

Comparing the Gender Role Beliefs of Men Exposed to Male-Perpetrated Domestic Violence

(DV) in Childhood with Non-Exposed Men

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Research Proposal

Abstract

This study will compare the gender role beliefs of 50 men who witnessed male-perpetrated DV as children to the beliefs of 50 non-witnessing men. All participants will come from a county in Southeastern Virginia. Using a causal-comparative design, men in both groups will take the Sex-Role Egalitarianism Scale (SRES, King & King, 1993), and the group means will be compared using an analysis of variance. It is expected that witnessing men will have lower scores (and thus, less egalitarian beliefs) than non-witnessing men. Potential implications for this study include increased gender education in counseling children exposed to DV and contributions to Feminist and Social Learning Theory.

Keywords: aggression, behavior problem, counseling, domestic violence, gender role belief, Sex-Role Egalitarianism Scale

Introduction

Purpose

The purpose of this study is to determine whether there is a difference in gender role beliefs between men who were exposed to male-perpetrated domestic violence (DV) as children and those who were not.

Justification

In one study, Fantuzzo and Fusco (2007) analyzed data collected by a large police department in the American Northeast and found that 44% of DV events took place with children in the home. Of those children, 81% had direct sensory exposure to the violence (i.e. heard or saw the violent acts). Young boys who witness DV are more likely than their non-witnessing peers to become DV perpetrators as adults (Murrell, Christoff, & Henning, 2007). Research also shows that having negative attitudes towards women and more traditional gender role beliefs is correlated with abusing romantic partners (Reitzel-Jaffe & Wolfe, 2001), however little research has been conducted that examines the relationship between witnessing DV and developing those beliefs. Such research could have implications for counseling youth exposed to DV.

Literature Review

DV and Behavioral Problems

Children who are exposed to DV are at risk for a host of problems. Kernic et al. (2003) reported that children who saw their fathers physically abuse their mothers were 40% more likely than their peers to have a high level of total behavioral problems as measured by the Child Behavior Checklist. Evans, Davies, and DiLillo (2008) found a correlation between DV exposure and exhibiting trauma symptoms and also reported a link between witnessing DV and externalizing problems, with a higher correlation present for boys. In fact, after a review of

recent literature, Holt, Buckley, and Whelan (2008) concluded that the effects of DV exposure on children are significant enough that it could be considered a form of child abuse even if the child is never directly involved.

DV and Aggression Towards Partners

Witnessing DV is also correlated with increased aggression in both boys and girls towards friends and romantic partners (Moretti, Obsuth, Odgers, & Reebye, 2006). Children who are exposed to DV are also more likely to participate in psychological and emotional abuse towards their partner (Gover, Kaukinen, & Fox, 2008). The negative consequences of exposure to DV do not end with adolescence. Men who witness DV as children are more likely to become abusers as adults and there is a positive relationship between the severity of violence witnessed in childhood and the brutality of violence perpetrated in adulthood (Murrell et al., 2007).

Gender Role Beliefs and Aggression Against Women

Also associated with aggression against women are hyper masculinity and rigid non-egalitarian gender role beliefs (Reidy, Shirk, Sloan, & Zeichner, 2009). Anderson and Umberson (2001) found that respondents in their study often felt emasculated by their female partners and violence may have been a way in which they sought to reestablish their masculinity. Hostility towards women is positively correlated with aggression specifically against women, even controlling for general attitudes about violence and general levels of hostility and aggression (Anderson & Anderson, 2008). Even if one does not actually commit violent acts against women, gender role beliefs are still predictive of feelings about domestic violence in general (Berkel, Vandiver, & Bahner, 2004). Berkel et al. (2004) identified an association between having less egalitarian gender role beliefs and being relatively more likely to support the use of violence against women. Further, there is evidence to suggest that there is intergenerational transmission

of beliefs about gender. Kulik (2000) found a moderate correlation in the similarity of gender role beliefs and occupational sex-typing between parents and offspring. Crouter, Whiteman, McHale, and Osgood (2007) showed that boys who have parents with traditional beliefs about women's roles tend to maintain that gender role ideology throughout adolescence.

DV Exposure and Gender Beliefs

Despite the research showing a relationship between witnessing and perpetrating DV, having non-egalitarian gender role beliefs and perpetration, and demonstrating familial transmission of gender beliefs, few studies have attempted to investigate any potential link between DV exposure and gender role beliefs. Graham-Bermann and Brescoll (2000) found a significant positive relationship between abuse experienced by the mother and the child's family role stereotyping. Male children scored higher than girls on measures of male power acceptance (Graham-Bermann & Brescoll). Reitzel-Jaffe and Wolfe (2001) reported that childhood exposure to family violence predicted the presence of negative gender role beliefs in young males which then was a predictor of using violence in intimate relationships, suggesting that developing negative gender beliefs could be a mediating variable in becoming abusive partners. Both of these studies have limitations. The former focused on children and it is unknown if those gender beliefs were maintained after childhood. The latter was a correlational design based on one large sample and did not include a comparison to a control group of non-witnessing men.

Research Question, Hypothesis, and Definitions

Research question. After reviewing the literature, the following research question is proposed: Do men who witness male-perpetrated domestic violence as children differ significantly in their gender role beliefs from men who had no exposure as children?

Hypothesis. The hypothesis of this study is that witnessing men will show more non-egalitarian gender role beliefs than non-witnessing men.

Definitions. Exposure to domestic violence is defined as having seen or heard violence perpetrated against the female caregiver by the male caregiver at least once during childhood.

Gender role belief is measured by score on the Sex-Role Egalitarianism Scale (King & King, 1993).

Method

Participants

One hundred adult men from a county in southeastern Virginia will participate in this study. Fifty participants will be men who did not witness male-perpetrated DV as children and 50 will be men who did witness DV as children. The county from which the participants will originate is a small, historic town with a population of 62,487, of which 83% are Caucasian, 14% are African American, 1% are Asian American, and 2% are other ethnicities (James City County, 2008). In this county, 6% of residents are under the age of five, 20% are five to 19, 5% 20 to 24, 26% 25 to 44, 26% 45 to 64, and 17% 65 or older. This population is relatively well educated, with 5.8% having an Associate degree, 24.8% having a Bachelor's degree, and 16.7% having a graduate or professional degree. The median annual income is \$55, 594 (James City County).

The United States Census Bureau (2000) reports that nationally the age range distribution is 6.8% under age five, 21.8% five to 19, 6.7% 20 to 24, 30.2% 25 to 44, 22% 45 to 64, and 12.4% 65 or older. National ethnicity distribution is 75.1% Caucasian, 12.3% African American, 3.6% Asian American, and 9% other ethnicities. In the U.S., 6.3% of people have an Associate degree, 15.5% have a Bachelor's degree, and 8.9% have a graduate or professional degree. Median household income in the U.S. is \$41,994 (U.S. Census Bureau). The county from which

participants are being selected is therefore less diverse, older, wealthier, and more educated on average compared to the rest of the country.

Utilizing a purposive sample, participants will not be randomly selected or assigned in this study. Doing so would be impossible and unethical. Instead, the experimenter will screen volunteers to determine whether or not they witnessed male-perpetrated DV as children. The first 50 volunteers to fall into each category (witness and non-witness) will be selected to participate in the study. All participants will be compensated for their participation.

The characteristics of participants and the method of selection raise some issues of external validity. The participants are from a population that is in a small town, predominantly white, older, wealthier and well educated compared to national statistics. Therefore, results of this study will not be generalizable to rural or urban areas, more diverse settings, towns with high a high ratio of youth, or areas where the population has lower levels of education and wealth. Generalizability can be made to similar populations in small, historic towns with low diversity, older populations, and high education and income levels. Also, the selection method may contribute to external validity issues. Participants will self-select for the study, so there might be characteristics of participants that differ from those men who chose not to volunteer. This could especially be the case in a study that is investigating issues about DV, and attitudes about DV might play a role in the participants' self-selection. There is a cutoff of 50 participants in each group, and participation will be on a first-come-first-serve basis. As a result, men who wait to volunteer may be excluded, and they too may differ in some way from those men who chose to volunteer early on.

Instrument

The Sex-Role Egalitarianism Scale (SRES, King & King, 1993) was developed to measure individuals' attitudes towards gender equality. Internal consistency for the SRES is .97, test-retest reliability is .88 (for Form B) and .91 (for Form K), and it has a correlation of .86 with the Attitudes Toward Women Scale (Collins, 2004). Because the SRES has been shown to be a reliable measure of egalitarian attitudes, it will be an appropriate instrument for this study. Few studies have been conducted on the link between witnessing DV and developing un-egalitarian gender role attitudes, and none of the studies that have been conducted thus far have utilized the SRES.

The SRES can be administered to individuals or groups and consists of 95 statements about men and women and their roles in society. Each item is accompanied by a five-point Likert scale for participants to indicate how strongly they agree or disagree with the statement. The instrument is hand-scored and the total score is obtained by adding the value (one through five) of the response selected for each statement across all 95 statements. Scores and egalitarian beliefs are positively correlated, with egalitarian attitudes about gender increasing as the total score increases (King & King, 1997).

Design and Procedure

This study will use a causal-comparative research design. Volunteers contacting the researcher will be screened using the following questions: Are you a male? Are you 18 years or older? As a child (before the age of 18), did you see or hear the male head of household physically abuse the female head of household at least once? To be eligible for the study, volunteers must respond "yes" to the first two questions. Fifty volunteers who answer "no" to the third question will be accepted, along with 50 who answer "yes."

If the volunteer meets the eligibility requirements, they will set up a one hour appointment with the researcher to come into the lab. During this appointment, the researcher will go over confidentiality and consent forms and administer the SRES if the participant chooses to continue with the study. The researcher will go over the directions of the instrument with the participant and then leave them to fill it out in privacy, but remain nearby in case questions arise. The SRES will be administered individually, and no participant will complete it in a group setting. If multiple individuals have the same appointment time, they may be introduced to the study and fill out the paperwork as a group, but will be taken to separate locations to fill out the instrument in privacy. The last sheet in the packet containing the SRES will contain demographic questions including age, ethnicity, and education level. There will also be a space for the participant to denote whether or not they are a DV witness or non-witness.

The participant will be instructed to notify the researcher after they have completed the SRES. Upon completion of the instrument, the researcher will number the SRES response form. The participant will then be debriefed and given the opportunity to leave their contact information if they would like to be informed of the results of the study upon completion. Before leaving, the participant will be paid \$10 in cash as compensation for their time.

Timeline

The time period from late May through the end of July, 2009 will be reserved for screening volunteers and holding appointments. Participants will be able to schedule an appointment as soon as they are screened and told they meet the requirements, so some days will be devoted to screening, while others will be devoted to running sessions with the participants. With this schedule, data analysis will begin in early August 2009.

Internal Validity Issues

Subject characteristics. All participants will be adult males, but they will most likely vary in terms of socioeconomic status, age, ethnicity, religious beliefs, and other important factors. There are too many potentially confounding variables related to subject characteristics to control for all of them, but some demographic information will be obtained to include in the data analysis.

Personal history. This might also affect a participant's score on the SRES. This study is examining the effects of DV exposure on gender egalitarian attitudes, but it is possible that there have been other experiences in the participants' lives that have shaped their attitudes towards gender equality. There is an endless possibility of ways a participant's gender attitudes could have been shaped and they may not be aware of every factor, so it would be impossible to control for each individual's experience.

Difference in exposure. Another potential threat is the fact that even within the witnessing group, the DV the men were exposed to will be different. The only requirement for inclusion in this group is that they witness at least one act of male-perpetrated DV as a child. Some participants may have been exposed to more frequent DV episodes than others. Also, the severity of the violence could vary in each participant's experience. Every case of DV is different in so many ways, and will have different effects on the witnessing children. The minimum recommended sample for a causal-comparative study is 30 participants, and this group in the study will include 50 in an attempt to capture a broader array of DV experiences.

Data collector characteristics and bias. Another threat to internal validity is related to the effect of the researcher and assistants on participants. It is possible that the researcher or assistant will differ in the way he/she screens participants and administers the SRES. Differences of attitude, tone, clarity of information, and physical appearance might be factors that impact

some participants' experience and, therefore, their attitude during the SRES administration. In order to reduce the chances of data collector bias, all researchers and assistants will be trained on how to properly conduct screenings and appointments. The procedures and the information to be communicated to the participants have been standardized. Also, to lessen the chance of bias in participant treatment, the researcher conducting each appointment will not know beforehand which category (witness or non-witness) the participant is in.

Mortality. Subject mortality will not be a major threat to the internal validity of this study because it is not longitudinal. Subjects will participate in one brief test-taking session and will not need to do anything further.

Location. In order to reduce the possible effects of location on participants' scores, all efforts will be made to keep the location of testing areas constant for all participants.

Instrument decay. This is a potential threat to validity because the instrument participants will fill out consists of 95 items that must be scored by hand. Scorers might become less effective in scoring the instrument as a result of fatigue. To control for this, SRES forms will be scored as they are completed so that only a few will be scored at a time rather than attempting to score 100 at a time.

History. It is possible that unplanned events may occur that affect participants' attitudes the day they take the test. This is something that cannot be controlled for, but may have to be taken into account.

Maturation. Maturation is not a threat to internal validity in this study because participants will only participate at a single point in time.

Regression. This will not be a threat to internal validity because the study is not attempting to measure a change in either group's performance. It is only looking at present attitudes.

Data Analysis

Raw SRES scores for each participant will be used in data analysis. Mean SRES scores for the non-witnessing group will be compared against the witnessing group using an independent t-test with a significance level of .05. Data will be broken down by demographic categories (i.e. age, ethnicity, and education). The means of the sub-groups will be compared to determine if there are any interactions among the variables using an analysis of variance.

Expected Results

It is expected that the mean SRES score for the group of non-witnessing men will be significantly higher than the witnessing group, suggesting that witnessing male-perpetrated DV as a child is related to the development of un-egalitarian beliefs about women. It is also expected that there will be an interaction between independent variables.

Discussion

Conclusions

If the hypothesis of this study is correct, then witnessing male-perpetrated DV as a child increases the likelihood that boys will develop unequal views about men and women as adults. DV is a complex and tragic occurrence in society, but this study will provide new and additional information about the effects it has on gender belief development. Because little research has been done on the link between DV exposure and gender role beliefs, establishing a relationship in this study could offer a foundation for further research on the topic. DV occurs at all levels of society and in all types of relationships (e.g. teen dating, gay relationships) and the proposed

study will provide a starting point for researchers interested in studying similar variables across different populations.

Implications

This would have major implications for counseling DV victims and their children. Many programs aimed at treating abusive men have components that deal with attitudes about gender, but this study could provide evidence that gender issues should also be implemented in counseling children, particularly males, who have been exposed to DV. Counselors could begin incorporating activities and educational components into their sessions in order to help young boys develop more equal beliefs about gender.

This study may also have theoretical implications. It examines a potential factor in the development of ideas about gender, which could be incorporated into feminist theory and literature. Also, the hypothesis is that witnessing acts of DV will influence the formation of gender beliefs. This might then be interesting and important to researchers studying Social Learning Theory.

Budget

Materials	Cost per Item	Quantity	Total
Participant compensation	\$10	100	\$1000
SRES Examination Kit (includes 10 tests)	\$27	10	\$270
Grand Total: \$1270			

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