention programming will be discussed as it is related to engaging college men in increasing prosocial bystander interventions.

Bystander Effect

History. Researchers in the field of social psychology have investigated bystander helping behavior since 1962 (Brock, 2008). However, it was a front page news story in the late 1960's that propelled bystander intervention research into cultural awareness and research popularity. Kitty Genovese was murdered and sexually assaulted in the morning of March 13, 1964, in the Kew Gardens district of Queens, New York (Manning, Levine & Collins, 2007). The New York Times coverage of the crime prompted what is commonly referred to as the "parable of the 38 witnesses" (Manning, Levine & Collins, 2007, p.556). Two weeks after the crime occurred, a story was featured on the front page of the New York Times entitled "37 Who Saw Murder Didn’t Call the Police. Apathy at Stabbing of Queens Woman Shocks Inspector” (Gansberg, 1964, p. 1). The story claimed that dozens of Kitty's neighbors watched the grisly assault and did nothing to assist her. It was reported that no one called the police and that despite the attacker fleeing after the onset of the assault; he returned and continued the attack moments later.

The collective behavior was described as apathetic and the public searched for answers as to how a group of individuals watched as a young woman was assaulted and murdered without directly getting involved. The coverage of the attack by the newspapers was fraught with numerous inaccuracies and inconsistencies. Court documents, eyewitness testimonies and police reports suggest that, at most, based on the physical location of the attacks, only a dozen people would have even had a vantage point to witness the attack. Also, numerous people shouted at the attacker from their windows and records show that at least one individual called the police within minutes of the onset of the assault (Manning, Levine, and Collins, 2007). Despite these challenges to the original story, there was an onslaught of articles, short stories, and books published about the event, retelling it as it was originally reported. The unanswered questions about why and how this could have happened motivated researchers to empirically investigate the phenomenon later labeled the bystander effect.

The bystander effect is one of the most well-researched and consistent situational variables in social psychology regarding the willingness and likelihood of a bystander intervening (Banyard, 2008). According to the research, in an emergency situation, the size of the group has a significant impact on the helping behaviors of witnesses. As the number of witnesses increase, the likelihood that a bystander will intervene in a helpful way is decreased (Morgan, 1978). Darley and Latane´ (1968b) attributed this phenomenon to "diffusion of responsibility" (p. 215). Basically, diffusion of responsibility is best understood in terms of the responsibility an individual feels toward responding in a situation. According to the model, if the bystander is alone, they are more likely to feel solely responsible for helping, but their sense of responsibility is lessened

when more people are around, decreasing their likelihood of helping. A meta-analysis conducted by Latane´ and Nida (1981), reviewed over 50 studies all of which supported the inverse relationship between group size and helping behavior.

Implicit bystander effect. According to research, the bystander effect is so powerful that bystanders do not have to actually be present in order to create a significant impact on helping behavior. Original research on the bystander effect by Darley and Latane´ (1968b) found significant differences in response times between participants who believed they were alone in viewing an emergency situation on a monitor and participants who believed four other individuals were viewing the same situation on monitors in adjoining rooms. The assumptions that bystanders make about the potential presence of other witnesses have an important effect. The term “implicit bystander effect” was coined by Garcia, Weaver, Moskowitz, and Darley (2002) who replicated and extended Darley and Latane´'s initial findings. They showed that merely priming a bystander about the potential presence of the group impacted the helping behavior in the same manner predicted by the bystander effect.

Relationships. However, as with most social psychological variables, it is not as simple as identifying one variable as the sole component of influence in social situations. Despite over 40 years of research supporting the consistency of the bystander effect, the majority of the studies created artificial situations that involved the reaction times related to offering assistance to strangers. These studies rarely took into account the relationship between the bystanders or the relationship between the bystander and the victim. Although a few initial studies examined the importance of the relationship among the bystanders as a variable of interest, the relationship wasn’t the focus of bystander effect

researchers for decades after the original research. In fact, as Darley and Latane´ (1968b) created the foundation for the bystander effect, they also published research that suggested that the relationship between bystanders has an effect on helping behaviors. Their initial research suggested that groups of friends were more likely to intervene in an emergency and the likelihood increased when the victim of the emergency was a member of the group. Their early research suggested that the bystander effect does not simply rely on the actual number of people available in a situation. It also depends on the relationship between the witnesses and the victim.

It wasn't until much later that research thoroughly explored the relationship between group size, gender, and social membership. The bystander effect is more powerful in social situations where strangers are concerned. However, when relationships and gender are involved the effect has a different effect. Levine and Crowther (2008) found that among friends, increased group size encouraged willingness to intervene. They also discovered that gender became salient. Men were more likely to help in the presence of women, but less likely to intervene when the number of men in the group increased. The opposite was true for female participants. Women were less likely to intervene when men were present, but more likely to intervene when the number of females in the group increased. This research shows that gender and relationships are important variables to consider in bystander interventions situations.

Situational variables. Numerous situational variables have been identified that illustrate the complexity of bystander interventions and an individual's decision to help. The clarity of the situation is important. If the bystander interprets the emergency or threat as ambiguous, they are less likely to help (Harada, 1985). Despite the research on

the bystander effect, bystanders can be positively influenced by the presence of other witnesses. For example, the likelihood of an individual helping can be increase if they witness modeling of others helping (Rushton & Campbell, 1977). Bystanders are also positively influenced by their peers, family, and social context, similar to previously mentioned research regarding relationships and group affiliation (Carlo & Randall, 2001). The type of environment also has an effect. Research has shown that bystanders are more likely to help if the setting of the incident occurs in a rural location with a low population density (Korte, 1980 & Levine, Martinez, Brase, & Sorenson, 1994).

Individual Differences

Numerous individual differences have been identified that can affect the likelihood that a bystander will offer assistance. Bystanders are more likely to help if they are in a happy mood (Isen, 1999), a sad mood (Wegener & Petty, 1994), or when they feel guilty (Estrada-Hollenbeck & Heatherton, 1998). Very few studies have specifically examined personality characteristics of bystanders. However, it has been shown that bystanders are more likely to help if their personality involves a dimension of altruism (Eisenberg, Guthrie, Murphy, Shepard, Cumberland, & Carlo, 1999) or agreeableness (Graziano, Habashi, Sheese, & Tobin, 2007). Some research has garnered evidence for the existence of prosocial personality and the positive impact of moral judgments (Carlo & Randall, 2001). Motivation levels can positively or negatively affect helping (Michelini, Wilson, & Messe, 1975) as well as individuals who adhere to a religious faith (Hardy & Carlo, 2005). Also, individuals are more likely to help those that likely to help those who seem similar to them based on physical attributes (Levine, Cassidy, Brazier, & Reicher, 2002).

Bystander Behavior and Helping

Research examining the existence of the bystander effect on behavior related to situational and individual variables should include an examination of level and quality of helping behavior. Typically, bystander effect research creates an artificial situation in a controlled environment so that experimenters can assess if the bystander offers help or how quick the reaction time of a helping behavior of a bystander. This is an important distinction because researchers are not just interested in any reaction. The purpose of these investigations is to better understand under what conditions witnesses will get involved and provide aid to a recipient in need. The situations created are wonderfully varied ranging from intervening in a brutal fight (Borofsky, Stollak, & Messe, 1971), donating money to a charity (Benson & Catt, 1978), and assisting an individual who dropped their packages (Foss & Crenshaw, 1978). However, despite the novel situations, much of the existing research has focused on whether or not assistance was provided in an emergency situation. Although, these findings have numerous theoretical and practical implications, the majority of experimental conditions created across hundreds of bystander effect studies are whether or not someone helps a stranger. There is little attention paid to the level and quality of the intervention, how that is related to gender, and other aspects of the personality that may be related to that process.

Masculinity

Gender studies. The formal study of gender in psychology dates back to the early 1970s (Chrisler & McCreary, 2010). Initially, research focused primarily on sex differences, the biological and determinative differences between the sexes as male and female. Little or no attention was paid to intersex individuals. In regards to men and

masculinity, this often resulted in how biological processes unique to men, namely levels of testosterone or brain structures, were related to rates of depression, incidences of violence, or specific cognitive and mental abilities (Cochran, 2010). The biological perspective reduced the examination of the impact of socialization, culture, and relationships on individuals and the resulting gendered behavior (2010). Psychological investigation into gender is often from a social constructivist perspective regarding how an individual performs their gender. While the terms "male" and "female" represent reproductive organs and chromosomes, the construct of gender allows for an examination of how males and females are taught by society to behave like men and women (Schrock & Schwalbe, 2009). Focusing on the social construction of gender creates a shift from focusing on the male sex role and masculinity as a singular trait to a focus on the diversity of masculinities and the influence of society and culture (2009). This also allows for an investigation into how men, women, and transgender individuals perform masculinity, femininity, and androgyny gender roles.

Masculinity construct. A social constructionist approach to masculinity posits that masculinity and femininity are not automatic, biological outcomes. These gender roles are constructs that are constantly negotiated within physical and psychological interactions that are influenced by modeling, reinforcement, and punishment (Davies, Shen-Miller, & Isacco, 2010). Masculine qualities can vary historically and culturally and are dependent on numerous features such as age, race, ethnicity, and social class as well as the audience and the situation (Schrock & Schwalbe, 2009). For the purpose of this study, the construct of masculinity is focused on the dominant, traditionally masculine norms represented in the United States that pressure men to appear independent, fearless,

tough, invulnerable, self-reliant, stoic, and non-feminine (Davies, Shen-Miller & Isacco, 2010). Several behaviors related to masculinity are also viewed as attempts by men to avoid being perceived as weak, vulnerable, or incompetent (Robertson, 2001).

Theory. Pleck's (1995) gender role strain theory significantly influenced the study of masculinity and masculine gender norms. Before Pleck's theory, the majority of differences between genders were attributed to immutable, biological sex differences. However, Pleck focused on the impact of society on creating and reinforcing the often problematic gender roles. According to the gender role strain paradigm, gender roles are socially constructed and are often problematic because they are inconsistent and contradictory. Gender roles are also frequently violated which can result in social condemnation and psychological consequences. Also, many of the characteristics and behaviors prescribed by gender role norms can lead to dysfunctional and problematic behaviors and attitudes.

Men's studies. Psychological investigation into men's gender role was virtually absent until the late 1970s and was not generally accepted into the psychological literature until the 1980s (O'Neil, 2008). Although the construct of masculinity and masculine gender role norms is studied across numerous fields, it is most commonly associated with the psychological field of men and masculinity. Men's studies is interested in empirically investigating how the construct of masculinity affects men’s and women’s understanding of themselves as gendered beings, related to the goal of eradicating gender inequality and promoting human wellbeing (Addis, Mansfield & Szydek, 2010). Many professionals in the field of psychology of men use the construct of masculinity in order to increase awareness about how these socially constructed rules

affects the lives of men and those around them. The social constructionist perspectives contrast with the biological and essentialist theories of gender.

Adherence to traditional masculine norms. Adhering to beliefs about "being a man" is frequently linked to poor health behaviors and increased health risks. There is evidence that men who adopt traditional attitudes about manhood have greater health risks than men with less traditional attitudes (Courtenay, 2000). Among male college students, adherence to traditional attitudes about masculinity have been linked to a higher level of anxiety, greater cardiovascular reactions to stress, maladaptive coping, depression, and poor health behaviors related to smoking, alcohol and drug use, safety, diet, sleep, and sexual practices (Courtenay, 2001). Also, college men who adhere to traditional masculine role norms are more likely than nontraditional college men to refuse seeking help from others and they also underutilize professional services on campus (Courtenay, 2002).

A review of the literature by Levant, Wimer, Williams, Smalley & Norohna (2009) found that men who endorsed traditional masculinity ideology reported greater substance use, including tobacco, alcohol, and illegal drugs. They were also less likely to have a physical examination and more likely to engage in high-risk sexual activity, including failing to use condoms (2009). Men who endorsed traditional masculinity ideology were also found to experience higher levels of stress and anger. Other research has shown that men who scored higher on a conformity measure also were more likely to report having engaged in violent behavior (Mahalik et al., 2003).

Masculinity and behavior. There is significant evidence that behaviors differ between male and female college students. Significant gender differences have been

discovered across numerous categories of physical and mental health behaviors. The following section provides examples of negative and positive outcomes related to gender.

Unhealthy and negative behaviors. When compared to college women, the research suggests that college men make poorer choices and engage in more negative and unhealthy behaviors across numerous domains. Specifically, college men demonstrate poor decision making in regards in regards to mental and physical health, substance abuse, and academic and social performance. College men are more likely to underutilize health centers and counseling services, even though they are at greater risk in regards to health issues and at the same level of risk for mental health issues when compared to women (Courtenay, 2002). Of the more than thirty behaviors that are associated with an increased risk of disease, injury, and death, college men engaged in every category to a higher degree than women (Courtenay, 2002). College men engaged in fewer health-promoting behaviors than women, including wearing safety belts, eating healthy, conducting self-examinations for cancer, and behaviors related to driving, sleep, and exercise (Courtenay, 2000).

These behavioral decisions have numerous implications and outcomes related to poorer physical health, quality of life, and life expectancy. Twice as many college-age men die from cancer compared to women and nearly twice as many college-age men die from cardiovascular disease than women (Courtenay, 2004). On average, college men possess significantly less information about cancer and heart disease than college women (2004). Men also account for 9 out of 10 college-age deaths due to HIV infection and know less about HIV than college women (Courtenay, 2004). Among other physical health concerns, data show that among 15-to 24 year olds, six out of seven suicides are

males, while in the same age group seventy five percent of unintentional injuries that result in death are also males (Courtenay, 2001). Other age groups' suicide rates have remained relatively the same percentage for the last 60 years, but for college aged men, the suicide rate has increased two hundred and fifty percent (Courtenay, 2004).

Adherence to traditional masculine role norms also results in significantly different drug and alcohol behaviors between male and female college students. College men significantly lead in every single category of alcohol and drug use (Courtenay, 2004). Men on college campuses outnumber women in every category of drinking behavior used in research for comparison: "prevalence, consumption, frequency of drinking and intoxication, incidence of heavy and problem drinking, alcohol abuse and dependence, and alcoholism" (Davis & Laker, 2004, p. 54). College men drink more alcohol than they did in high school and they also drink more heavily than their non-college counterparts, with the disparity growing every year (Capraro, 2000). Nine out of every ten DUI's issued among college aged students are issued to men. Over twice as many college males use marijuana at least once a week when compared to females and males have tried cocaine twice as much as college females (Courtenay, 2004). These behaviors are reflected in and influenced by messages in the media. It is not surprising that *Sports Illustrated*, the most widely read magazine by college men, has the most alcohol and tobacco advertisements of any magazine in publication (2004).

College men are also disproportionately represented as judicial offenders and are caught breaking more university policies than their female counterparts (Harper et al., 2005). Disruptive and inappropriate conduct does not start in college. "Boys are over four

times more likely than girls in K-12 schools to be referred to the principal's office for disciplinary infractions, suspended, or subjected to corporal punishment" (2005, p.570).

The research is clear in demonstrating that there is a significant relationship between conforming to aspects of traditional masculinity and the behaviors of men and boys in society. Traditional masculine role norms require men to appear to be in control, independent, self-sufficient, deny weakness or vulnerability, and place inhibitions on their emotions. Compounding the problem is the paradoxical nature of traditional masculinity. By adhering to and conforming to what is expected causes negative consequences. Conforming to the masculine role norms can actually prevent men from questioning aspects of masculinity, expressing concerns about their situation, and seeking help due to worrying about what negative judgments or consequences they might experience.

Healthy and positive behaviors. There is strong evidence that the socialization of men and adherence to traditional masculine role norms can result in numerous unhealthy attitudes and behaviors. The reason for this compelling evidence may be due to the fact that the field of men's studies has almost exclusively focused on the negative and detrimental effects of masculinity. Hammer and Good (2010) conducted the first empirical investigation which examined the relationship between North American masculine role norms, assessed by the CMNI, and positive psychological strengths and psychological well-being. Their sample consisted of 250 men from North American who ranged from 18-79 years old. Various positive psychological constructs such as courage, autonomy, endurance, self-esteem, and life satisfaction were assessed. The results

indicated that men who adhered to traditional male norms of risk-taking, dominance, and pursuit of status, reported higher levels of physical endurance, fitness, and courage.

Kiselica and Englar-Carlson (2010) emphasized the importance of numerous positive aspects to masculinity which include male relational styles, male ways of caring, generative fatherhood, male self-reliance, worker/provider tradition, male courage and risk taking, group orientation, use of humor, male heroism, and the emphasis of humanitarian service of fraternal organizations. They categorize these behaviors as strengths and encourage continued emphasis on the positive aspects of male socialization and positive mentoring. More research is needed regarding the positive psychology approach to masculinity.

Although the focus on positive aspects of masculinity is relatively new, the entirety of research on men's issues and masculinity supports the idea that a variety of aspects of masculinity can significantly influence numerous behaviors, attitudes and beliefs, and relationship qualities and manifest in helpful and unhelpful ways. It is important to continue research into how these aspects of masculinity affect other behaviors as well.

Gender Role Conflict

Investigation into gender role conflict, sometimes referred to as masculine role conflict, and its effects has been a prolific area in men's research and has generated many implications for college men (Sharpe & Heppner, 1991). Coming from the late seventies as a result of the women's movement, gender role conflict proposed that "gender role conflict and strain occur when rigid or restrictive gender roles learned during socialization prohibits a person from using one's potential" (O'Neil, p. 204, 1981). The

strain and conflict occur for a man when he wishes to behave in a way that differs from his socialization and this conflict inhibits him from acting, thus causing negative consequences for him and others. O'Neil (1981) created a scale to measure gender role conflict and incorporated ideas of success, power, and competition, restrictive emotionality, restrictive affectionate behavior between men, and conflict between work and family, in an attempt to illustrate the effects of this conflict on men's lives (1981). Gender role conflict has been linked to the following consequences for men: "low self-esteem, racial identity statuses, sexual orientation, heightened stress levels, neurotic defenses, greater rates of depression and anxiety, higher rates of substance abuse, hostility and rigid interpersonal behaviors, acculturation, shame, and decreased relationship satisfaction and intimacy struggles" (Liu, Rochlen & Mohr, p. 137, 2005).

Gender and Bystander Behavior

Most research on helping behavior and the bystander effect that focused on sex differences, stopped at only reporting about sex differences. The majority of the research did not examine gender roles in depth and often made comparison based on the demographic variable of sex without much explanation beyond vaguely citing the concept of gender roles. However, the relationship between sex and gender role norms and bystander behaviors has been examined with mixed results.

A meta-analysis by Eagly and Crowley (1986) examined 172 studies regarding sex differences and helping behavior. It was noted in the article that all of the studies utilized short-term stranger interactions as their experimental condition. The authors hypothesized that due to this interaction, male participants would be more likely to intervene and provide assistance due to their gender role expectations which emphasized

chivalrous and rescuing behaviors. Overall, this meta-analysis supported that hypothesis. In general, male participants were more likely to provide help and assistance than did female participants, especially in situations that were identified as dangerous. Male participants were also more likely to assist females asking for assistance, especially if there was an audience. Female participants were more likely to assist if the situation was deemed safes, such as volunteering for organizations or assisting needy groups or individuals. The authors ended with a quote that still remains true and is the underlying impetus for this study, "Despite the focus on helping behaviors that tend to be favored by men, social psychologists have paid little attention to the reasons why men engage in these behaviors more often than women (Eagly & Crowley, 1986, p. 303). Despite finding broad, general sex differences few studies have offered or explored reasons for gender differences in regards to helping behavior.

Impact of audience. Other sex differences have been identified, with mixed results and often little explanation. Research has found that women generally exhibited less helping behaviors when there was an audience present, but men's helping behaviors were not influenced by the presence of an audience (Schwartz & Clausen, 1970). Other research found that men helped at the same rate than females in non-social conditions but more in social conditions (Karakashian, Walter, Christopher & Lucas, 2006). The underlying concept that makes an audience so powerful to bystanders may have to do with social comparison. Latane´ and Darley (1969) proposed the concept of social comparison in their original work on the bystander effect. Basically, in situations that are unexpected or ambiguous, bystanders will use visual and auditory cues from others to interpret and use as guidance. Harrison and Wells (1991) found that male bystanders

were negatively affected by the apathetic reactions of others to an accident. The male participants were significantly less likely to get involved witnessed behaviors that minimized the severity of the situation. However, the participants were most likely to offer help in situations where others were concerned by the situation.

However, sex differences are extremely inconsistent across studies, variables, and situations (Eagly & Crowley, 1986). Tice & Baumeister (1985) found that highly masculine men were less likely to help and that femininity had no effect on helping behaviors. However, Senecker & Hendrick (1985) found that androgynous women who scored high on expressiveness reacted quicker than men but that men helped more than women. Siem & Spence (1986) supported and extended that research when they found that expressiveness and assertiveness were positively correlated with helping behavior of women but decreased helping behavior of men. Clearly the research is mixed but it is apparent that gender roles consistently have a significant effect on helping behaviors even if the conceptualization about the cause is unclear.

Bystander Helping and Violence

In regards to interpersonal violence, bystanders are more likely to intervene if they believe that they possess the appropriate skills. Specific experience and skills related to intervening in violent situations increased participants' likelihood of prosocial behaviors (Laner, Benin, & Ventrone, 2001). In fact, bystanders who intervened in response to child abuse were more likely than non-interveners to say that they knew how to intervene and felt responsible for helping (Christy & Voigt, 1994). The number, type, and reactions of bystanders in situations significantly affect an individual's likelihood to intervene and take action (Latané & Darley, 1968; Latane´ & Darley, 1970; Brewer &

Brown; 1998). The skills that a bystander possesses are important in prosocial behavior. Participants who reported higher levels of perceived effectiveness as a bystander reported being more willingness to engage in prosocial behaviors and greater numbers of actual behaviors performed (Banyard, 2008).

This research is important because it has affected the development and implementation of bystander intervention and violence prevention education on numerous campuses across the country. Programs such as Bringing in the Bystander, The Green Dot program, Step-Up, and Mentors in Violence Prevention are just a few examples of programs utilize bystander intervention research to implement education workshops and training. The majority of these programs focus on training bystanders to identify and intervene in situations related to sexual assault. However, there are also implications for physical assault (e.g. dating violence), sexual harassment, and bullying.

Violence prevention programming. Early programming about sexual assault and violence prevention with the college population from the 1970s to 1990s suffered from a lack of rigorous empirical evaluation (Lonsway, 1996). Also, the few programs that demonstrated immediate effects, failed to produce long-term change. Most of the effects disappeared within a month. Many of these initial programs focused solely on education about violence and often involved tactics to guilt or shame the audience members to avoid potentially dangerous and illegal behaviors. Much of this programming treated audience members as potential perpetrators, which often resulted in increased defensiveness and denial of responsibility. A change in programming occurred in the mid-90s when the focus shifted to the bystander and their ability to offer assistance in these situations.

Composition of prevention programming. Although the content and implementation of violence prevention programs differs among campuses, there are general principles at work in each program. Foubert and Marriott (1997) completed one of the first studies on the impact of an all-male, peer education program on bystander attitudes and behaviors regarding preventing sexual assault that utilized this new approach. They titled their program "How to Help a Sexual Assault Survivor" and provided content to increase empathy with victims and to teach skills about how to help sexual assault survivors. Results indicated a significant decrease in rape myth beliefs as a result of the treatment which remained significant two months after the program. Two months was the longest sustained attitude change in the existing literature at the time of this study. In addition to the significant reduction in rape myth beliefs, 79% of participants reported a significant decrease in their likelihood of being sexually coercive in the future. This is one of the first empirical studies that addresses college men as potential allies and purposively attempted to decrease defensiveness and increase prosocial behaviors through the content of the program. Foubert (2000) utilized a similar program in a later study that extended the significant decrease in likelihood of rape and rape myth acceptance beliefs for college fraternity men to a seven month post-treatment assessment. A two-year follow-up (Foubert, Godin, & Tatum, 2010) of the same program was completed and 79% of respondents reported continued significant attitude and behavioral change as a result of participating in the program. Nearly half of the participants reported significant behavior changes where they purposefully intervened in an attempt to prevent sexual assaults.

Preliminary results about the effectiveness of these programs have been positive. Sexual assault prevention workshops that utilized the bystander approach model, showed significant pre and posttest outcome measures after one-90 minute session (Banyard, 2007). One session produced significant decrease in rape myth acceptance and increased knowledge of sexual violence as well as significant increases in prosocial bystander attitudes, bystander efficacy, and self-reported bystander behaviors for groups of college men and women (2007). Although many of these findings decreased to non-significant levels after two months, two additional "booster" workshops extended the effects up to one year after the initial workshop.

Model of Bystander Intervention

The original 5-stage bystander model of intervention developed by Latane´ & Rodin (1969) has been adopted for use in programming and research involving violence prevention efforts to engage bystanders about prosocial behaviors (Banyard, 2008). According to Latane´ and Rodin (1969), in order for a bystander to successfully become involved in a situation or perform an intervention, five steps must occur. 1) The individual must notice the event. 2) They must perceive it as a problem or emergency. 3) The individual must feel responsible to help or get involved. 4) They must then decide what action to take and feel confident in their ability and skills to implement the intervention successfully and safely. 5) The last step is for the individual to actually perform the behavior or intervention (2008). There are numerous ways that bystander can extricate themselves from the situation and avoid getting actively involved. At any step, a bystander can make a decision that results in inaction or silence. This model encouraged numerous research articles about the specifics that comprise each step. For the purposes

of this study, the model is limited in its depth and scope regarding predicting whether or not bystander will intervene as well as gathering information about what types of interventions they chose to perform.

Levels of Immediacy and Involvement Model

Bowes-Sperry and O'Leary-Kelly (2005) created a bystander intervention typology that categorized bystander interventions across two dimensions, (1) immediacy of the intervention and (2) the level of involvement. The first dimension (*immediacy of intervention*) distinguishes between situations where the intervention occurs in the current situation (high immediacy) and interventions that take place at a later point in time (low immediacy). Bystanders may intervene in order to disrupt or interrupt the harassment from happening (e.g. creating a distraction or confronting the offender) as opposed to behaviors that occur sometime after the episode (e.g. reporting the incident) in order to prevent future harmful situations from occurring). The second dimension (*level of involvement*) reflects the degree to which individuals get involved in the incident and covers how they behave. High-involvement interventions are ones in which the bystander becomes directly involved in the situation, which increases the potential for personal risks and benefits (e.g. directly confronting the offender). Low-involvement intervention strategies (e.g., offering private support to the recipient), do not involve an emphatic or direct public involvement or display of behaviors. This typology provides examples of behaviors that cover the four potential levels of bystander interactions. Although briefly acknowledged in the article, this typology does not account for noninvolvement on the part of the bystander or situations where bystanders collude with the offender against the victim. Additional types of noninvolvement could involve a

bystander remaining passive, ignoring, or dismissing the behaviors. Despite the few limitations, this typology displays promise in offering a variety of potential solutions and behaviors across the spectrum of involvement possibilities.

Measuring Prosocial Tendencies

Several measures have been created to measure prosocial behaviors. These measures typically either assess global prosocial behaviors or assess prosocial behaviors in a specific situation (Carlo & Randall, 2002). It is important to remember that beliefs about prosocial behaviors can be just as important as situational variables in bystander situations. One of the key aspects of prosocial tendencies is developing a greater consideration for others.

In regards to measuring prosocial behaviors previous measures have limitations. Global measures of prosocial behaviors do not specify between specific types of behaviors or distinguish personal or situational correlates (2002). Situation specific measures are often limited to the specific study for which they were created, and often require an intensive amount of observation which makes them susceptible to coding bias. Carlo and Randall (2002) created the Prosocial Tendencies Measure to differentiate between 6 different dimensions of helping behaviors (altruistic, compliant, emotional, dire, public, and anonymous). This assessment has been utilized to differentiate between types of bystander helping behaviors and motivations for helping.

Prosocial tendencies have also been shown to have significant differences by gender. Padilla-Walker et al. (2008) used the PTM with young adults and found that young adult women scored higher on levels of emotional and altruistic prosocial tendencies than did the young men. The young men in the study reported higher levels of

public prosocial tendencies, which focused on them being seen performing the helpful behaviors. The same outcomes were found by Carlo, Hausmann, Christiansen, & Randall, 2003) in an earlier study with adolescents. When investigating bystander intervention behaviors related to gender roles, it is also important to consider the relationship of prosocial tendencies on the types of interventions selected.

Summary of Study Purpose

Research has shown that bystanders can play an important role related to intervening in inappropriate or emergency situations. However, there are numerous factors that encourage and inhibit whether or not bystanders are willing to offer assistance. Although situational and group variables have been thoroughly investigated, there has not been any research that explored how masculinity may explain the significant gender differences that exist across bystander research. When gender was investigated, it was treated as a demographic variable without any exploration into what possible relationships exist. The purpose of this study is to clarify the relationship between conformity to masculine norms and types of bystander intervention, while taking into consideration self-efficacy, prosocial tendencies, and decisional processes of the bystander.

This study will explore four hypotheses developed to examine the relationship between adhering to traditional masculine role norms and bystander intervention behavior and attitudes among college students. The first hypothesis is that scores on the CMNI-46 subscales of winning, emotional control, risk-taking, violence, and self-reliance will affect the degree of involvement and immediacy of bystander interventions on the four subscales of the Bystander Intervention Measure (BIM). The second hypothesis is that

the five CMNI-46 subscales will still account for more variance regarding the degree of involvement and immediacy of bystander interventions even after controlling for prosocial tendencies from the PTM subscales. The third hypothesis was that there would be a significant relationship between the five CMNI-46 subscales and PTM subscales. The fourth hypothesis was that the five CMNI-46 subscales would predict bystander self-efficacy and decision making scores.

CHAPTER 3

METHODOLOGY

This section will describe the methodology utilized in this study, the participant recruitment process, procedures, and assessment descriptions. The assessments utilized in this study included a demographic survey which was developed from previous bystander intervention research questionnaires; an instrument that assessed conformity to masculine role norms (Conformity to Masculine Norms Inventory-46); a multidimensional measure of prosocial behaviors (Prosocial Tendencies Measures); a bystander intervention helping behavior instrument created for this study (Bystander Intervention Measure), and two brief questionnaires about bystander intervention self-efficacy and bystander decisional processes which have been used in previous violence prevention research.

Participants

Participants were primarily recruited from a local, Midwestern university as well as through email solicitation and listserv postings (See Appendix B). The email solicitations were sent through university email to student participant pools, faculty, and student groups across campus. The distribution of listserv solicitations occurred through the APA Counseling Psychology Division 17 listserv and through the local university Counseling Psychology listserv. Since the primary focus of this study was to gain a better understanding of the relationship of masculinity and bystander interventions to inform campus programming, recruitment was focused on currently enrolled undergraduate and graduate students. Even though the majority of violence prevention programming on college campuses is focused on engaging college men, any individual can exhibit traditionally masculine role norm behaviors and attitudes. Therefore, individuals who

identified as male, female, and transgender were included in this study. This population is relevant for the purpose of this study due to the implications of the results on improving the development and implementation of violence prevention programming for the college student population.

The participants in this study were volunteers and received no compensation for their participation. Potential participants had the option of following a hyperlink embedded in the solicitation message that directed them to the online survey software, Qualtrics. Participants then reviewed the introductory webpage that provided an IRB approved consent document (See Appendix A) that described the nature of the study as well as the level of their participation. If participants agreed to the described terms, they indicated their consent by selecting the appropriate option on the webpage. Relevant contact information and instructions for contacting researchers was provided.

Measures

This section provides a description of each of the assessments used in this study as well as sample items, test construction information, and relevant validity and reliability estimates. The assessments reviewed in this section are the demographics questionnaire, Conformity to Masculine Role Norms- 46 (CMNI-46), Prosocial Tendencies Measure (PTM), Bystander Intervention Measure (BIM), Slaby Bystander Efficacy Scale, and Decisional Balance Scale. Copies of complete assessments are located in Appendices A-G.

Demographics questionnaire. Participants completed a demographic questionnaire (See Appendix C) about their age, sex, ethnicity, current year of study, major, GPA, relationship status, and type of environment where they were raised (e.g.

rural, urban, or suburban). Additional items from previous violence prevention research were also added to the demographic questionnaire (Banyard, Plante, & Moynihan, 2002). These questions included their previous experience with attending or completing bystander intervention programming, their likelihood of attending bystander intervention programming, and if they have a relationship with a survivor or victim of violence.

Conformity to Masculine Norms Inventory-46. The Conformity to Masculine Norms Inventory-46 (CMNI-46) (Parent & Moradi, 2009) (See Appendix G) was the assessment used to measure masculinity in this study. The CMNI-46 is an abbreviated version of the Conformity to Masculine Norms Inventory (CMNI) which was developed by Mahalik et. al., (2003). The CMNI was developed to assess the level of conformity and nonconformity to socially constructed masculine gender role norms present in the dominant culture of the United States (2003). The CMNI is based on the gender role norms model, which asserts that gender roles are socially constructed and are affected by individual and group factors. Adherence and nonconformity result in varying costs and benefits. The CMNI assesses the affective, behavioral, and cognitive dimensions of normative masculinity. The CMNI-46 was chosen over the original CMNI for several reasons. The CMNI-46 reduced the response burden of the original CMNI by reducing the overall length by 60%. The removal of the 44 low-factor loading items not only significantly reduced the length of the instrument, but it maintained acceptable reliability, and improved the model-data fit (Parent & Moradi, 2009).

The CMNI-46 consists of 46 items. Participants rate each item 0-3 on a 4-point Likert-type scale (0=strongly disagree and 3=strongly agree). Subscale scores are calculated as the average of item scores within each subscale with a range from 0 to 3. A

Total CMNI-46 masculinity score can be calculated through the addition of subscale scores. Higher scores on the total CMNI-46 and subscales indicate greater endorsement of the traditional masculine norms found in the United States.

The CMNI-46 retained nine of the original eleven subscales of the CMNI. The CMNI-46 subscales are; Winning, (6 items) assesses focus on success and competition in general, “In general, I will do anything to win”; Emotional Control, (6 items) assesses the degree to which respondents report controlling the expression of their emotions, “I tend to keep my feelings to myself”; Primacy of Work, (4 items) assesses endorsement of work as a primary focus of life, “My work is the most important part of my life”; Risk-taking, (5 items) assesses general voluntary exposure to potentially dangerous situations, “I frequently put myself in risky situations”; Violence, (6 items) assesses endorsement of violence as an acceptable response to certain situations, “Sometimes violent action is necessary”; Heterosexual Self-presentation, (6 items) assesses the importance placed on being perceived by others as heterosexual and not gay, “I would be furious if someone thought I was gay”; Playboy, (4 items) assesses endorsement of sexual activity with casual partners, “If I could, I would frequently change sexual partners”; Self-reliance, (5 items) assesses reluctance to seek help and preference to rely on oneself, “I hate asking for help”; and Power over Women, (4 items) assesses general perceived control over women, “In general, I control the women in my life.” The subscales of Dominance and Pursuit of Status from the original CMNI were removed from the CMNI-46 due to loading and cross-loading problems (Parent & Moradi, 2009). The original CMNI subscale, Disdain for Homosexuals, was renamed in the CMNI-46 to Heterosexual Self-presentation.

The items on the CMNI-46 were obtained from the original CMNI items. Original CMNI items were developed through a series of rational instrument construction methods. Members from two focus groups identified dominant culture masculinity norms from relevant traditional masculinity literature (Mahalik, Locke, et al., 2003). The focus group members discussed the norms weekly during an eight month period and items were constructed that represented the dominant masculine norms found in the literature. Twelve items were constructed for each masculine norm which included three items that described behavior, three items for thoughts, and three that provided a description for emotions. An initial exploratory factor analysis resulted in the retention of 11 of the 12 masculine norms and reduced the initial 144 item pool to the final 94 items. Scores on the 11 masculine norm subscales yielded low to moderate intercorrelations, which supported the multidimensionality masculinity concept of the CMNI. CMNI total scores were correlated moderately with Gender Role Conflict Scale (GRCS) and Masculine Gender Role Stress (MGRS) total scores, supporting the distinctiveness of the constructs assessed by these measures. Cronbach's alphas for CMNI subscale items ranged from .72 to .91, and was .92 for all items. Two-to three-week test–retest reliability coefficients for CMNI sub-scales were variable, ranged from .51 to .96, with a median value of .80.

Confirmatory factor analysis (CFA) of the original CMNI which was conducted to address reliability and structural concerns led to the creation of the CMNI-46 (Parent & Moradi, 2009).Data from a sample of 229 undergraduate men from a large Canadian university was utilized in the first confirmatory factor analysis of the CMNI. Participants ranged in age from 18-45 years (M= 19.95, SD = 3.23, Mdn = 19.00). Participants identified as White (53%), Asian or Asian American (23%), African or African American

(4%), Hispanic or Hispanic American (1%), Biracial or Multiracial (1%), other (7%), or did not report (3%).

The initial CFA of CMNI items suggested an unacceptable fit with a comparative fit index (CFI) of .71 and challenged the original 11 factor CMNI model. The subscales of Dominance and Pursuit of Status had lower loadings than items on any other factor. Items with a factor loading below the .60 cutoff were eliminated. A total of 44 lower loading items across the subscales as well as the entire subscales of Dominance and Pursuit of Status were eliminated. The elimination of items not only removed the lowest loading items, but resulted in more uniform subscale lengths. The resulting CMNI-46 items resulted in acceptable data-model fit on all fit indexes.

The CMNI-46 remained consistent with the original CMNI. Cronbach's alphas remained stable after item reduction with differences in the CMNI-46 subscale items as being in the good or excellent range (.77-.91). In comparison to the CMNI, the CMNI-46 subscales yielded large positive correlations (r range = .89 to .98, Mdn =.95) and Cronbach’s alpha coefficients were acceptable: .86 for Emotional Control, .83 for Winning, .84 for Playboy, .86 for Violence, .84 for Self-reliance, .84 for Risk-taking, .78 for Power over Women, .77 for Primacy of Work, and .91 for Heterosexual Self-presentation. The initial analysis of the CMNI-46 demonstrated the multidimensionality of the masculinity concept of the original CMNI while yielding acceptable structural validity and reliability.

Parent and Moradi (2011) examined the factor structure, internal consistency reliability, and convergent and discriminant validity of the CMNI-46 with a sample of participants independent from the original development study. Data from a sample of 255

college men were analyzed. Participants ranged in age from 18-29 years (M= 19.30, SD = 1.85, Mdn = 19.00). Participants identified as White/Caucasian (59%), Hispanic/Latino (17%), Asian American/Pacific Islander (11%), African/African American/Black (7%), Biracial or Multiracial (4%), Arabic American/Middle Eastern (1%), American Indian/Native American (<1%), Indian (<1%), and 2% of participants did not report their race or ethnicity.

Additional factor structure analysis found no notable cross-loading problems or need for model modification. Internal consistency reliability was assessed by calculating Cronbach's alpha coefficients which ranged for items on the CMNI-46 subscales from .78 to .89, with a median value of .82, which were all in the good to excellent range. Convergent validity was assessed by comparing subscales of the CMNI-46 to the subscales on the Brannon Masculinity Scale (BMS; Brannon & Juni, 1984), Male Role Norms Inventory (MRNI; Levant et, al., 1992), and Gender-Based Attitudes toward Marital Roles scale (GBATMR; Hoffman & Kloska, 1995). Convergent validity coefficients for CMNI-46 subscales ranged from .24 to .94, Mdn = .43. Two convergent validity correlations fell in the small range (r = below .30), five fell in the medium range (r = .30-.49) and four fell in the large range (r = .50 and above). In general, CMNI-46 subscales scales correlated most strongly with scores on intended validity indicators.

Discriminant validity of the CMNI-46 was evaluated through the comparison of the CMNI-46 subscales to the Balanced Inventory of Desirable Responding Impression Management Subscale (BIDR-IM; Paulhus, 1994). Discriminant validity coefficients ranged from -.03 to -.48, Mdn = -.11, with eight of the nine correlations representing small effects and one in the upper medium range. These results generally supported the

discriminant validity of the CMNI-46 subscale scores, with the exception of the -.48 correlation between the CMNI-46 Playboy scores and BIDR-IM.

The data from these two studies support the conceptual clarity, factor structure, reliability, and validity of the CMNI-46 at being effective in assessing level of conformity to masculine role norms. Further research is needed to include evaluations of masculinity in racial/ethnic and sexual minority populations. Since the CMNI-46 is based on the premise that men in the United States are expected to adhere to the dominant cultural norms of masculinity, future research should evaluate cross-cultural variability in masculinity and the evolution over time (Parent & Moradi, 2011). Also, since characteristics of masculinity are not exclusively applicable to men, further research should be conducted examining women and transgender individuals' level of conformity to masculine norms.

Reliability estimates. Reliability estimates of internal consistency were examined for the CMNI-46 subscales Emotional Control, Winning, Violence, Self-Reliance, and Risk-Taking scores for this study. Alpha coefficients for the CMNI-46 subscales were: .88 for Emotional control, .84 for Winning, .84 for Violence, .86 for Self-reliance, and .82 for Risk-taking. The estimates of reliability found in this study indicate that the CMNI-46 five subscales have acceptable levels of reliability with the Midwestern college population sample. Also, the reliability estimates in this study are similar to those reported by Parent and Moradi (2009) for the CMNI-46 (e.g. .89, .86, .85, .86, and .85) and for the original CMNI subscales (e.g. .91, .86, .88, .84, and .85) of emotional control, winning, violence, self-reliance, and risk taking reported by Mahalik, Lock, et al. (2003).

Selection of Masculinity Subscales

The CMNI-46 contains nine subscales related to masculinity. However, only five subscales were selected as dependent variables in this study. The five subscales selected were Emotional Control, Winning, Violence, Risk-taking, and Self-reliance. These subscales were selected based on research implications that these particular masculine norms have the greatest likelihood of influencing behaviors related to the dependent variables of interest in this study, bystander interventions, prosocial tendencies, self-efficacy, and bystander decision making. A brief review of the research is provided in this section as a justification regarding the selection of the five CMNI-46 subscales.

Emotional control, self-reliance, and winning. Research implications suggest that conformity to masculine norms related to emotional control and self-reliance could affect bystander intervention behaviors. Research has suggested that masculine role norms may inhibit helping behavior because it is desirable for traditionally masculine men to "always appear poised and collected in the presence of an audience" (Tice & Baumeister, 1985, p. 421). Men who are traditionally masculine may be less likely to help because of a fear of engaging in an inappropriate or embarrassing intervention or situation. They could be seen as "too sensitive" or deemed incompetent. In fact, highly masculine men have been found less likely to help in emergency situations (Tice & Baumesiter, 1985). The pressure for men to "stay cool," be calm and stoic, and appear in control could be threatened by risking an intervention or becoming overly distressed in an emergency situation.

Emotional control and self-reliance have been linked to increased rates of intimate partner abuse (Tager, Good, & Brammer, 2010). The proposed reason was that

conforming to restricting emotionality and rigid independence led to difficulty being vulnerable, experiencing and expressing emotions, and experiencing empathy for recipient. It has also been found that men who highly value winning and self-reliance reported lower levels of personal control (Hammer & Good, 2010). Feeling disconnected from emotional reactions in a situation, having difficulty empathizing with the recipient, and feeling out of control could potentially effect the motivation of a bystander to intervene as well as affect the type of intervention performed. Additionally, men who conform to masculine norms of self-reliance and winning reported lower levels of autonomy and being more influenced by social pressures (2010). It is possible that individuals who highly value winning and competition are susceptible to conforming to other's expectations for success and judging themselves in comparison to others. This is congruent with the social comparison component of the bystander effect research, which suggests that in the absence of concrete evidence, bystanders will react based on comparing themselves to others in that situation (Harrison & Wells, 1991). Conformity to one or more of these masculinity factors could be related to how participants engage in bystander interventions.

Violence and risk-taking. Conforming to masculine role norms about violence and risk-taking can interact with behaviors and attitudes in a variety of ways. Societal messages about men and boys avoiding activities labeled as feminine combined with reinforcement for physically aggressive, competitive, and risk taking tendencies can create conformity to violent tendencies (Pope & Englar-Carlson, 2001). Hammer and Good (2010) found that men who scored higher on risk-taking reported being more resilient. Men who endorsed risk-taking consistently demonstrated willingness to

confront and engage in new experiences, which could potentially increase in their self-confidence. Increased self-efficacy and confidence has been shown in research to significantly increase bystander's willingness to intervene (Banyard, Moynihan, & Plante, 2007). Other research suggests that risk taking and aggressive tendencies can increase men's likelihood of helping in certain situations. Eagly & Crowley (1986) found that men were more likely to offer assistance in situations that were perceived as more dangerous than female participants. Laner, Benin and Ventrone (2001) found that bystanders who perceive themselves as being strong and aggressive were significantly more likely to perform prosocial helping behaviors regardless of gender. However, in regards to sexual aggression situations, men who endorsed beliefs about physical and sexual aggression were significantly less likely to engage in a bystander intervention against sexual aggression (Brown & Messman-Moore, 2010).

Anecdotally, the primary researcher of this study has delivered violence prevention and bystander intervention programming to thousands of college students. Some of the most common misperceptions by male participants about bystander intervention are concerns about perception and violence. The excuses provided about why bystanders remain silent and uninvolved are, "I don't want to get into a fight over it" "I don't want to make it worse" and "I don't want to blow it out of proportion." These discussions have provided relevant commentary about how many young men have been socialized to anticipate and expect their social interactions to involve judgment and evaluation of their performance. They reported being hypervigilant about their performance of masculinity and how it compares to others. It is reasonable to conclude that a significant relationship could exist between conforming to the masculine norms of

emotional control, winning, risk taking, violence, and self-reliance and an individual's experience, expectations, and behaviors in bystander intervention situations.

Recent men's issues and masculinity researchers have commented on the tendency to overpathologize masculinity (Addi, Mansfield, & Clark, 2010; Kiselica & Englar-Carlson, 2010). The majority of research focused on conforming to male role norms has highlighted the potential negative implications on the individual and those around them. There has been a lack of emphasis on the strengths and positive aspects of masculinity (Kiselica & Englar-Carlson, 2010). Given the lack of research on the relationship between masculinity and bystander intervention, as well as the conflicting research on gender and helping behaviors, it is unclear how conforming to these particular aspects of masculinity will affect the dependent variables in this study. For the purpose of this study, it may be beneficial to conceptualize these masculine subscales on a continuum of helpful to unhelpful related to bystander interventions. For example, generally conforming to masculine norms related to self-reliance could potentially enhance feelings of independence and beliefs about self-efficacy which could increase the likelihood of an intervention. However, taken to the extreme, self-reliance could result in refusal to seek assistance from other bystanders and foster beliefs that the recipient should take responsibility for the situation themselves, thus decreasing likelihood to help. The subscales selected for inclusion in this study have been shown by research to have a relationship with behaviors and attitudes related to bystander interventions in encouraging and inhibiting ways. However, it is still unclear what kind of relationship conformity to these masculine norms has with bystander intervention behaviors, feelings of self-efficacy, prosocial tendencies, and bystander intervention

decision making. The existing research has implications for the inclusion of the five subscales of the CMNI-46 but the incongruent and mixed results require additional investigation.

The other four subscales of the CMNI-46, Playboy, Power over Women, Primacy of Work, and Heterosexual Self-Presentation, may also have a relationship with bystander intervention behaviors. However, nothing was discovered in the existing research related to those subscales and the bystander intervention variables of interest in this study. Given the importance of situational and individual variables in previous bystander effect research, it is possible that the gender of the recipient and audience could be related. In order to minimize the situational and individual variables related to those subscales, the sample bystander intervention scenario was intentionally vague. Aspects related to gender, sexual orientation, and information about location was purposefully omitted from the scenario description.

Prosocial Tendencies Measure

The Prosocial Tendencies Measure (PTM; Carlo & Randall, 2002) (See Appendix H) seeks to assess the multidimensional aspects of prosocial helping behaviors. Items for the Prosocial Tendencies Measure (PTM) were selected from previously developed prosocial disposition and behavior scales (Johnson et al., 1989; Rushton, Chrisjohn, & Fekken, 1981) and from responses to prosocial moral reasoning interviews with college-aged students (Eisenberg, Carlo, Murphy, & Van Court, 1995). The 23-item version of the PTM was composed of 6 subscales: Public (4 items, Cronbach's alpha = 0.78; "I can help others best when people are watching me."), Anonymous (5 items, Cronbach's alpha = 0.85, "I think helping others without them knowing is the best type of situation."), Dire

(3 items, Cronbach's alpha = 0.63, "I tend to help people who are in a real crisis or need."), Emotional (4 items, Cronbach's alpha = 0.75, "I tend to help others particularly when they are emotionally distress."), Compliant (2 items, Cronbach's alpha = 0.80, "I never hesitate to help others when they ask for it."), and Altruism (5 items, Cronbach's alpha = 0.74, "I feel that if I help someone, they should help me in the future."). Participant rated the extent to which statements described themselves on a 5-point scale ranging from 1 (does not describe me at all) to 5 (describes me greatly).

An initial validation study of the PTM was completed with a population of 249 college students (104 males, 145 females; M age =19.89 years, SD= 2.76). A varimax rotated principal components exploratory factor analysis was conducted to examine the relations among the PTM items. Six distinct factors emerged which accounted for 63.38% of the systematic variance in responding. Items with a factor loading of at least .40 were considered to load on that factor. All items in each subscale were appropriately loaded onto that factor. An examination of the internal consistency of the subscales of the PTM investigated the corrected item-total correlations for each subscale. These correlations ranged from 0.53 to 0.64 for the public subscale, 0.63 to 0.74 for the anonymous subscale, 0.41 to 0.47 for the dire scale, 0.46 to 0.59 for the emotional subscale, 0.42 to 0.57 for the altruism subscale, and 0.67 for the 2 items of the compliant subscale. The range of these coefficients was acceptable in the moderate range.

A sample of 40 college students (12 males, 28 females; M age = 22.88 years, SD = 4.47) was used to assess test-retest reliability of the PTM and the relationship with other measures of prosocial behaviors. Two-week, test-retest reliability correlation coefficients were 0.61, 0.75, 0.72, 0.80, 0.73, and 0.60 (all $p < 0.001$) for public,

anonymous, dire, emotional, compliant, and altruism, respectively. This suggests that the six subscales of PTM have short-term temporal stability. Construct validity was examined by computing zero-order correlations between the PTM subscales and two other measures of prosocial behaviors Helping Behavior Measure which is a subscale of the Primary Prevention Awareness and Usage Scale (PPAAUS; Swisher, Shute, & Bibeau 1985) and the Altruistic Behavior Measures (Johnson et. al, 1989). Zero-order correlations were computed to examine the relations between the public, anonymous, dire, emotional, compliant, and altruism subscales of the PTM and the time altruism, time/effort altruism, and helping measures. The compliant PTM scale was significantly positively correlated with the helping measure, $r(36)$ D $0{:}45$; $p < 0{:}005$, and the time altruism scale, $r(36)$ D $0{:}58$; $p < 0{:}001$. Furthermore, the dire PTM scale was related significantly to both the time and time/effort altruism scales, $r(36)$ D $0{:}42$ and $0{:}44$; $p < 0{:}01$, respectively.

The studies also demonstrated adequate internal consistency, temporal stability, construct, discriminant, convergent, and predictive validity of the PTM to use with late adolescents and early adulthood populations. The internal consistency coefficients, test-retest reliabilities, inter-item total correlations, and the exploratory factor analysis have demonstrated that the PTM is a reliable and internally consistent measure. Overall, the correlations between the six PTM subscales and with other variables were consistent with helping behavior theory and with prior research.

Reliability estimates. The estimates of internal consistency for the six subscales of the PTM and Cronbach's alpha coefficients for participants in this study were: .85 for Anonymous, .79 for Dire, .80 for Compliant, .78 for Public, .79 for Emotional, and .69

for Altruism. The alpha coefficients found in this study were similar to the coefficients found in the original PTM validation article (.78 public, .85 anonymous, .63 dire, .75 emotional, .80 compliant, and .75 for altruism) (Carlo & Randall, 2002). The reliability estimates for the PTM subscales of this study were similar to those established in previous research.

Bystander Intervention Measure

The Bystander Intervention Measure (BIM) (Appendix F) was created for this study. It was modeled after the Bowes-Sperry and O'Leary-Kelly (2006) observer intervention behavior typology. This 12-item measure provides bystander intervention options across the domains of immediacy of intervention and level of involvement. Participant rank each item on a Likert-type scale (1 = Very likely to perform intervention to 5 = Very unlikely to perform intervention) for the presented scenario. The measure provides three items for each of the four combinations of immediacy and involvement (Low Immediacy/Low Involvement “Advise target to report the incident but not get personally involved”, Low Immediacy/High involvement “Confront the harasser after the incident”, High immediacy/High involvement “Tell the harasser to stop the harassing behavior”, and High Immediacy/Low Involvement “Interrupt the incident”). The examples of immediacy and involvement were taken directly from the examples provided in Bowes-Sperry and O'Leary-Kelly's (2006) typology examples. These options cover a proposed continuum of possible bystander intervention options. An option to remain uninvolved was not included because the purpose of the BIM is to assess likelihood of selecting a particular intervention, not likelihood to intervene.

The BIM includes a sample scenario from which participants rate their likelihood

to perform the proposed intervention. The BIM scenario was purposefully designed to be vague in order to reduce situational and relational variables between the other witnesses and the recipient of the inappropriate behavior. In order to accurately assess the relationship between masculinity and helping behaviors, the participant is asked to define whatever behavior or language they perceive as inappropriate or harassing. Below is the script of the scenario.

> *You are in a public setting. You witness an individual engage in what you consider to be inappropriate conduct toward another person. There are other people around but none of them have noticed the conduct. There is an opportunity for you to get involved in some way. Please read the options below and rate how likely you would be to engage in the described behavior.*

Test-retest reliability for the BIM was computed prior to the collection of data. Twenty individuals who were not participants in the study completed the BIM before data collection began and then again after a two week interval ($r = .89$, $p = .01$).

Reliability estimates. The estimates of internal consistency for the four BIM subscales were: .71 for BIM subscale Low Immediacy/Low Involvement, .77 for BIM subscale High Immediacy/Low Involvement, .68 for BIM subscale Low Immediacy/High Involvement, and .70 for High Immediacy/High Involvement. Since this measure was created for this study, there are no research established alpha coefficients available for comparison.

Slaby Bystander Efficacy Scale

The Slaby Bystander Efficacy Scale (Slaby, Wilson-Brewer, & DeVos, 1994) (See Appendix E) is a nine-item scale designed to assess participants' beliefs about the

efficacy of violence prevention. Participants indicate on a 6-point Likert-type scale (1= Disagree Completely to 6 = Agree Completely) how much they agree with each of the nine items (e.g. “I myself can make a difference in helping to prevent violence.” and “Even people who are not involved in a fight can do things that help prevent violence.”). A total score is calculated by summing responses across the nine items. The higher the score, the high the respondent’s self-efficacy regarding a bystander intervention related to violence prevention. Previous research (Banyard, 2008) has produced Cronbach’s alpha at .90 (M = 42.95, SD = 5.97, with a range from 24 to 54) and .85 (Banyard, 2005). Test-retest reliability following a two week interval was found at .81. This instrument was created for a Violence Against Women Act (VAWA) grant study on bystander intervention and has not been used in any other published research. For this study, the Cronbach’s alpha was .94 (M= 44.71, SD= 6.56, and range from 16 to 48).

Decisional Balance Scale

Decisional Balance Scale (Banyard, Plante, & Moynihan, 2002) (See Appendix D) is a 10 item scale reflecting both positive benefits and negative consequences for intervening “in a situation where you thought someone might be being hurt or was at risk of being hurt.” Participants respond to each item on a 5-point Likert-type scale (1 = Not at all important to 5 = Extremely important) in deciding whether or not to intervene. Three scores are calculated. The first is a subscale score for Positive or pro attitudes related to intervention. This subscale consists of 4 items (e.g. “If I intervene regularly I can prevent someone from being hurt.”). The second score is the Negative subscale consisting of 6 statements about negative consequences of bystander intervention (e.g. “I could get in trouble by making the wrong decision about how to intervene.”). Finally, a

total decisional balance score can be obtained by subtracting the “cons” score from the “pros” score.

This scale was developed based on the bystander intervention research that suggests individuals consider the positive and negative consequences of helping before they make a decision to intervene. This scale was developed from research based on Prochaska and DiClemente’s Transtheoretical Model of health behavior change (Grimley, et. Al, 1994) that has been discussed as potentially important in sexual assault prevention (Berkowitz, 2002). Measures of decisional balance (the pros and cons of changing behavior) have been developed for a variety of health behaviors including exercise, weight loss, and decreased use of substances. Previous research with this Decisional Balance Scale obtained Cronbach’s alpha of .69 (M= 1.04, SD= 5.79 with a range from -20 to 19). The results from this study produced a Cronbach’s alpha of .71 (M= 2.46, SD= 5.76 with a range from -11 to 19).

Statistical Analyses

Several different statistics analyses were conducted on the data. The main statistical analysis was a multivariate analysis of variance, MANOVA, conducted on the independent variables (the four different levels of the BIM) and the dependent variables (the five CMNI-46 subscales).. The MANOVA allowed for the analysis of multiple independent and dependent variables without increasing the likelihood of a Type I error that would occur with performing multiple ANOVAs. Also, by including all dependent variables in the same analysis, the MANOVA takes into account the relationship between the dependent variables which would be lost with performing numerous ANOVAs.

Univariate ANOVAs would be performed as follow-up analyses on each dependent variable, with a Bonferroni correction applied, if significant results were discovered.

A power analysis was conducted on this MANOVA by The Statistics Outreach Service in The College of Education at The University of Iowa, using G*Power 3 statistical software, to determine an appropriate sample size using the four predictors (levels of the BIM) and the five dependent conditions (CMNI-46 masculinity subscales) with a moderate effect size of .3 and power of .85. It was determined that a minimum of 144 participants were necessary to achieve the desired effect size and power level.

Additional statistical analysis will be performed on the rest of the data. An additional MANOVA will be conducted between the five CMNI-46 subscales and the PTM subscales. A MANCOVA will be conducted on the five CMNI-46 subscales compared to the BIM subscales while controlling for the covariates of the PTM subscales. Multiple regressions will be performed on the five CMNI-46 subscales and their ability to predict self-efficacy and decisional balance scale scores.

CHAPTER 4

RESULTS

This chapter provides summary descriptions of the participant sample and the statistical analyses used to evaluate the research hypotheses discussed in the previous chapters. The alpha level used across the various statistical analyses of this study was set at .05. In this study, the dependent variables examined were subscale scores related to participant conformity to masculine norms which included five CMNI-46 subscales Winning, Risk-Taking, Violence, Emotional Control, and Self-Reliance. The main dependent variables included four levels of bystander intervention behaviors from the Bystander Intervention Measure related to involvement and immediacy; High Involvement/High Immediacy, High Involvement/Low Immediacy, Low Involvement/Low Immediacy, and Low Involvement/High Immediacy. Additional dependent variables were bystander self-efficacy scores (e.g. How confident participants were that getting involved would have a positive impact on the situation) and bystander decisional balance scores (e.g. How participants make decisions about if it is worth it or not to get involved.). The final set of dependent variables was the six subscale scores of the Prosocial Tendencies Measure (PTM); Public, Anonymous, Dire, Compliant, Altruism, and Emotional.

The results of the statistical analysis are presented in this chapter. First, the demographic data are presented followed by the measures of reliability of the scales used in the study sample. Second, a multivariate analysis of variance (MANOVA) is presented that tested if there was a statistically significant difference between conformity to masculine role norms and bystander intervention helping behaviors. Third, a multivariate

analysis of covariance (MANCOVA) is presented which examined if a statistically significant difference existed between the relationship between bystander intervention helping behaviors and conformity to masculine role norms after controlling for prosocial tendencies. Results from a final MANOVA are presented that examined whether a statistically significant difference existed between conformity to masculine role norms and prosocial tendencies. Last, multiple regressions are presented between conformity to masculine role norms subscales and bystander self-efficacy and bystander decisional processes.

Demographic information

The initial analyses for this study involved describing the participant demographic information and reporting information about the reliability estimates of internal consistency of the measures. The two tables in this section include a description of the general demographic information and the frequencies and percentages of variables related to individual variables and violence prevention variables. Missing data for measurements related to the study's hypotheses were replaced using series means. Twenty-two missing data points were replaced with series means out of the entire dataset.

Participant demographics. The frequency and percentages of participant demographic data variables was obtained from the descriptive analyses (see Table 1). The online survey format yielded 209 adults participants. Of the 209 original participants, nine participants (3.8%) failed to complete the surveys past the point of the demographic surveys, adequately complete enough so their information was removed from the dataset, leaving 200 participants included in the data analysis.

Gender and race. Of the 200 participants, 122 (61%) were female, 73 (36.5%) were male, 1 (.5%) was transgender, 2 (1%) identified as other, and 2 (1%) data points were missing. The racial identity and ethnicity of the participants were: Caucasian/European American, 153 (76.5%), African-American/Black, 11 (5.5%), Hispanic/Latino American, 11 (5.5%), Asian/Pacific Islander American, 9 (4.5%), Multiracial, 8 (4%), American Indian/Native American, 3 (1.5%), Bi-racial, 3 (1.5%), and Middle Eastern, 2 (1%).

Age and enrollment status. The age demographic data of participants (Range 18-64, mean 25.92, and SD = 7.92) was reported by groups: 18-24, 25-34, 35-44, 45-54, and 55-64. Since the target participant group was currently enrolled undergraduate and graduate students, it is not surprising that the majority of participants were between the ages of 18-34 (n = 180, 90%). Current enrollment status was split with nearly half of participants being graduate students (n = 91, 45.5%) and the rest undergraduate and other (n = 109, 55.5%).

Violence prevention-related demographic variables. Demographic data was also collected on several other related variables (i.e. current relationship status, previous attendance at a bystander intervention workshop, likelihood of attending bystander intervention violence prevention workshop, type of setting where they were raised, who their primary caregiver was, and whether or not they personally know a victim of violence) (see Table 2). Participants in this sample were slightly more likely to be in a committed relationship and half of them were raised in a suburban environment.

Approximately 8 out of 10 participants have a personal relationship with a survivor of violence.

Table 1. Frequencies and Percentages- Gender, Age, Race, Enrollment and Status

	Frequency	Percentage
Total	200	
Removed	9	3.8
Sex		
Total	200	
Male	73	36.5
Female	122	61
Transgender	1	.5
Other	2	1
Missing	2	1
Age		
Total	200	
18-24	108	54
25-34	72	36
35-44	13	6.5
45-54	4	2
55-64	3	1.5
Race		
Total	200	
African-American/Black	11	5.5
Caucasian/European American	153	76.5
Hispanic/Latino	11	5.5
Asian/Pacific Islander American	9	4.5
Middle Eastern	2	1
American Indian/Native American	3	1.5
Bi-racial	3	1.5
Multiracial	8	4
Enrollment Status		
Total	200	
First year	15	7.5
Sophomore	30	15
Junior	28	14
Senior	32	16
Graduate Student	91	45.5
Other	4	2

Nearly seventy percent of them would be willing to attend a bystander intervention workshop to learn about strategies related to violence prevention (n = 199, M

= 4.88, SD = 1.63) even though prior to participating in this study nearly seventy percent of them had never attended such a workshop.

Table 2. Frequencies and Percentages – *Relationship Status, Environment Raised, and Violence Related Variables*

	Frequency	Percentage
Relationship		
Single	90	45
Dating	71	35.5
Engaged	9	4.5
Married	30	15
Raised		
Rural	49	24.5
Urban	52	26
Suburban	99	49.5
Attended Bystander Workshop		
Yes	63	31.5
No	137	68.5
Likelihood of Attending Bystander Workshop		
Very unlikely	5	2.5
Unlikely	20	10.1
Somewhat unlikely	18	9
Neither	18	9
Somewhat likely	63	31.7
Likely	40	20.1
Very likely	35	17.6
Know a Victim of Violence		
Yes	158	79
No	42	21

Means and Standard Deviations

See Table 3 for the means and standard deviations of the CMNI-46 and PTM subscales used in this study compared to the means and standard deviations obtained in other research that assessed college populations with these measures (Parent & Moradi, 2009; Carlo & Randall, 2002). Although no analysis was conducted to determine if significant differences existed between the means and standard deviation and those from previous research, there are several observable differences. Overall, participants in this study reported less conformity to emotional control, winning, and violence as well as being less likely to help others for personal gain (Altruism).

Although, gender differences in CMNI-46 subscale scores between female and male participants was not a component of the main hypotheses, statistical differences were found (See Table 4 for means and standard deviations). An independent-sample t-test was conducted to compare conformity to masculine norms across the five CMNI-46 subscales in male and female participants. The results showed a significant difference in scores on Emotional Control for male participants (M=7.52, SD=3.04) and female participants (M=5.72, SD=3.27); $t(193) = 3.86$, $p = .000$; Winning for male participants (M=8.82, SD=3.07) and female participants (M=7.84, SD=3.08), $t(193) = 2.15$, $p = .033$; and Violence for male participants (M= 9.45, SD= 3.46) and female participants (M= 7.15, SD= 3.25), $t(193) = 4.66$, $p = .000$. Male participants in this study endorsed conforming to traditional masculine norms of Emotional Control, Winning, and Violence at a significantly higher level overall than female participants. No significant differences were found between male and female participants regarding conformity to Risk-Taking and Self-Reliance.

Table 3: Participant Means and Standard Deviations across Measures

	(Current Study)		Parent & Moradi (2009)		Carlo & Randall (2002)	
	M	SD	M	SD	M	SD
CMNI-46 Emotional Control	6.42	3.28	8.65	3.06		
CMNI-46 Winning	8.2	3.11	9.99	2.98		
CMNI-46 Violence	8.04	3.49	10.14	3.41		
CMNI-46 Self-Reliance	6.17	2.85	6.19	2.65		
CMNI-46 Risk-Taking	7.10	3.12	7.44	2.36		
PTM Public	1.77	.68			2.06	.75
PTM Anonymous	2.72	.93			2.77	.94
PTM Dire	3.41	.92			3.53	.77
PTM Emotional	3.60	.81			3.70	.77
PTM Compliant	3.81	.88			3.82	.83
PTM Altruism	1.75	.63			4.18	.67

Table 4: CMNI-46 Means and Standard Deviations by Gender

	Male		Female	
	M	SD	M	SD
CMNI-46 Emotional Control	7.52	3.04	5.80	3.28
CMNI-46 Winning	8.82	3.07	7.84	3.08
CMNI-46 Violence	9.45	3.46	7.15	3.25
CMNI-46 Self-Reliance	6.52	2.38	5.89	3.04
CMNI-46 Risk-Taking	7.19	2.96	6.98	3.27

The means and standard deviations for the BIM levels are presented in Table 5.

Table 5: Participant Means and Standard Deviations for BIM

	M	SD
Low Immediacy/Low Involvement	7.23	2.15
High Immediacy/Low Involvement	7.54	2.80
Low Immediacy/High Involvement	8.01	1.97
High Immediacy/High Involvement	8.15	2.33

Intercorrelations

Conformity to Masculine Norms Inventory-46. See Table 6 for the intercorrelations of CMNI-46 subscale scores for Emotional Control, Winning, Violence, Self-Reliance, and Risk-Taking of participants in this study. See Table 7 for intercorrelations for the PTM. The values presented in the tables are similar and consistent with factor analysis research values from previous research (Parent & Moradi, 2009; Carlo & Randall, 2002).

Main Analyses

Multivariate analysis of variance. To test the first hypothesis that "there will be a statistically significant difference in scores on the CMNI-46 subscales of winning, emotional control, risk-taking, violence, and self-reliance and the degree of involvement and immediacy of bystander interventions", a MANOVA was conducted between the independent variables of the four BIM subscales and the dependent variables of the five CMNI-46 subscales and the. Examination of the MANOVA reveals that Box's Test of Equality of Covariance met the homoscedasticity assumption, in which there is equal variance and covariance across the variables of interest allowing the results of the

Table 6: Intercorrelations for CMNI-46

	1	2	3	4	5
1) CMNI-46 Emotional Control	-	.22**	.24**	.31**	-.05
2) CMNI-46 Winning		-	.21**	.10	.21**
3) CMNI-46 Violence			-	.11	.30**
4) CMNI-46 Self-Reliance				-	.02
5) CMNI-46 Risk-Taking					-
N =	200	200	200	200	200

* Correlation is significant at the 0.05 level (2-tailed)

** Correlation is significant at the 0.01 level (2-tailed)

Table 7. Intercorrelations for PTM

	1	2	3	4	5	6
1) PTM Public	-	.42	-.13	-.06	-.22**	.61**
2) PTM Anonymous	.42	-	.37**	.31**	.27	.10
3) PTM Dire	-.13	.37**	-	.67**	.46**	-.02
4) PTM Emotional	-.06	.31**	.63**	-	.24**	-.03
5) PTM Compliant	-.22**	.27**	.46**	.24**	-	-.22**
6) PTM Altruism	.61**	.10	-.02	-.03	-.22**	-
N =	200	200 200	200	200	200	

** Correlation is significant at the 0.01 level (2-tailed)

MANOVA to be interpreted. Leven's Test of Equality of Error Variances was not significant, supporting the null hypothesis that the error variance of the dependent variable was equal across groups. Overall, the MANOVA results were non-significant

between adherence to masculine role norms subscales and bystander intervention behaviors. The first hypothesis was not supported.

To test the second hypothesis “the five CMNI-46 subscales will still account for more variance regarding the degree of involvement and immediacy of bystander interventions even after controlling for prosocial tendencies”, a MANCOVA was performed between the CMNI-46 subscales and the bystander intervention behavior types while controlling for prosocial tendencies. Adjusted means were Low Immediacy/Low Involvement = 7.56, High Immediacy/Low Involvement = 8.73, Low Immediacy/High Involvement = 8.35, and High Immediacy/High Involvement 7.94. Box’s Test of Equality of Covariance met the homoscedasticity assumption, in which there is equal variance and covariance across the variables of interest allowing the results of the MANOVA to be interpreted. Leven’s Test of Equality of Error Variances was not significant, supporting the null hypothesis that the error variance of the dependent variable was equal across groups. After controlling for prosocial tendencies, the results for the effects of the CMNI-46 subscales were non-significant in regards to bystander intervention behaviors. The second hypothesis was not supported.

The third hypothesis was that “there would be a significant relationship between the five CMNI-46 subscales and the six PTM subscales.” The MANOVA results were non-significant and the third hypothesis was not supported.

Overall, these results suggest that, as measured in this study, conforming to masculine norms related to risk-taking, emotional control, winning, violence, and self-reliance was not significantly related to the type of bystander intervention chosen related

to immediacy or involvement. These results also suggest that there is not a significant relationship between those same masculine norms and prosocial tendencies.

Multiple regressions. The fourth hypothesis was that "CMNI-46 subscales of Risk-Taking, Violence, Self-Reliance, Winning, and Emotional Control would predict bystander self-efficacy and decision making related to helping scores." This hypothesis was tested using multiple regressions regarding adherence to masculine role norms compared separately to bystander self-efficacy and helping decisions.

Results from the regression analysis for predicting self-efficacy showed that the model was significant (see Table 8), $F(5,199) = 4.43$, $p<.001$ and accounted for 8% of the

Table 8. Regression Analysis of Variables Predicting Self-Efficacy

Variable	B	SE B	β	t
CMNI Risk-Taking	.31	.15	.14	2.01**
CMNI Violence	-.37	-.13	-.20	-2.95***
CMNI Self-Reliance	.31	.15	.15	2.09**
CMNI Winning	.16	.15	.08	1.07
CMNI Emotional Control	-.14	.13	-.080	-1.11

Note: Adjusted $R^2 = .08$

**p<.05

***p<.01

variance of the bystander self-efficacy score (adjusted $R^2 = .08$). This suggests that participants who scored higher on CMNI-46 subscales of risk-taking (e.g. Preference for

high risk behaviors) and self-reliance (e.g. Aversion to asking for assistance) would also feel more confident in their ability to successfully intervene in a bystander intervention situation. However, those participants who scored highly on the CMNI-46 subscale of Violence (e.g. Proclivity for physical confrontations) would feel less confident in their ability to successfully intervene.

The regression analyses for predicting bystander decision making related to reasons to help, reasons not to help, and total decision to help based on the CMNI-46 subscale scores for Risk-Taking, Violence, Winning, Self-Reliance, and Emotional Control were non-significant. The fourth hypothesis was partially supported.

CHAPTER 5

DISCUSSION

The majority of research conducted about the bystander effect and bystander helping behaviors has primarily focused on situational variables as well as individual variables related to characteristics of the bystander and the victim. Although significant gender differences related to helping have been observed across numerous studies, the results have been inconsistent with little exploration about why gender differences exist. The existing research is lacking in providing a conceptualization about the relationship between gender and bystander intervention helping behaviors. If the current trends of highlighting unhealthy aspects of masculinity in violence prevention and bystander intervention initiatives continue, it is necessary to understand the relationship between masculinity and bystander interventions. This exploratory study was the first to examine the potential relationship between conformity to masculine norms and helping behavior, attitudes, and decision making among participants. This chapter will provide a summary of the statistical results of the study and provide a discussion about the limitations and implications for future research.

Overall, the main hypotheses for this study were not supported by the results. No significant relationship was discovered between the five subscales of the CMNI-46 and the four levels of the BIM. According to these results, conformity to the masculine norms of winning, emotional control, risk-taking, violence, and self-reliance were not significantly related to the immediacy and involvement of interventions participants endorsed related to the scenario. Also, after controlling for prosocial tendencies, there was still not a significant relationship between conformity to masculine norms and

bystander interventions. This suggests that, as examined and defined in this study, these particular aspects of masculinity were not significantly related to the type of interventions chosen by participants. These findings do not explain previous research that demonstrated gender being related to helping behaviors.

No significant main effects were found between conforming to masculine norms and the types of prosocial tendencies endorsed by participants. Although significant gender differences have been found on subscales of the PTM in past research (Padilla-Walker et al., 2008; Carlo, Hausmann, Christiansen, & Randall, 2003), this study did not find an explanation for that related to masculinity and prosocial tendencies. However, previous studies reported gender as a demographic variable and did not investigate the underlying social constructs. It is still unclear what to attribute gender differences related to helping behavior tendencies. This purpose of this study was not to compare the results between men and women. The focus was on the construct of masculinity and this study failed to demonstrate a significant relationship between conformity to masculine norms and bystander interventions and prosocial tendencies.

However, conformity to masculine norms scores did predict self-efficacy scores. Three of the CMNI-46 subscales were able to predict bystander self-efficacy scores. Participants who endorsed risk-taking (e.g. Preference for high risk behaviors) and self-reliance (e.g. Aversion to asking for assistance) feel significantly more confident in their ability to successfully intervene in a bystander intervention situation. This is consistent with previous research that found bystanders who identified themselves as more assertiveness and confident were more likely to offer assistance (Siem & Spence, 1986). However, participants who endorsed conforming to aspects related to violence (e.g.

Proclivity for physical confrontations) felt significantly less confident in their ability to successfully intervene. Although some research suggests that individuals who view themselves as aggressive and strong are more likely to intervene (Laner, Benin, & Ventrone, 2001), if masculine violent tendencies have etiology in shame and fear (Betcher & Pollack, 1993), individuals who hold violent beliefs may have lower confidence in their ability to successfully intervene. Also, conformity to traditional masculine role norms in men has been shown to create a fear of confrontation which motivates men to make explicit efforts to avoid possible confrontation in public places (Day, Stump, & Carreon, 2003). Bystander interventions may highlight a potentially dangerous situation and elicit uncomfortable reactions from individuals who endorse violent beliefs and feel unprepared to offer assistance thus decreasing their likelihood to intervene.

Conformity to masculine norms scores did not predict the positive or negative decision making process scores related to helping behaviors. The thought process related to positive or negative consequences related to helping and overall willingness to help were not predicted by conforming to traditional masculine norms. This suggests that other variables beyond a mental pro con list may be more important in a bystander's decision making process about whether or not to intervene. In fact, level of awareness about the problem, self-efficacy, and motivation have been shown as important variables in decision making about behavior change (Prochaska & Velicer, 1997).

Overall, a significant main effect for conformity to masculine role norms was not found for bystander intervention behaviors as predicted. It is likely that there is an

interaction effect missed by this analysis that includes situational, personality, individual, and victim characteristics that affect bystander intervention behaviors.

Limitations

The current study has several limitations. The sample was primarily a convenience sample that was limited to a rural, Midwestern college population. Although applicable to the research hypothesis and implications, the limitation on age range and endorsement of masculinity could have restricted the information gathered from a more representative and diverse sample. A broader sample could have included a variety of developmental levels, stages of life, and experiences that could have contributed to a significant relationship between masculinity and bystander behaviors. Also, given the various online recruitment methods utilized in this study to obtain the convenience sample, it is impossible to estimate or calculate the response rates.

Another possible limitation of this study was the ratio of female to male participants. Female participants outnumbered male participants approximately two to one. Although male, female, and transgender individuals can embody and perform various aspects of masculinity, it is possible that having such a disproportionate number of female participants could affected the overall endorsement and conformity of masculinity. Overall, the female participants in this study endorsed conformity to violence, winning, and emotional control at lower levels than the male participants, which is similar to results from previous research on the original CMNI (Mahalik et al., 2003). A recent measurement invariance study of the CMNI-46 showed that although there is some overall difference in the mean subscale scores between men and women, with men scoring reliably higher than women (Parent & Smiler, 2012). However, the

results of configural and metric invariance suggested that the scores on the CMNI-46 are comparable across men and women and that the CMNI-46 functioned as a valid measure in assessing the construct of masculinity across gender (2012). If the way that the CMNI-46 measures masculinity were significantly related to bystander interventions, the proportion of female participants should not have affected the overall findings. However, in this study significant differences were found between male and female participants on three of the five CMNI-46 subscale scores. Preliminary evidence suggests that the CMNI-46 may accurately measure masculinity across gender and sex. However, there were significant differences in how conformity to masculine role norms were endorsed between male and female participants suggesting that although the CMNI-46 can measure cognitive, affective, and behavioral conformity to masculine norms, the levels through which it is endorsed and enacted may be difference by gender. Investigating masculinity as a construct across gender in this study may have glossed over some of the reporting differences between genders. Future research designs should focus on isolating the impact of social constructs such as gender on the endorsement of masculine role norms. Although masculinity can be embodied and performed by anyone, additional research should explore the intersection of identities and experiences in how masculinity is displayed and endorsed.

The Bystander Intervention Measure (BIM) was another limitation of this study. Although it was based on the theoretical framework developed and published by Bowes-Sperry and O'Leary-Kelly (2006), the BIM was an assessment developed for this study. The BIM was never empirically tested for reliability and validity issues. The BIM was created because a valid and reliable measure of bystander intervention behaviors does not

exist in the research. Even though the examples for the BIM were obtained directly from the theoretical framework, the article was just that, a theoretical framework. Without reliability, validity, and factor analysis, it is impossible to know whether or not the four levels of the BIM adequately assessed the construct of bystander intervention domains. In addition to the lack of empirical support for the BIM, the vague nature of the scenario may not have had the desired effect. The purpose of providing participants a vague scenario was to minimize situational and group variables and highlight their bystander intervention tendencies. However, the lack of specific information could have affected participant responses by not providing enough detail for participants to make an informed selection of their preferred bystander intervention option. A recent meta-analysis of bystander intervention research (Fischer, et al., 2011) supports this potential explanation for the lack of significant results. The meta-analysis suggested that in non-emergency bystander intervention situations, the bystander effect is more pronounced. In addition, the presence of passive stranger bystanders, like in the BIM scenario, also reduces the helping response since it does not create enough arousal to motivate the bystander to help. It is possible that the combination of these situational variables did not create sufficient enough arousal in participants to increase their likelihood of selecting a specific intervention.

Implications and Future Directions

This topic has several important implications for the field of counseling psychology. Counseling psychology has historically focused on strength-based approaches and highlighting positive aspects of human potential. Bystander intervention research and applications focus on the strength and potential of each individual to

contribute to creating positive changes in their community. The emphasis on understanding how variables such as gender roles and masculinity impact helping behaviors is valuable information for the development of bystander intervention programming. Bystander programming primarily focuses on early intervention and primary prevention programming which is consistent with numerous core values in the field of counseling psychology. The intersection of a strengths based primary prevention programming that incorporates multicultural variables can provide a rich and meaningful area of research and application for the field.

As violence prevention programming becomes more popular on college campuses, it will be important to adequately assess individual and personality variables that affect an individual's willingness to engage in positive bystander interventions. This knowledge will be instrumental in developing and delivering targeted and effective primary prevention programming. Although results from this study did not support a significant relationship between masculine role norms and bystander intervention behavior, the existing body of research has demonstrated that significant gender differences do exist. The development of an empirically supported, comprehensive assessment regarding bystander interventions could be a key component in future bystander intervention and violence prevention research. That bystander intervention measure could move beyond situation-specific assessment that is present in most bystander effect research and include global as well as situation-specific domains with options across the continuum of helping behaviors.

Future research could also focus on investigating gender differences and helping behaviors by utilizing the constructs of masculinity and femininity along with the

inclusion of situational and individual characteristics. Additional variables besides gender may need representation in order to create a comprehensive conceptualization about what informs bystander intervention helping behaviors. Conducting research that included a variety of engaging, realistic scenarios that included numerous relevant variables with a representative and diverse sample might increase the likelihood of discovering relationships that could lend to the creation of a comprehensive theoretical framework of bystander intervention behaviors.

APPENDIX A

CONSENT LETTER

I invite you to participate in a research study being conducted by investigators from The University of Iowa. The purpose of the study is to better understand the relationship between beliefs about masculinity and helping behaviors and attitudes.

I am inviting you to be in this study because you are currently enrolled as a undergraduate or graduate student. Approximately 190 people will take part in this study.

If you agree to participate, I would like you to complete several online questionnaires. It will take approximately 25-30 minutes to complete the questionnaires. You may skip any questions that you prefer not to answer. You will not be paid for being in this research study. There will be no additional contact from any member of the research team.

I will keep the information you provide confidential, however federal regulatory agencies and the University of Iowa Institutional Review Board (a committee that reviews and approves research studies) may inspect and copy records pertaining to this research. This survey is anonymous. I will not collect your name or any identifying information about you. It will not be possible to link you to your responses on the survey. If I write a report about this study I will do so in such a way that you cannot be identified.

Taking part in this research study is completely voluntary. If you decide not to be in this study, or if you stop participating at any time, you won't be penalized or lose any benefits for which you otherwise qualify. There are no known risks from being in this study, and you will not benefit personally. However I hope that others may benefit in the future from what I learn as a result of this study.

If you have any questions about the research study itself, please contact Jerrod Koon, 361 Lindquist Center, Iowa City, IA at 319-335-5578. If you have questions about the rights of research subjects, please contact the Human Subjects Office, 105 Hardin Library for the Health Sciences, 600 Newton Rd, The University of Iowa, Iowa City, IA 52242-1098, (319) 335-6564, or e-mail irb@uiowa.edu. To offer input about your experiences as a research subject or to speak to someone other than the research staff, call the Human Subjects Office at the number above.

Thank you very much for your consideration of this research study.

Sincerely,

Jerrod Koon, M.S.
Doctoral Candidate, Counseling Psychology
If you agree to participate, please click the "Next" button in the bottom right hand corner

APPENDIX B

EMAIL MESSAGE

You are invited to participate in a research study being conducted by investigators from The University of Iowa. The purpose of the study is to better understand the relationship between beliefs about masculinity and helping behaviors and attitudes. I am inviting undergraduate and graduate students to participate in this study. Approximately 190 people will take part in this study at The University of Iowa.

If you agree to participate, I would like you to complete several online questionnaires. It will take approximately 25-30 minutes to complete the questionnaires. You may skip any questions that you prefer not to answer. You will not be paid for being in this research study. After you complete the questionnaires, there will be no additional contact from any member of the research team.

If you have any questions about the research study itself, please contact Jerrod Koon, 361 Lindquist Center, Iowa City, IA at 319-335-5578 or jerrod-koon@uiowa.edu.

To access the study, please follow this link:

https://uiowa.qualtrics.com/SE/?SID=SV_3jDmAhnyVqeFUPi

APPENDIX C

DEMOGRAPHIC FORM

Please answer the following questions about yourself. You may skip any question that you do not feel comfortable answering. Please answer each question to the best of your ability.

---

1) What is your age? _____

2) What is your gender?

____Male
____Female
____Transgender
____ Other

3) What is your ethnicity? (select all that apply)

___ African/African American
___ Hispanic/Latino
___ Middle Eastern
___ Bi-Racial
___ Other
___ Caucasian/European American
___ Asian/Pacific Islander/ American
___ American Indian/Native American
___ Multiracial

4) Were you born in the U.S.?

___ Yes
___ No

5) What year student are you?

___ First year
___ Sophomore
___ Junior
___ Senior
___ Graduate

5) College major: _____

Second Major (if applicable)

Minor (if applicable)

6) How many college credits have you successfully completed? _____

7) What is your approximate grade point average (GPA)? _____

8) What is your current relational status?
___ Single
___ Dating/Committed Relationship
___ Engaged
___ Married
___ Widowed

9) I grew up in an area that could be considered:

___ Rural
___ Urban
___ Suburban

10) I have attended a violence prevention or bystander intervention workshop or training since coming to college.

___ Yes
___ No

11) How likely would you be to voluntarily attend programming designed to teach skills about how to intervene in offensive or potentially harmful situations? Please check one.

Very likely ___
Likely ___
Neither likely nor unlikely ___
Unlikely ___
Very unlikely ___

12) Do you know a victim or survivor of violence?

Yes ___
No ___

APPENDIX D

DECISIONAL BALANCE SCALE

Each statement represents a thought that might occur to a person who is deciding whether or not to help someone who is in trouble. Please indicate how important each of these statements would be to you if you were considering intervening in a situation where you thought someone might be being hurt or was at risk of being hurt. Please circle the number that best describes how important each statement would be to you if you were deciding whether or not to intervene.

1	2	3	4	5
not important at all	slightly important	moderately important	very important	extremely important

1. If I intervene regularly, I can prevent someone from being hurt. 1 2 3 4 5
2. It is important for all community members to play a role in keeping everyone safe. 1 2 3 4 5
3. Friends will look up to me and admire me if I intervene. 1 2 3 4 5
4. I will feel like a leader in my community if I intervene. 1 2 3 4 5
5. I like thinking of myself as someone who helps others when I can. 1 2 3 4 5
6. Intervening would make my friends angry with me. 1 2 3 4 5
7. Intervening might cost me friendships. 1 2 3 4 5
8. I could get physically hurt by intervening. 1 2 3 4 5
9. I could make the wrong decision and intervene when nothing was wrong and feel embarrassed. 1 2 3 4 5
10. People might think I'm too sensitive and am overreacting to the situation. 1 2 3 4 5
11. I could get in trouble by making the wrong decision about how to intervene 1 2 3 4 5

APPENDIX E

SLABY BYSTANDER EFFICACY SCALE

Please answer the following questions about what you think about "violence prevention. Violence is when people fight or hurt others on purpose. Violence prevention means keeping violence from happening or stopping violence before it starts.

Circle only one answer that best describes your response:

1	2	3	4	5	6
Disagree Completely	Disagree A Lot	Disagree A Little	Agree A Little	Agree A Lot	Agree Completely

1. People's violent behavior can be prevented.	1 2 3 4 5 6
2. There are certain things a person can do to help prevent violence.	1 2 3 4 5 6
3. I myself can make a difference in helping to prevent violence.	1 2 3 4 5 6
4. People can be taught to help prevent violence.	1 2 3 4 5 6
5. Doing or saying certain kinds of things can work to help prevent violence.	1 2 3 4 5 6
6. I can learn to do or say the kinds of things that help prevent violence.	1 2 3 4 5 6
7. People can learn to become someone who helps others to avoid violence.	1 2 3 4 5 6
8. Even people who are not involved in a fight can do things that help prevent violence.	1 2 3 4 5 6
9. Even when I'm not involved and it's not about me, I can make a difference in helping to prevent violence.	1 2 3 4 5 6

APPENDIX F

BYSTANDER INTERVENTION MEASURE

Please read the follow scenario. The scenario is intentionally left vague so that you can identify the behavior that you would personally define as inappropriate. For this situation, inappropriate is defined as conduct that is inappropriate, offensive, harassing, violent, or potentially violent.

You are in a public setting. You witness an individual engage in what you define as inappropriate conduct toward another individual. There are other people around who are in a position to notice the event but none of them are directly involved in the situation. There is an opportunity for you to get involved in some way. Please read the options below and rate how likely you would be to engage in the described behavior. Please rank the following interventions on a scale from 1-5. Ranking a situation 1 means that you would be very likely to perform the intervention. A rank of 5 means that you would be very unlikely to perform the intervention. Please rank each item.

1	2	3	4	5
very likely	likely	neither likely nor unlikely	unlikely	very unlikely

1. Privately advise the recipient to avoid the harasser	1 2 3 4 5
2. Covertly attempt to keep harasser away from target	1 2 3 4 5
3. Advise target to report the incident but not get personally involved	1 2 3 4 5
4. Redirect the harasser away from the harassing behavior	1 2 3 4 5
5. Remove recipient from the situation	1 2 3 4 5
6. Interrupt the incident	1 2 3 4 5
7. Later report the harasser	1 2 3 4 5
8. Accompany the recipient when they report the incident	1 2 3 4 5
9. Confront the harasser after the incident	1 2 3 4 5
10. Tell the harasser to stop the harassing behavior	1 2 3 4 5
11. Publicly encourage the target to report the behavior	1 2 3 4 5
12. Attempt to get other observers to denounce the behavior	1 2 3 4 5

APPENDIX G

CMNI-46

The following pages contain a series of statements about how people might think, feel or behave. The statements are designed to measure attitudes, beliefs, and behaviors associated with both traditional and non-traditional masculine gender roles.

Thinking about your own actions, feelings and beliefs, please indicate how much you personally agree or disagree with each statement by circling:

SD for "Strongly Disagree"
D for "Disagree"
A for "Agree"
SA for "Strongly Agree"

There are no right or wrong responses to the statements. You should give the responses that most accurately describe your personal actions, feelings and beliefs. It is best if you respond with your first impression when answering.

1. In general, I will do anything to win	SD D A SA
2. If I could, I would frequently change sexual partners	SD D A SA
3. I hate asking for help	SD D A SA
4. I believe that violence is never justified	SD D A SA
5. Being thought of as gay is not a bad thing	SD D A SA
6. In general, I do not like risky situations	SD D A SA
7. Winning is not my first priority	SD D A SA
8. I enjoy taking risks	SD D A SA
9. I am disgusted by any kind of violence	SD D A SA
10. I ask for help when I need it	SD D A SA
11. My work is the most important part of my life	SD D A SA
12. I would only have sex if I was in a committed relationship	SD D A SA
13. I bring up my feelings when talking to others	SD D A SA
14. I would be furious if someone thought I was gay	SD D A SA
15. I don't mind losing	SD D A SA
16. I take risks	SD D A SA
17. It would not bother me at all if someone thought I was gay	SD D A SA

18. I never share my feelings	SD D A SA
19. Sometimes violent action is necessary	SD D A SA
20. In general, I control the women in my life	SD D A SA
21. I would feel good if I had many sexual partners	SD D A SA
22. It is important for me to win	SD D A SA
23. I don't like giving all my attention to work	SD D A SA
24. It would be awful if people thought I was gay	SD D A SA
25. I like to talk about my feelings	SD D A SA
26. I never ask for help	SD D A SA
27. More often than not, losing does not bother me	SD D A SA
28. I frequently put myself in risky situations	SD D A SA
29. Women should be subservient to men	SD D A SA
30. I am willing to get into a physical fight if necessary	SD D A SA
31. I feel good when work is my first priority	SD D A SA
32. I tend to keep my feelings to myself	SD D A SA
33. Winning is not important to me	SD D A SA
34. Violence is almost never justified	SD D A SA
35. I am happiest when I'm risking danger	SD D A SA
36. It would be enjoyable to date more than one person at a time	SD D A SA
37. I would feel uncomfortable if someone thought I was gay	SD D A SA
38. I am not ashamed to ask for help	SD D A SA
39. Work comes first	SD D A SA
40. I tend to share my feelings	SD D A SA
41. No matter what the situation I would never act violently	SD D A SA
42. Things tend to be better when men are in charge	SD D A SA
43. It bothers me when I have to ask for help	SD D A SA
44. I love it when men are in charge of women	SD D A SA
45. I hate it when people ask me to talk about my feelings	SD D A SA
46. I try to avoid being perceived as gay	SD D A SA

APPENDIX H

PROSOCIAL TENDENCIES MEASURE

Below are a number of statements that may or may not describe you. Please indicate

HOW MUCH EACH STATEMENT DESCRIBES YOU by using the following scale: 1 (Does not describe me at all), 2 (Describes me a little), 3 (Somewhat Describes me), 4 (Describes me well), and 5 (Describes me greatly)

1. I can help others best when people are watching me. 1 2 3 4 5
2. It is most fulfilling to me when I can comfort someone who is very distressed. 1 2 3 4 5
3. When other people are around, it is easier for me to help needy others. 1 2 3 4 5
4. I think that one of the best things about helping others is that it makes me look good. 1 2 3 4 5
5. I get the most out of helping others when it is done in front of others. 1 2 3 4 5
6. I tend to help people who are in a real crisis or need. 1 2 3 4 5
7. When people ask me to help them, I don't hesitate. 1 2 3 4 5
8. I prefer to donate money anonymously. 1 2 3 4 5
9. I tend to help people who hurt themselves badly. 1 2 3 4 5
10. I believe that donating goods or money works best when it is tax-deductible. 1 2 3 4 5
11. I tend to help needy others most when they do not know who helped them. 1 2 3 4 5
12. I tend to help others particularly when they are emotionally distressed. 1 2 3 4 5
13. Helping others when I am in the spotlight is when I work best. 1 2 3 4 5
14. It is easy for me to help others when they are in a dire situation. 1 2 3 4 5
15. Most of the time, I help others when they do not know who helped them. 1 2 3 4 5
16. I believe I should receive more recognition for the time and energy I spend on charity work. 1 2 3 4 5
17. I respond to helping others best when the situation is highly emotional. 1 2 3 4 5
18. I never hesitate to help others when they ask for it. 1 2 3 4 5
19. I think that helping others without them knowing is the best

type of situation. 1 2 3 4 5

20. One of the best things about doing charity work is that it looks good on my resume. 1 2 3 4 5

21. Emotional situations make me want to help needy others. 1 2 3 4 5

22. I often make anonymous donations because they make me feel good. 1 2 3 4 5

23. I feel that if I help someone, they should help me in the future. 1 2 3 4 5

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