A Comparison Between Male Perpetrators Of Intimate Partner Violence And Child Sexual Abuse: A Feminist Perspective

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A COMPARISON BETWEEN MALE PERPETRATORS OF INTIMATE PARTNER VIOLENCE AND CHILD SEXUAL ABUSE: A FEMINIST PERSPECTIVE

by

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A dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of Public Affairs in the Department of Social Work in the College of Health and Public Affairs at the University of Central Florida Orlando, Florida

Fall Term 2013

Major Professor: Olga Molina
ABSTRACT

The purpose of this study was to explore whether attributes of sex role identity and gender role stress differed between perpetrators of child sexual abuse (CSA) and perpetrators of intimate partner violence (IPV). The primary research question posed in the research sought to determine if participants’ attitudes on gender role stereotyping or gender role stress were significantly different between perpetrators of CSA and perpetrators of IPV. Participants in this study were a convenience sample of adult males with histories of CSA and IPV from two different outpatient counseling programs. Participants completed the Bem Sex Role Inventory-Short Form (BSRI-SF) and the Male Gender Role Stress (MGRS) scales to investigate whether the gender role attributes and gender role stress scores of the perpetrators of CSA and IPV were (a) similar or different from each other and (b) whether they fell outside the norms established by the two standardized instruments. This study utilized multiple regression and one sample t-tests to analyze the data. There was a statistically significant relationship between perpetrator type and the BSRI-SF and MGRS scores. Additionally, perpetrators of CSA and IPV had lower scores on the MGRS scale than those men in previous research. Additional research was suggested to further explore the relationship between gender role stereotypes and gender role stress on the perpetration of CSA.
This dissertation is dedicated to my sister, Patty Perkins, brothers, Rick Schafer and Stephen Schafer, and most of all my mother, Rita Schafer. Our family endured very difficult times; and with our mother’s perseverance, strength, and commitment to being our mother, she ensured we did not fall victims to our past and that we became the adults we are today. I also wish to dedicate this dissertation to my brother-in-law, Wayne Perkins, and my sister-in-law, Teena Tupper, whose steadfast commitment to their relationships have been an inspiration to us all. I dedicate this dissertation to my sister-in-law, Campbell S. Bradford, who left this life and our family far too soon.

I especially wish to dedicate this dissertation to my daughter, Andrea "Andi" Schafer, who made countless sacrifices throughout this entire process, with endless support and positive energy. You, more than others, understand the struggles and effects of this journey on our lives, and I am grateful for your unyielding love and belief in me.
ACKNOWLEDGMENTS

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CHAPTER 1
THE PROBLEM AND ITS CLARIFYING COMPONENTS

Introduction

In the United States, sexual violence is primarily a gendered crime with girls and women representing greater than 90% of victims (U.S. Department of Justice, 2006). Cohen (2008) reported that children have been particularly vulnerable and at risk for sexual violence. The United States Department of Justice (2000) identified the majority (67%) of the victims of sexual assault reported to law enforcement agencies, between 1991 and 1996, were children (under the age of 18 years) with 34% of those victims being under the age of 12. More recently, the Department of Health and Human Services (2007) reported over 56,000 cases of reported and substantiated cases of child sexual abuse (CSA). These reports have been thought to be a small percentage of the actual ases of CSA as the numbers of unreported instances have been estimated to be far greater (The American Academy, 2008).

Intimate Partner Violence (IPV), historically identified in the research literature as domestic violence or spouse abuse, is a complex crime and was defined for the current study as "any behavior within an intimate relationship that causes physical, psychological, or sexual harm to those in the relationship" (Heise & Garcia-Moreno, 2002, p. 88). As with sexual violence and CSA, IPV is a predominantly male perpetrated crime (Vandello & Cohen (2003).

Both intimate partner violence (IPV) and CSA have been recognized as major global concerns and human rights violations (Harvey, Garcia-Moreno, & Butchart
Despite the identification of the perpetrators of both these crimes being predominantly male, there has been limited research on how gender and gender role stereotypes could potentially influence the perpetration of CSA and IPV. Accordingly, the current study was conducted to explore whether there were similarities or differences between perpetrators of CSA and IPV with regard to attributes of sex role identity and gender role stress.

**Child Sexual Abuse**

CSA is a global problem, rooted in cultural traditions and long-standing societal norms. The World Health Organization defined CSA as

the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared, or else that violates the laws or social taboos of society. (2006, p. 10)

Defining CSA is critical to the accurate collection of data in order to monitor and identify trends over time (Leeb, Paulozzi, Melanson, Simon, & Arias, 2007). In addition, a consistent definition assists in identifying the magnitude of the problems associated with CSA for use in comparisons across jurisdictions and globally (Centers for Disease, 2010). Ultimately, this informs researchers on matters of prevention and treatment programs.

The Rape Abuse and Incest National Network (2009) has defined child sexual abuse a sexual activity with a person under 18 years of age using coercion or force,
trickery, or bribery, and includes contact where there is an imbalance in age, size, power, or knowledge. The CDC further defined CSA as an act of commission that is deliberate and intentional (2010). Trocmé and Wolfe (2001) noted that CSA occurs when perpetrators, both relatives and non-relatives, use children for their own sexual gratification.

Within the current study, CSA is understood as being a deliberate and intentional act upon children whereby perpetrators use the child for their own sexual gratification. This places responsibility for the crime solely on the perpetrator.

The literature and research revealed, from the late 1970s extending into the early 1980s, a high prevalence of CSA (Russell & Bolen, 2000). More recently, the U.S. Department of Health and Human Services (2010) identified 3.3 million reports of child abuse or neglect in 2008 with 9% of those cases being children who were sexually abused. Figure 1 contains a graphic display of maltreatment types of victims reported by the Department of Health and Human Services in 2010.
The American Academy of Child & Adolescent Psychiatry (2008) validated Bogorad’s claims that reported cases were only a small percentage of actual cases, identifying CSA cases being reported up to 80,000 times per year; however, unreported cases were thought to be far greater, primarily due to children’s fear of telling anyone and the legal difficulties in validating.

Garcia-Moreno (2003) identified estimates of the overall prevalence of sexual abuse as 25% for girls and 8% for boys (Velzeboer, Ellsber, Arcas, & Garcia-Moreno, 2003). The WHO and ISPCAN report (2006) identified child sexual abuse as a global

---

**Figure 1. Reported Maltreatment Types of Victims, 2010**

<table>
<thead>
<tr>
<th>Type of Maltreatment</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neglect</td>
<td>78.30%</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>17.6%</td>
</tr>
<tr>
<td>Other</td>
<td>10.3%</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>9.2%</td>
</tr>
<tr>
<td>Psychological Maltreatment</td>
<td>8.1%</td>
</tr>
<tr>
<td>Medical Neglect</td>
<td>2.4%</td>
</tr>
<tr>
<td>Unknown</td>
<td>0.3%</td>
</tr>
</tbody>
</table>
concern which extends throughout society with significant consequences not only for the victims’ physical, mental, and developmental health, but also to the cost to society throughout the course of the victims’ lives. In addition, data from multiple sources have linked child sexual abuse to perpetrators who vary from other violent offenders. They have been described as: (a) older than other violent offenders, (b) generally males in their early 30s, and (c) more often white, which varies from other violent offenders (Finkelhor & Ormrod, 2001).

Both female and male children have historically been the victims of CSA. The U.S. Department of Health and Human Services (2011), reported rates of victimization were slightly higher for girls at 51.1% (9.6 per 1,000 children) than boys at 48.6% (8.7 per 1,000 children). In addition, Whealin (2005) reported that men have been found to be the perpetrators in most cases of CSA regardless of whether the victim was a boy or girl. Finkelhor and Ormrod (2001) summarized their analysis of the National Incident-Based Reporting System (NIBRS) of convicted perpetrators of crimes against children, identifying male offenders as being the majority (92%) of CSA offenders.

In 2003, Family Health International identified needed areas of research, one of which was the limited understanding of what series of events lead to child sexual abuse, society’s norms that may influence it, and what motivates perpetrators of child sexual abuse. (Jejeebhory & Bott, 2003,). In a 2007 national survey, victims of CSA, male and female, varied only regarding the age of their first sexual abuse experience (Basile, Chen, Lynberg, & Saltzman, 2007). Despite these findings, there has been limited research to
increase the understanding of how the gender of the victim may influence the
perpetration of CSA. Cossins (2000) identified a similar limitation of prior research on
child sexual abuse perpetrators as she reported a tradition of scientific analysis without
attention to their gender or how this may influence their sexual behavior. Instead, the
focus has been largely on the possible pathology of the perpetrator. Scientific inquiry
examining the potential influence of gender on CSA is an area for further exploration.

**Intimate Partner Violence (IPV)**

IPV is a social, economic, and health concern, which does not discriminate as it
cuts across all segments of society (Bragg, 2003). IPV has been defined as a crime,
which occurs within an intimate relationship causing either emotional, physical, or sexual
harm to the victim within the relationship (Jewkes, Nduna, and Jama, 2002). It has been
estimated that one in three women worldwide will experience physical and/or sexual
abuse at the hands of their partner or a non-partner (WHO, 2013). Women are more
often the victims of IPV (Vandello & Cohen, 2003), and injuries inflicted by men
perpetrating IPV have been costly for women (Barnett, Miller-Perrin, & Perrin, 2005) as
well as for society (West, 2002). As with CSA, IPV has been demonstrated to be a
primarily male perpetrated crime (Taubman, 1986; Vandello & Cohens, 2003).

Numerous researchers, utilizing feminist theoretical models, have suggested a
relationship between gender and IPV (Carlson & Warden, 2005; Field & Caetano, 2005;
Hamby, 2005). In addition to gender, researchers have also identified gender role
stereotypes as having a profound effect on the perpetration of IPV (McPhail, Busch,
Kulkarni, & Rice, 2007; Muftic & Bouffard, 2007; Wilcox, 2006). Identifying the relationship between gender and gender role stereotypes has given rise to the development of strong models of treatment for the perpetrators of IPV since the 1970s. Despite recognized similarities between CSA and IPV, CSA treatment, unlike IPV treatment, has not emphasized gender, feminism, or issues of power and control.

**Rationale for the Study**

Feminists brought attention to the concerns of IPV and CSA in the early 1970s; however, CSA did not continue to be examined from a feminist perspective. Instead, researchers focused on the biological and psychological variations of the perpetrators (Cousins, 2000). Researchers have utilized various approaches, models, and theories investigating CSA, but there has been limited consensus regarding a theoretical framework upon which to build treatment programs for perpetrators (Child Abuse America, 2005; End Child Prostitution, 2000; Whealin, 2005). Stinson, Sales, and Becker (2008) wrote that an understanding of the etiology of CSA was to advance prevention, develop treatment models for the perpetrators, and to inform public policy decision makers. Bragg (2003) focused on the overlap between child maltreatment, including CSA and IPV. Cossins (2000) challenged the assumptions in the literature regarding the biological or psychological roots of CSA. These crimes, according to Cling (2004), appear to be woven into the fabric of society and date back to early recordings of human behavior. Russell and Bolen (2000) stated feminist analysis “typically stressed the normative character of rape for males and the causal link between patriarchy and the
sexual victimization of women and children, particularly girls” (p. 240). Given the paucity of research regarding sex role stereotypes and the perpetration of child sexual abuse (CSA), research that employs a feminist perspective in examining the CSA perpetrator may unearth a linkage between IPV and CSA.

Purpose of the Study

The purpose of this study was to explore whether there were similarities or differences between perpetrators of child sexual abuse (CSA) and intimate partner violence (IPV) with regard to attributes of sex role identity and male gender role stress. The following overarching research questions were used to guide this study: (a) Will participants attitudes on sex role stereotypes or gender role stress be significantly different between perpetrator type (CSA or IPV)? and (b) Will there be a significant difference in attitudes of gender role stereotypes or gender role stress between perpetrators of CSA and IPV in the current study and the general population of men?

The 58 participants in this study were adult males who were participating in outpatient counseling for either IPV or CSA. Each participant completed (a) a brief questionnaire to obtain demographic information, (b) the Male Gender Role Stress Scale (Skidmore, 2008), and (c) the Bem Sex Role Inventory–Short Form (Bem, 1981).
Definition of Terms

Child sexual abuse (CSA)--“involves engaging a child in sexual acts. It includes fondling, rape, and exposing a child to other sexual activities” (Centers for Disease Control and Prevention, 2010, p. 1).

Cycle of sexual violence--belief that violence begets violence, and that those individuals sexually abused as children may have an increased risk to perpetuate the cycle of violence by becoming adult child sexual abusers themselves (U.S. General Accounting Office, 1996).

Gender socialization--the process by which children are shaped by various interactions with parents, siblings, peers, and others in terms of gender or sex role expectations and directives, both implicit and explicit (Werner, 1990).

Intimate Partner Violence (IPV)--“a serious, preventable public health problem that affects millions of Americans, and; describes physical, sexual, or psychological harm by a current or former partner or spouse” (Centers for Disease Control, 2009, para. 1).

There are four main types of intimate partner violence as identified by Saltzman, Fanslow, McMahon, and Shelley (2002): physical violence, sexual violence, threats of physical or sexual violence, and psychological/emotional violence.

Male Privilege--men by virtue of their gender, being in “positions of authority, including, economic, legal, religious, educational, military, and domestic domains” (Johnson, 2005, p. 5)
Patriarchy--"societies that are male dominated, male identified, and male centered” (Johnson, 2005, p. 5). It is a society organized around an obsession with the control and oppression of women (Johnson, 2005).

Privilege--refers to having an advantage that was unearned based on their social category that is systematically denied to others (McIntosh, 2000).

Perpetrator--the individual responsible for the crime of CSA or IPV.

Sex role stereotypes--“the cognitive precursors of prejudice and discrimination. They function as powerful shortcuts when people assess others; they affect how people behave toward others; and they entail, more often than not, detrimental outcomes for people who are the targets of stereotypes” (Schmid Mast, 2005, p. 919).

Sexual violence (SV)--“any sexual act that is perpetrated against someone’s will. SV encompasses a range of offenses, including a completed nonconsensual sex act (e.g., rape), an attempted nonconsensual sex act, abusive sexual contact (e.g., unwanted touching), and non-contact sexual abuse (e.g., threatened sexual violence, exhibitionism, verbal sexual harassment). All types involve victims who do not consent or who are unable to consent or refuse to allow the act” (Center for Disease Control, 2012, para 1).

Significance of the Study

With the exception of the 2005 investigation of Tardif and Van Gijsseghem, very little research has been completed on the socialization of sex role identity, masculine gender role, and its potential effects on the perpetration of CSA. This dissertation research was conducted to: (a) add to the limited body of knowledge regarding sex role
identity and CSA, (b) identify differences/similarities in the perpetrator profile of child sexual abusers and males batterers, and (c) to provide information that may be used to inform policy related to CSA.

This exploratory study was conducted specifically to investigate whether the sex role attributes scores of the perpetrators of CSA and IPV were (a) similar or different from each other and (b) whether they fell outside the norms established by the BSRI-SF and MGRS. Outcomes were compared between the perpetrators of IPV, CSA, and the established norms of the BSRI-SF and MGRS. Findings suggest that perpetrator type (CSA and IPV) had significant relationship with the scores on the BSRI-SF and MGRS; and that perpetrators of CSA and IPV had significantly lower scores on the MGRS than had been demonstrated on the scale by men in previous research. It is anticipated that outcomes of this dissertation will inform policy and encourage further research related to treatment for male perpetrators of CSA.

Summary

Chapter 1 has presented an overview of the proposed research. Included were the purpose, a definition of terminology, and the research questions that were used to guide the study. A rationale was provided that focused on IPV, CSA, and research conducted in both areas. Gender was the central concept introduced as the theoretical framework underpinning the conceptual framework. The methodology, delimitations, limitations, assumptions, and significance of the study were also stated.
Chapter 2 is devoted to the literature and related research relevant to CSA and IPV. A literature review of research regarding feminism as a theoretical construct is presented in Chapter 3. Chapter 4 details the methodology used to conduct the research. Chapter 5 reports the analysis of the data, and Chapter 6 provides a summary of the current study’s findings, implications, and recommendations for future research.
CHAPTER 2
REVIEW OF LITERATURE AND RELATED RESEARCH

Introduction

Sexual violence has been demonstrated to be primarily a crime against women and children.

Sexual violence is a common and serious public health problem affecting millions of people each year throughout the world. It is driven by many factors operating in a range of social, cultural, and economic contexts. At the heart of sexual violence directed against women is gender inequality (National Sexual Violence Resource Center, 2004, p. 174).

This chapter contains a review of the literature related to the two particular forms of violence that were of interest in this study: child sexual abuse (CSA) and intimate partner violence (IPV). The review has been organized to (a) provide a basic understanding of CSA and IPV and the extent to which they present a societal problem in the 21st century, (b) describe the role that gender plays in each, and (c) discuss the treatment models that have been researched and are used in treating perpetrators of these crimes. Risk factors linking CSA and IPV are also discussed.

Child Sexual Abuse

Although prevalent throughout most societies, CSA has posed difficulties for researchers in presenting absolute numbers on its occurrence due to the secrecy involved, often happening behind the family’s closed doors. Nonetheless, CSA has continued to be
widely prevalent in all societies. According to Fang, Brown, Florence and Morey (2012), there were at least 676,000 victims of child abuse in 2011. There are significant costs not only for the individual victims but for their families, communities, and society as a whole. In addition, Fang et al. (2012) estimated the cost over one year of confirmed cases of abuse was over $124 billion over the lifetime of those victims. To clarify, child maltreatment includes physical abuse, sexual abuse, emotional abuse, and neglect of an individual under the age of 18, by a parent, care giver, or another person in a custodial role (Centers for Disease, 2010).

In 2010 the CDC reported that of the estimated 179,000 cases of child abuse, 9% were children who were sexually abused. The WHO (2010) reported approximately 20% of women globally reported having been sexually abused as a child. WHO and ISPCAN (2006) reported sexual abuse as a “global problem with a serious impact on the victims’ physical and mental health, well-being and development throughout their lives--and, by extension, on society in general” (p. 1). In addition, although the nation’s overall crime rate fell 22% from 2003 to 2007, reports of child abuse and neglect grew by 8% (Child Abuse America, 2010).

**Influential Models of Child Sexual Abuse (CSA)**

There have been several researchers within the field of CSA who have developed complex models examining this crime. Ward and Sorbello (2003) identified several multi-factorial theories that had been developed to illuminate the complex occurrence of CSA. Included in the most influential models were Finkelhor’s (1986) precondition
model, Hall and Hirschman’s (1992) quadripartite model, and Marshall and Barbaree’s (1990) integrated model. Though each of those models have contributed significantly to the understanding of CSA, each demonstrated weaknesses that have been identified and have limited their ability to identify an accepted explanation of CSA or treatment models for perpetrators of CSA (Ward & Sorbello, 2003).

Finkelhor has been credited with developing one of the first comprehensive models addressing both sociological and psychological aspects of CSA (Stinson et al., 2008). Finkelhor’s (1984) original precondition model suggested four underlying factors explaining the occurrence of CSA which involved the perpetrators’ motivation, ability to overcome their own inhibitions, as well as, external inhibitors; and must overcome the victim’s resistance. Both psychological and sociological theories were addressed as they related to CSA. Colton and Vanstone (1996) identified one of the positive aspects of this model as being “sufficiently general” (p. 21), allowing for an explanation of intra- and extra-familial sexual abuse. A particular difficulty with Finkelhor’s model was that it began with an assumption that some men will find children sexually appealing without an explanation of how that interest initially came to be (Howells, 1994; Ward & Hudson, 2001). Cossins (2000) suggested a weakness of Finkelhor’s model was that “It is premised on the assumption that sexual behavior with children is somehow an abnormal or deviant form of masculine sexual expression compared with normative sex, that is, sex with adult women” (p. 73). Cossins proposed that the idea of sex with children, while most recently identified as unacceptable by virtue of the criminalization of such acts, has
contradictory social messages from the obvious source (child pornography) and provocative images of children in advertising, literature, and film (2000).

Hall and Hirschman’s (1992) developed a quadripartite model of CSA is “based on four components: physiological arousal, inaccurate cognitions that justify sexual aggression, affective decontrol, and personality problems” (Ward & Sorbello, 2003, p. 8). Hall and Hirschman’s model contributed to the research by examining multiple factors. Ward (2001) suggested that, given the complexity of CSA, Hall and Hirschman’s model seemed simplistic.

Ward and Sorbello (2003) also reviewed the integrated model posited by Marshall and Barbaree (1990), which suggests that an individual’s own experience of adverse events during childhood would lead to distorted ideas of relationships, more specifically sex, and an individual who developed poor social and self-regulatory skills. One of this theory’s strengths was in the explanation of CSA as a complex interplay between biological, social, and event-specific factors that have contributed toward treatment innovations and focused future researchers’ efforts. However, Marshall and Barbaree’s theory has been criticized as having several weaknesses, one of which was that it was too general and could not be applied to specific sexual behavior and crimes (Ward & Sobello, 2003).

Gender and Child Sexual Abuse (CSA)

In contrast to the prevailing theories which ignore the influence of gender, researchers have identified a relationship between gender socialization and perpetration
of CSA. Lisak, Hopper, and Song (1996) studied adult men who reported being victims of CSA in childhood. Those researchers identified significant differences between those men who had perpetrated CSA against others and those men who had not perpetrated CSA. The primary differences were found on “three measures related to the subjects’ experience of themselves as men” (p. 7). The three measures used in that study identified differences between the men in the study and those in the general public. Those three measures were the masculine gender role stress (Eisler & Blalock, 1991; Eisler & Skidmore, 1987); gender-based emotional constriction (Lisak, 1994); and the Bem Sex Role Inventory (Bem, 1981). According to Lisak et al. (1996), the men in the study, who were physically and sexually abused as children and who also perpetrated CSA as adults, demonstrated significantly more gender role adherence and emotional constriction than those men in the study who were physically and sexually abused as children who did not perpetrate CSA as adults. Those researchers concluded that though most perpetrators of CSA had been abused, most men who had been abused did not perpetrate CSA.

Evidence has also demonstrated that childhood abuse is implicated in the perpetration of interpersonal violence (Lisak et al., 1996). The concept of the cycle of violence was significantly challenged by this study; however, Lisak et al. (1996) did not explore the role of social production in male authority and what have been considered to be the normative conventions of male interpersonal relationships.

Ward and Sorbello (2003) stated “the consensus in the literature is that a phenomenon as complex as child sexual abuse is unlikely to be explained by a single-factor theory” (p. 3). Ward and Siegert (In press) wrote that understanding why CSA
occurs and how it develops and changes over time was of the utmost importance and that this understanding would be helpful in designing treatment programs aimed at decreasing the offense. Stinson et al. (2008) observed that understanding the etiology of CSA facilitated the development of treatment for perpetrators and informed public policy makers.

Men have been determined to be the predominant perpetrators of child sexual abuse in which the victims have been both girls and boys (Levesque, 1999; MacIntyre & Carr, 1999). Researchers have shown that when girls have been the victims of sexual abuse, men have been the perpetrators in over 90% of those cases. When boys have been the victims of sexual abuse, men were the perpetrators in between 63% and 86% of those cases (Briere & Elliott, 1994; Finkelhor, 1986, 1994). Instead of focusing on the victims of CSA, MacLeod and Sarago (1988) encouraged researchers to attend to the perpetrators and concerns of gender. Cossins (2000) noted that research that links CSA to gender differences and masculine gender practices was a current strength in this area of inquiry. It is Cossins’ gender-based approach to child sex offending, that challenges the dominant assumption in the literature and finds individuals’ biological or psychological nature of significant value (Cossins, 2000).

It is the social construction of gender that leaves girls vulnerable. Barker (2006) reported that the vulnerabilities and disadvantages that girls face have been created from the social construction of gender (2006). Drinkwater (2005) reporting for CARE, stated that gender is the basis for an individual’s identity, role in the family, relationships,
society, and abilities and is more significant than class, culture or other social constructions.

Barker (2006) suggested it was these social norms and society’s gender norms that created the conditions where men sexually abused or coerced girls and boys. Barker also observed that girls and women in these societies also internalized these norms, which then developed into social practices, including the social structure that is responsible for the protection of these girls and women (Barker, 2006). One study of very young boys and girls showed that although some boys may have a lower tolerance for frustration and a tendency towards rougher play, these tendencies are minimal compared to the importance of male socialization and peer pressure into gender roles (United Nations Population Fund, 2008). Researchers have, in fact, begun to argue that understanding the social construction of gender roles is central to understanding men’s sexual behavior with children (Cossins, 2000). Several researchers have considered CSA and gender socialization together as having profound effects on the lives of the victims and perpetrators (Hopper, 2005; South-Eastern Center, 2003; Tardif & Gijseghem, 2005). How gender roles may influence the perpetration of CSA needs further research.

**Intimate Partner Violence**

IPV has been identified as a significant public health concern as well as a human rights violation (World Health Organization, 2009). “One of the most common forms of violence against women is that performed by a husband or an intimate male partner” (World Health Organization, 2009, p. 89). IPV occurs globally, cutting across all
economic, social, spiritual, and cultural affiliations. Women carry the burden of IPV at the hands of their male partners (Heise, Ellsberg, & Gottemoeller, 1999). The vast majority of IPV has been male anger directed against a female partner, as reported by UNPF (2008).

**Defining Intimate Partner Violence**

In their most recent study, the WHO (2013) defined IPV against women as any act of physical and/or sexual violence within an intimate relationship. They did not include the act of emotional and/or psychological abuse due to the difficulty identifying an agreed upon measure of such abuse; however, they acknowledged emotional and/or psychological abuse as significant to IPV. Using this definition, the study concluded that approximately 35.6% of women globally had experienced, since 15 years of age, either physical and/or sexual abuse by either an intimate partner or non-partner (WHO, 2013).

**Victims of Intimate Partner Violence**

IPV continues to be a significant crime worldwide (Rennison & Welchans, 2000). Researchers have demonstrated that, overwhelmingly, it is women who are victims of IPV (Vandello & Cohen, 2003). Tjaden and Thoennes (2000) found, in their national survey, that 22% of the women surveyed reported that they had experienced a physical assault by a male intimate partner at some point in their lives. A 10-country study conducted by the World Health Organization (2009) identified between 15% and 71% of women surveyed reported either physical or sexual violence by an intimate partner.
Other researchers have identified that IPV is often accompanied by sexual abuse (Ellsberg, Pena, Herrara, Lilijestrand, & Winkvist, 2000; Koss et al., 1994; Leibrich, Paulin, & Ransom, 1995; Yoshihama & Sorenson, 1994). In addition, women have been more often injured during domestic violence assaults (Rand & Saltzman, 2003; West, 2002), and women have been overwhelmingly the victims in IPV (Vandello & Cohen, 2003). The United Nations (2008) stated the level of IPV within a society corresponds to the level of acceptance by that society.

**Conceptual Models of IPV**

According to McPhail et al. (2007), “The feminist perspective on IPV has been a predominant model in the field” (p. 817). Reavy and Warner (2003) have suggested that researchers have offered patriarchal theories of power, experience and identity in regard to IPV. Alternative models of theorizing about IPV have, however, been noted in the literature. In addition to a feminist theoretical explanation for IPV, Chornesky (2000) identified psychological, sociological, and neurobiological theoretical approaches as explanations for IPV. Currently, there has been an ongoing debate in the field of IPV on whether IPV is gender-based or equivalent violence between intimate partners (Cate, Henton, Koval, Christopher, & Lloyd, 1982; Feder & Henning, 2005; Moffit & Caspi, 1999; Morse, 1995; Straus, M, 1977-1978, 1999). This area of research is an area of heated debate in the field.

In addition to multiple theoretical models regarding IPV, there are varying models of treatment for perpetrators of IPV. Treatment programs for perpetrators of IPV
originating in the United States have spread internationally into other countries (Axelson, 1997; Cervantes, 1999; Corsi, 1999). Feminist sociocultural models of IPV have proposed that the patriarchal structure of society perpetuates violence against women (Murnen, Wright, & Kaluzny, 2002). The predominant format of such treatment programs utilizes groups to discuss and educate participants. These groups emphasize specific concerns including: gender role stereotypes, effective coping skills, acceptance of responsibility for their own actions, and the development of empathy for others (World Report, 2002). Researchers have demonstrated that the majority of men, between 53% and 85%, who successfully complete such programs remain physically non-violent for up to two years (Edleson, 1995; Gondolf, 1999). Mullender and Burton (2000) completed an international review of treatment programs which resulted in the suggestions that treatment programs for perpetrators of IPV worked best if: (a) programs were for longer periods of time; (b) participants beliefs changed significantly enough, allowing perpetrators to discuss their behavior; (c) there was sustained participation in the programs; and (d) there was coordination with the criminal justice system so that action could be taken when program participation was not adhered to by the perpetrators.

Gender and Intimate Partner Violence

Lorber (1994) suggested that researchers examine gender as socially significant to IPV, raising it to the level of a social structure. Dobash and Dobash (1998) identified gender as a means of socially structuring the intimate relationships between men and women that supports IPV. They, along with other researchers (Hearn, 1998; Moore &
Stuart, 2005; McCann & Kim, 2003; Sugarman & Frankel, 1996) supported earlier theories suggesting a relationship between masculinity, gender, and intimate partner violence. Researchers have suggested a relationship between gender, gender role stereotypes, and the perpetration of IPV (Anderson & Umberson, 2001; Esqueda, 2005). Esqueda stated that the perception of those individuals who engaged in IPV was influenced by gender role stereotypes (2005). Schwartz et al. (2005) noted research linking “hyper masculinity, masculine ideology, and masculine gender-role stress to relationship violence toward women” (p. 109). Traditional masculine gender roles have been identified as precursors to negative attitudes toward women and gender equality (Blazina & Watkins, 2000; Robinson & Schwartz, 2004; Wade & Brittan-Powell, 2001). Furthermore, Stiver (1997) reported both males and females are harmed by rigid gender stereotypes.

Cultural justifications or normalization of the practice of violence against women has usually followed from traditional beliefs about the proper roles of men and women (World Health, 2002). Heise et al. (1999) noted, in their study, that intimate partner violence has been justified culturally and religiously, allowing men the authority over their wives to beat them or use any means necessary to keep them in line. Drinkwater (2005) identified that in many societies not only do women not belong to themselves, but they belong to others throughout their lifetimes. According to the United Nations (2008), the level of intimate partner violence within a society corresponds to the level of acceptance by that society.
Although violence against women has been found worldwide, identified examples of partner violence in pre-industrial societies have been virtually absent (Counts, Brown & Campbell, 1972; Levinson, 1989). Those societies stand as examples of social relations that can be ways to minimize violence against women (World Health, 2002). Researchers have identified that abuse results from a combination of personal, situational, social, and cultural factors. (Dutton, 1995; Heise, 1998).

**Linkage between Intimate Partner Violence and Child Sexual Abuse**

Increasing data has provided evidence of a relationship between IPV and child abuse (Friias-Armenta & McCloskey, 1998; Hunter, Jain, Sadowski, & Sanhueza, 2000; Klevens, Bayon, Sierra, 2000; Madu & Peltzer, 2000; National Research Council., 1993; Tang, 1998; Youssef, Attia, & Kamel, 1998). Researchers have suggested that it is likely that both IPV and child abuse occur in approximately 30% to 60% of home when either IPV or child abuse has been verified (Appel & Holden, 1998). In addition, researchers have shown that the children of victims of IPV are also in danger of serious physical harm (Barnett et al., 1997). In a survey of over 6,000 families within the United States, researchers identified that 50% of men who committed IPV also abused their children (Edleson, 1995). In a study in India, Hunter et al. (2000) found that when IPV occurred in the home, this doubled the risk of child abuse. This number, however, has been thought to be even higher as those agencies designated to protect these children do not typically document IPV or other forms of violence in the home (World Health...
The significant overlapping of factors had been identified by Carter (2000) as an increased risk of violence (Carter, 2000).

Finkelhor and Ormrod (2001) have identified a connection between child abuse and domestic violence. Bragg (2003) cited a growing awareness of the co-occurrence of IPV and CSA. The World Health Organization (2002) linked “child maltreatment to other forms of violence—including intimate partner violence—both causally and through shared underlying risk factors” (p. 7). The Centers for Disease Control and Prevention (2006) identified that one of the many tactics of IPV included the physical abuse or threats of physical abuse of children. In addition, sexually assaulting children has also been identified as a tactic of IPV.

Sexual violence is a gendered problem. According to the U.S. Department of Justice (2006), girls and women represented over 90% of the victims. While maltreatment in all forms is nearly evenly perpetrated against both male and female children, sexual violence is disproportionately perpetrated against girls and women. Recent findings from the National Intimate Partner and Sexual Violence Survey (2010) indicated that within the United States 18.3% or one in five women had been raped during their lifetime. Almost all females (98.1%) reported the perpetrator of the rape was male. In addition, of the one in 71 men (1.4%) who had been raped in their lifetime, 93.3% of the rape perpetrators were male as well (NIPSVS, 2010). Of the female rape victims, 42.2% reported their first rape was completed prior to 18 years of age (NIPSVS, 2010). Additionally, researchers have reported that approximately one-third of adolescent girls surveyed indicated their first sexual experience as non-consensual and
being forced (Butchart & Brown, 1991; Heise et al., 1999; Tjaden & Thoennes, 2000). In 2002, an estimated 150 million girls had been sexually assaulted prior to 18 years of age (Andrews et al., 2004). Of those, six of 10 sexual assaults were accounted for by girls under 15 years of age (Violence Against Children, 2006). The underlying purpose of those sexual assaults had frequently been reported as an expression of power and dominance over the girl who was assaulted (World Health Organization, 2002).

There are a range of societal level factors that have been considered risk factors for child abuse: the role of cultural values, the inequalities related to sex, cultural norms surrounding gender roles, and the response of the criminal justice system, including the social protection allowed the perpetrators (World Health Organization, 2002). Cossins (2000) proposed that “It is necessary to determine whether the social construction of gender is central to the sexual behavior of child sex offenders” (p. 91). A feminist framework utilized within IPV research addresses multiple complex oppressions and would appear to be a reasonable avenue to pursue in CSA research.

Summary

Literature related to IPV and CSA has been reviewed in this chapter. The review of the literature has indicated a gap in the research. Whereas researchers in the field of intimate partner violence (IPV) have been successful in identifying treatment options based on research from a feminist theoretical approach to the study, there has not been similar theoretical analysis of the perpetration of CSA. Despite abundant research into effective treatment options for perpetrators of child sexual abuse (CSA), there has been
limited success in translating this research into the development of effective treatment options. (Associates in Counseling, 2005; End Child Prostitution, 2000; Whealin, 2005). In contrast, researchers of intimate partner violence (IPV) have been successful in identifying treatment options based on research from a feminist theoretical approach to the study.

Literature was reviewed to provide a basic understanding of CSA and IPV and the extent to which they present societal problems in the 21st century. The role of gender has been explored, and existing conceptual models used to explore the perpetration of IPV and CSA have been presented. Risk factors linking CSA and IPV were also discussed.

Chapter 3 presents a review of the literature supporting feminist theory. Feminist theory, already in use in the identification of treatment options for IPV perpetrators, was explored to conceptualize CSA.
CHAPTER 3
THEORETICAL FRAMEWORK

Introduction

Theories identified in the literature researching the perpetration of child sexual abuse (CSA) are largely biological, sociological, and psychological in nature (Bell, 1993; Laws & Marshall, 1990; McConaghy, 1993; Mzarek & Bentovim, 1981; Schwartz, 1995; Seidman et al., 1994; Walby, Clancy, Emetchi, & Summerfield, 1989; Ward & Keenan, 1999). Among the explanations as to why men sexually abuse children are theories that the abuse is about violence, sex, dysfunctional family systems or deviance. Gilmartin (1994) made the observation that research of CSA has narrowed to either focus on psychological explanations (pathology) or the consequences for child and adult survivors of being sexually abused. Research addressing intimate partner violence (IPV) has employed similar theoretical approaches (Bandura, 1971; Campbell, 1999; McCauley & Kern, 1995; Mihalic & Elliott, 1997; Plichta, 1996). In this study, feminist theory will be used in the investigation of CSA. A feminist perspective will facilitate a comparison of the perpetrators of IPV and the perpetrators of CSA in terms of their gender-role identities.

Feminist theory, as applied in IPV research, has led to significant progress in terms of both research findings and the practical application in the treatment of IPV perpetrators. Gender-based violence, gender inequality, and power relations have been identified in the research as common factors in the perpetration of IPV. Radical feminists
whose primary interest was on gender and social structures, have been noted for their research into IPV (Walby, 1990).

In the literature review conducted for this study, a similar application of feminist theory within the field of CSA was not found. Seymour (1998) observed that feminist researchers have not applied their knowledge from IPV to the investigation of child sexual abuse. The “discovery” of CSA during the second-wave of the feminist movement resulted in a surge of articles within the field proposing multiple theoretical perspectives. McLeod and Saraga (1988), in reviewing the literature of that time, noted that the perpetrators of CSA were rarely mentioned. This lack of attention resulted in minimal, if any, discussion of the reasons why men sexually abuse children. In the late 1990s, Hopper (1997) was critical of research that did not focus on how gender socialization impacted the male perpetration of CSA. Despite both IPV and CSA having a majority of male perpetrators, early researchers did not make connections between the perpetrators.

This chapter has been organized to present the literature on (a) the feminist perspective and (b) feminist theory as a conceptual framework for the study. Addressed in the feminist perspective are gender inequality, gender roles, and male power/privilege, and patriarchy as related to IPV. In presenting feminist theory as a conceptual framework, these same elements (gender inequality, gender roles, and male power/privilege and patriarchy) are addressed as related to CSA.
Feminist Perspective

Although there has been no single universal form of feminist theory that has emerged that is representative of all feminist theories, a feminist framework for research has been identified. Yodanis (2004) identified support from researchers who utilized a feminist framework beginning in the 1970s. The feminist perspective examines the nature of inequality, focuses on gender identity, and power/privilege relations. A feminist model is based on the belief that male violence results in the male oppression of women and children within a patriarchal society (McPhail et al., 2007).

Feminist theory examines gender inequalities and the social structures that support those inequalities. According to Walby (1994) and Saulnier (1996), feminist theory examines social inequality based on gender and includes radical feminism, Marxist feminism, socialist feminism, and liberalism. Although these are not all inclusive of the multiple feminist theories, they identify the main views from which various offshoots have been organized.

Feminist theories identify a social structure that supports gender inequality as a patriarchal society. Patriarchy is an essential factor in the systematic abuse of women and children and has been defined as the institutional, structural, and interpersonal oppression of women and children (Walby, 1994).

Feminists have argued convincingly that gender roles are socially created and not biologically determined (Hollomotz, 2006), and gender has been viewed as a social construct within feminist theory. Lorber (1994) proposed that “Gender is an institution that is embedded in all the social processes of everyday life and social organizations” (p.
Feminist theory separates the social from the biological, challenging researchers to see a difference between violence as a product of beliefs, rather than as a product of genetics or biology (West & Zimmerman, 1991). Feminists have effectively argued that gender roles have been socially created rather than biologically determined and that the purpose has been to maintain women as a group subordinate to men.

Feminist theories have been used to identify varying approaches to the research of women’s issues. Radical feminists in particular, identified two significant categories of analysis related to the victimization of women and children (Solomon, 1992). These categories include: (a) gender inequality and (b) male power/privilege and patriarchy. Feminist theory has been a predominant framework within the field of IPV, influencing the criminal justice systems, treatment interventions, advocacy, and public policy.

Gender Inequality and IPV

The feminist movement has been fundamentally concerned with male violence against women (Crenshaw, 1997). Men have more frequently been found to be perpetrators of IPV, and women have more often been IPV victims (Centers for Disease, 2011).

Kimmel and Messner (2004) reported that gender continues as one of the foundations of social life. How individuals perceive themselves and the world around them is influenced by their ideas of gender. Gender relations within patriarchal societies advantage men and disadvantage women (MacKinnon, 1996). Male gender socialization has been identified as a contributor to patriarchy, male entitlement, and the violence used
to sustain them (Miedzian, 1991) with the implicit understanding that what has been learned can be unlearned (McPhail et al., 2007).

Feminists recognize male violence within an intimate partner relationship as facilitated by power differentials that keep women in a subordinate position socially. Most feminist perspectives share a common focus on gendered violence as a result of unequal power relations. Globally, social and cultural norms reinforce the inequalities between men and women, putting women in subservient roles. Heise (1989) noted that IPV is not a random act of violence and that being female is a significant risk factor for becoming a victim of IPV. Power differentials that keep women subordinate to men are often accomplished by the use of control tactics such as: physical, sexual, economic, and emotional abuse, through intimidation, coercion, and isolation (Domestic Abuse Intervention Project [DAIP], n.d.). These tactics, sometimes referred to as “patriarchal terrorism” (Johnson, 1995, p. 2) support a feminist theory of a systematic pattern of abuse (Tjaden & Thoennes, 2000).

**Gender Roles and IPV**

Feminists have argued effectively that there is a significant relationship between gender-role identity and violence. The social construction of gender refers to “identities, attributes, socially expected roles and the social structures set up to enforce those roles” (Barker, 2006, p. 2). The literature has demonstrated sex role stereotypes as having a significant effect on the perpetration of IPV (Licheter & McCloskey, 2004). Researchers have identified a relationship between traditional gender role beliefs and support of the

Gender roles have traditionally been defined by society as masculine and feminine roles that are imposed upon male and female bodies (Mikkola, 2008). This process creates gender role differences and defines how males and females are expected to behave. Boys and girls learn appropriate roles for their respective genders. The United Nations Population Fund identified the significance of male socialization and peer pressure influencing young boys and girls into gendered roles (2008). Archer and Graham-Kevan (2003) demonstrated an association between traditional gender role ideology and attitudes condoning IPV. In addition, Ashmore, Del Boca, and Bilder (1995) identified a relationship between attitudes regarding traditional gender role beliefs and gendered violence.

Male violence is a creation of the male gender role supported by a patriarchal society (Pence & McDonnell, 2000). The South-Eastern Center Against Sexual Assault (SECSA) identified male gender role socialization as being created by and reinforced through the media, school curricula, sex-stereotyped expectations and gender role definitions. Esqueda (2005), in noting these effects, wrote that perpetrators of IPV demonstrated a significant adherence to gender role stereotypes. Goodwin et al. (2000) reported empirical evidence that highly dominant people, more so than those less

**Male Power/Privilege, Patriarchy and IPV**

A feminist approach challenges IPV as the result of male power/privilege within a patriarchal society. Feminists focus on gendered power relations and identify male violence as a manifestation of the power and privilege sanctioned by a patriarchal society (Pence & McDonnell, 2000). Swigonski (1996) identified privilege as "those daily interactions with individuals and society that help individuals experience themselves in the center of their world" (p. 154). Patriarchy is interrelated to the oppression and victimization of women (Solomon, 1992). Patriarchy reinforces the identification of men as privileged and, therefore, powerful members of society, while women are considered subordinate and powerless. This difference creates the belief that women are less valued in society and less worthy of protection in patriarchal societies. McKinnon (1996) reported that within a patriarchal society, men are advantaged and women are disadvantaged. IPV is considered an outgrowth of patriarchy.

According to feminists, IPV must be examined within the social context in which it occurs and the patriarchal society that extends the privilege to men (Dobash & Dobash, 1979; Yick, 2001). A woman’s position in society, therefore, is related to her increased risk of experiencing IPV, including sexual violence. Researchers have found that women who experience physical violence also experience sexual violence. In the United States, it has been indicated that 40% to 50% of women who were victims of physical abuse by
an intimate partner had also been victims of sexual abuse by that same partner (Campbell & Soeken, 1999; Granados & Shiroma, 1996).

The social institutions of marriage and family are a reflection of cultural and societal norms and are, therefore, often an extension of the patriarchal power/privilege assigned to men. Men who coerce their spouses into sexual acts have been shown in research to believe their actions are legitimate because they are married (World Health Organization, 2009). Despite sexual and physical assault being broadly accepted as crimes outside the home, in most countries, including the United States, such assaults within the home continue to be regarded as a private matter, reinforced by the laws in most countries that continue to be silent when it comes to such attacks within the family (Bunch, 1997). “Laws that stop at the doorstep of the family are a form of moral hypocrisy” according to Bunch (1997, p. 42). Reavey and Warner (2003) noted that there was a clear relationship between male power/privilege and the abuse of women and children and that the sexual exploitation of girls was inevitable in societies that place the needs of men above those of women and children.

The current study extended the application of a feminist perspective to the exploration of CSA. McPhail et al. (2007) encouraged researchers to acknowledge and retain the success of the feminist movement within the field of IPV and to then extend this understanding of violence, where men are the primary perpetrators, to other various forms of gender based violence.
Conceptual Framework

A feminist analysis of gender, the power/privilege men experience within a patriarchal society, and how this increases the risk of violence against women and children are critical to the field of CSA. According to McLeod and Saraga (1988), analyzing CSA from a feminist perspective allows the examination of male violence against women and children. A significant contribution offered by a feminist approach is that a broader examination of CSA is enabled. Interpreting CSA as a relationship rooted in differential gender socialization and male power/privilege within a patriarchal society, a feminist approach widens the focus to address both familial and non-familial forms of CSA.

Feminists have proposed that male violence against women and children, including sexual violence, shares certain origins, dynamics, and impacts (McPhail et al., 2007). Alexander (2005) is another researcher who identified such similarities and posited that where there is IPV, children are at increased risk to experience abuse including physical and/or sexual assault. A feminist approach argues that the most adequate explanation of the sexual assault of both women and children is found within the complexity of existing social structures, traditional attitudes and the differential gender socialization, within a patriarchal society (SECASA). The feminist approach focuses on two important and previously ignored aspects of CSA: the unequal power relationships between adults and children; and how patriarchal societies extend male power/privilege to the perpetrators of CSA. According to Seymour (1998), IPV and CSA both reflect and reproduce the inequalities inherent in patriarchy.
More specifically, a radical feminist approach identifies the various forms of sexual violence against women and how this theoretical approach may be extended to understand the sexual against children (Harrison, 2006; Itzin, 2000; Kelly, 1988). The World Health Organization (2009) identified the following risk factors for the perpetration of sexual violence against women and children: (a) individual risk factors (substance abuse, witnessing intimate partner violence in childhood, childhood physical or sexual abuse, hyper masculinity); (b) relationship factors (strong patriarchal family system, association with sexually aggressive peers, family environment with limited resources and interpersonal violence); (c) community factors (lack of community sanctions against sexual violence perpetrators, poor institutional support by law enforcement and judicial system); and (d) societal factors (social norms in support of gender role stereotypes, tolerance of other crimes within the community, and poverty).

Researchers have shown that men who abuse their partners also abuse their children. Campbell et al. (2008) identified additional common ground: (a) IPV and child abuse often occur in the same family, (b) children who witness violence by their fathers are at risk of developing various interpersonal problems, (c) men who commit some of the most dangerous forms of violence against children are also violent against women, and (d) child welfare and domestic violence programs often provide services to an overlapping group of women and children. Viewing CSA through the feminist lens that has been applied in the research of IPV may reveal that both problems originate within struggles over gender and male authority (Stark & Flitcraft, 1988).
Gender Inequality and CSA

One of the contributions offered by the feminist approach is the examination of CSA as a problem of gender socialization within a patriarchal society. In addition, a feminist approach addresses key questions regarding the sexual assault of children, specifically, (a) why men are the predominant perpetrators of CSA and (b) why children are the primary victims of men who perpetrate sexual violence. The vast majority of the perpetrators of IPV and CSA have been identified as men, with the vast majority of the victims of both crimes being women and children (Durham, 2003; Finkelhor, 1994; Grubin, 1998; Interpol, 2002; Kelly, Wingfield, Burton, & Regan, 1995). Soloman (1992) applied a radical feminist perspective in order to understand male and female children as victims of CSA by family members. Soloman found that men were overwhelmingly the perpetrators of CSA (87%), and girls were the majority of the victims (85%) regardless of the perpetrators gender. Cossins (2000) identified CSA as predominantly committed by men and male adolescents against both female and male children. However, even when male children were the victims of CSA, the majority of the perpetrators were still men (2000). These male perpetrators vary from other perpetrators who commit other forms of child abuse. The connection between the gender of the perpetrators of both IPV and CSA was found to be consistently supported in the literature reviewed. A clear connection was found between the varying forms of sexual abuse including (a) rape, (b) sexual exploitation, and (c) CSA with the majority of this violence being perpetrated by men (Itzin, 2000; Kelly, 1988). Gendered violence against children, specifically CSA, is not a random act. CSA serves an intentional gendered and
social function: men and male adolescents asserting control over girls’ lives and securing their place as second-class citizens. Bunch (1997) highlighted the severity of gender violence, stating, “Violence against women and girls, many of whom are brutalized from cradle to grave simply because of their gender, is the most pervasive human rights violation in the world today” (p. 41).

Researchers have demonstrated the significance and prevalence of CSA both within and outside the family (Finkelhor, 1994; Grubin, 1998). Male perpetrators’ use of individual or familial pathology as explanations for CSA has been effectively challenged. Researchers have also demonstrated that CSA is perpetrated by “normal” men, not the previously deviant descriptions of these men in the literature (FBI, 2002; Kelly et al., 1995; Pringle, 1998). A gender-based approach to the perpetration of CSA examined the social construction of gender through active social practices (Cossins, 2000). This, however, does not mean that all men will necessarily sexually assault children. Instead, the socialization of gender, power differentials, and other forms of violence and oppression are risk factors to consider as opposed to a single cause.

Gender Roles and CSA

Boys and girls are socialized into their respective gendered identities. Boys are socialized into their gendered role of masculinity and girls are socialized into their gendered role of femininity (Shakespeare, Gillespie-Sells, & Davies, 1996). The process of gender socialization differs between males and females in the outcome: boys are socialized to be autonomous and girls are encouraged to be passive. Masculinity is to be
“hard,” dominant, to have power, and requires the denial of anything female (Hollomotz, 2006). To be feminine is to be “soft,” vulnerable, and yielding to men (Shakespeare et al., 1996). If a boy fails in achieving the role of “masculinity,” he will be disadvantaged by the patriarchal society although not to the full extent as are women (Hollomotz, 2006).

As reported in numerous studies, boys are socialized to believe they have sexual rights over girls, who are socialized to accept male advances (Jeejeebhoy & Bott, 2003). The United Nations (2006) reported that “research has found that many boys and young men view women as sex objects, as being sexually subservient to men and show little respect for the rights of girls and women” (p. 3). Barker explained that gender, social expectations of gender role behavior, and the social structures to enforce these roles, create the opportunities for men to sexually abuse girls (2006).

Gender role stereotypes are defined as, “the beliefs people hold about members of the categories man or woman” (Archer & Lloyd, 2002, p. 19). Researchers have suggested that masculine sex role stereotypes are the result of an extreme rejection of anything feminine (Elise, 2001). Men demonstrating hyper-masculinity are viewed as exhibiting this extreme rejection. Sexuality contains culturally “molded components which include values, feelings and attitudes which account for stereo-typical gender roles in the expression of sexuality” (SECASA, 2010, para. 6).

Male Power/Privilege, Patriarchy, and CSA

Essential to the application of a feminist perspective to the research of CSA is the connection between male power/privilege, patriarchy, and the perpetration of CSA.
Levett (1994) wrote that “In socio-cultural contexts where men hold most public and economic power, they also dominate the private sphere through their authority over women and children” (p. 56). Reavey and Warner (2003) identified such a connection when they posited that male privilege is the foundation for the abuse of children within a patriarchal society. Feminists have insisted that actions by the perpetrators of CSA must be seen within the social context.

Historically, sexual practices by men with children were socially and legally tolerated. Seymour (1998) noted that patriarchal societies create the opportunity for men to sexually abuse children. The social construction of gender roles provides the motivation for abuse, and male privilege provides the direction for expression of the motivation. According to Itzin (2000), “This is what men do because they want to; because they can; and because, largely, they can get away with it” (p. 5).

IPV and CSA are global issues. Women and children have had limited options to protect themselves from these crimes due to the inequities between men and women, including children, the predominantly second class status of women and children in society, and the compromised autonomy of women and children (United Nations, 2008).

Summary

Although feminist theory has been widely used to explain and predict research and practice arenas of IPV, it has only more recently been used as a lens for understanding CSA. Given the commonalities between the victims of IPV and CSA, the application of feminist theory as a theoretical framework for examining CSA has been
suggested in the literature. At the present time, however, research connecting CSA perpetration to gender role and gender socialization has been scarce. The current research employed a feminist perspective to guide an investigation that compares the characteristics of male perpetrators of IPV with those of male perpetrators of CSA.

The chapter was organized to present the literature on (a) the feminist perspective and (b) feminist theory as a conceptual framework for the study. Gender inequality, gender roles, and male power/privilege, and patriarchy were explored as related to IPV. The same elements were addressed as related to CSA so as to provide a rationale for applying feminist theory to the study of CSA.
CHAPTER 4
METHODS

Introduction

This study used multivariate regression to explore the relationships between type of perpetration (i.e., CSA and IPV) and the two key dependent variables of male gender role stress and sex role stereotypes. Multiple regression is more versatile than the simple linear regression model (Tate, 1998). As the dependent variables, not the independent variables, were complex with potentially multiple determinants, multiple regression allowed for the inclusion of multiple variables within a model to improve the understanding of the influence of CSA and IPV. Multiple regression was used to explain the relationships between multiple independent variables and the dependent variables. Researchers in most behavioral and social sciences rely on multiple regression to test complex theoretical models such as violent behavior, job performance, and health conditions (Sable, 2000). As the goal of the current study was to learn more about the relationship between gender role stress and sex role stereotypes in relation to the perpetration of CSA and IPV, multiple regression was deemed an appropriate data analysis method for this study.

Research Design

This research employed an exploratory design. Exploratory studies examine an area of social or psychological life to clarify an issue and suggest direction for future research (Stebbins, 2001). Feminist theory guided the research. The focus was on (a)
identifying possible similarities between IPV perpetrators and CSA perpetrators and (b) identifying possible differences between these perpetrating groups and the general population of men.

Two instruments and a brief series of screening questions were self-administered by men who met the selection criteria, which were specifically men 18 years of age or older who were participants in either the Batter Intervention Program or Sex Offender Program outpatient treatment programs related to their perpetration of either CSA or IPV. Completed surveys were returned to the researcher for analysis of the data. The surveys were scored using SPSS software.

The brief series of screening questions elicited demographic information about the participants and were also used to verify participants’ perpetration of their crimes. The question that asked participants to indicate whether they had been convicted of IPV or CSA was used to include participants who had perpetrated either IPV or CSA and to exclude participants who had committed both crimes.

**Research Questions and Corresponding Hypotheses**

The purpose of this study was: (a) to add to the limited body of knowledge regarding sex role attitudes, gender role stress, and male perpetration of child sexual abuse; (b) to identify similarities, if any, between the male perpetrators of child sexual abuse and male perpetrators of intimate partner violence regarding gender role attitudes; and, (c) to inform policy regarding effective strategies for preventing and treating CSA.
The following research questions and hypotheses were used to guide the study:

1. Will there be a significant difference between individual male perpetrators of child sexual abuse in this study and the general population of men in scores on the Bem Sex Role Inventory Short Form?
   \( H_01. \) Males, who have perpetrated CSA, will not have significantly different scores on the BSRI-SF than those found in the general public.
   \( H_{A1}. \) Males, who have perpetrated CSA, will have significantly different scores on the BSRI-SF than those found in the general population.

2. Will there be a significant difference between individual male perpetrators of intimate partner violence in this study and the general population of men in scores on the Bem Sex Role Inventory Short Form?
   \( H_02. \) Males, who have perpetrated IPV, will not have significantly different scores on the BSRI-SF than those found in the general population.
   \( H_{A2}. \) Males, who have perpetrated IPV, will have significantly different scores on the BSRI-SF than those found in the general population.

3. Will the type of perpetration (CSA or IPV) have a significant effect on the Bem Sex Role Inventory Short Form score?
   \( H_03. \) Perpetration type will not have a significant effect on the gender BSRI-SF scores of males.
   \( H_{A3}. \) Perpetration type will have a significant effect on the gender BSRI-SF scores of males.
4. Will there be a significant difference between individual male perpetrators of child sexual abuse in this study and the general population of men in scores on the Masculine Gender Role Stress Inventory?

H04. Males, who have perpetrated CSA, will not have significant scores on the MGRS than those found in the general population.

HA4. H40: Males, who have perpetrated CSA, will have significant scores on the MGRS than those found in the general population.

5. Will there be a significant difference between individual male perpetrators of intimate partner violence in this study and the general population of men in scores on the Masculine Gender Role Stress Inventory?

H05. Males, who have perpetrated IPV, will not have significant scores on the MGRS than those found in the general population.

HA5. Males, who have perpetrated IPV, will have significant scores on the MGRS.

6. Will perpetration type have a statistically significant effect on the scores for the Masculine Gender Role Stress Inventory?

H06. Perpetration type will not have a significant effect on the MGRS scores of males.

HA6. Perpetration type will have a significant effect on the MGRS scores of males.
Study Sample

The participants for this study were adult male perpetrators of CSA and IPV within Duval and Osceola Counties in Florida. Men who were participating in outpatient counseling related to their perpetration of CSA or IPV were requested to participate in this study. A brief short series of screening questions were completed by participants to identify men who had perpetrated one, but not both, of these crimes. This was intended to decrease the possibility of overlap in perpetration types between the two groups.

This study used nonprobability, convenience sampling, as the means to obtain participants for this study. Due to the sensitive nature of the study, which would have made it difficult to locate such participants in the general population, convenience sampling was selected. Participants selected were enrolled in outpatient counseling for either IPV or CSA at two locations in Osceola County and Duval County. Convenience sampling is often used in exploratory research which is aimed at investigating the phenomena in its entirety (Polit & Beck, 2004).

Sample

This current study used purposive sampling from the two identified outpatient counseling programs of clients seeking services specific to perpetrating CSA or IPV. Though there is no one specific formula developed to determine the sample size for multiple regression, it has been recommended that at least 10-20 times the number of variables be selected as participants in the study (StatSoft, 2012). This study utilized a
clinical sample of 58 participants comprised of 30 from the group of CSA perpetrators and 28 from the group of IPV perpetrators.

**Recruitment of Participants**

Participants for this study were identified by their participation in outpatient treatment in either Batter’s Intervention Programs (BIP) or Sexual Offenders Programs (SOP) outpatient counseling due to their perpetration of either crime. The BIP outpatient treatment provider was identified using the BIP listing: Certified “Duluth Model” of 26-week providers on the State of Florida website (State of Florida, 2011). The SOP outpatient treatment provider was identified using its listing on the Florida Association of the Treatment of Sexual Abusers (Florida ATSA), a State Chapter of the international organization, Association of the Treatment of Sex Abusers (ATSA). ATSA is an international multi-disciplinary professional association that has been dedicated to the research and treatment of sexual offenders (FATSA, 2011). Providers of both organizations worked closely with organizations such as the State of Florida Department of Corrections, the State of Florida Department of Children and Families, the State of Florida’s State Attorney’s Offices, the State of Florida and County Public Defender’s Offices, and the State of Florida Legislature in an effort to protect Florida’s citizens by providing outpatient services within the State of Florida.

Both BIP and SOP providers were available throughout the State of Florida. A variety of providers of BIP and SOP were available to multiple communities. The outpatient providers selected for this study served Duval and Osceola Counties. The BIP
providers were certified by the State of Florida and were required to follow specific guidelines for the provision of services and certification of providers. The member providers of the Florida ATSA were not regulated by the State of Florida as the BIP providers; however, as members of ATSA, they were committed to “a focus of treatment on techniques designed to assist sexual offenders in maintaining control of their sexual offending throughout their lifetime” (FATSA, 1998, p. 33). It is the aim of ATSA to make society safer by combating the problem of sexual aggression through research driven and proven methods. The services provided by both BIP and SOP outpatient providers included evaluations, individual and group counseling, and communication with the referral sources of their clients.

Instrumentation

The instruments used in the current study were the Bem Sex Role Inventory-Short Form (BSRI-SF) (Appendix A) and the Masculine Gender Role Stress (MGRS) Rating Scale (Appendix B). Permission to use these instruments was requested and obtained from the developers of each instrument used in this study (Appendix C).

*Bem Sex Role Inventory-Short Form*

The 30-item BSRI-SF (Bem, 1981) provides an independent assessment of participants’ identification with stereotypically masculine and feminine traits. These traits are not two ends of one spectrum. Rather, they are two independent modes of behavior. The participants provided a self-report of how well each of the 30 items
described them using a 7-point scale from 0 (never or almost never true) to 7 (always or almost always true). The BSRI-SF has been widely used as a measure of sex role stereotyping (Calvo-Salguero et al., 2008). The BSRI-SF, rather than the Original Form, was used in this study, as the Short Form demonstrated higher internal consistency for the Femininity score, Masculinity score, and Femininity minus Masculinity scores by computing coefficient alphas (Bem, 1981). Researchers, including critics, have concurred that the Short Form is a more sound measure than the Original Form (Lippa, 1985; Payne, 1985). In the Bem test manual (1981), the Short Form was identified as more internally consistent than the Original Form. This study used the standardized T-score of the difference between the femininity score minus the masculinity score for analysis as instructed by the Bem test manual.

Male Gender Role Stress (MGRS) Rating Scale

The 40-item MGRS was developed to evaluate anticipated stress of men with particular scenarios (Eisler & Skidmore, 1987). The MGRS is a questionnaire that was developed for subjects to self-rate each item on how stressful the presented situation would be for them, using a Likert-type scale from 0 (not stressful) to 5 (extremely stressful). The desire for power, dominance, and the suppression of emotions is the focus of the MGRS. Since the initial development of this scale in 1987, many research studies have been completed which sufficiently replicated the validity and reliability of the MGRS and its five-factor structure (Skidmore, 2008). Multiple studies have been published demonstrating the versatility of the MGRS by various researchers in relation to
their findings in various social and behavioral fields, among numerous men of varying ages and education levels and backgrounds (Arrindell, Kolk, & Martin, 2003; Copenhaver & Eisler, 1996; Eisler, Franchina, Moore, Honeycutt, & Rhatigan, 2000; Jakupak, Osborne, Michael, Cook, & McFall, 2006).

*Demographic Questionnaire*

Participants were asked to complete a brief questionnaire designed by the researcher. They were asked to respond to questions regarding their age, educational level, own history of child sexual abuse, own history of witnessing IPV as a child, and history of substance abuse. This enabled the development of a profile of participants and served as a final check in regard to eligibility for participation in the study. All participants were at least 18 years of age. Participants were also queried as to whether they had been convicted of CSA, IPV, or both. This provided an additional screening mechanism ensuring that perpetrators had been convicted of only one crime, CSA or IPV, or both for placement into proper groups. If participants responded they had been committed of both CSA and IPV, they were excluded from this study.

*Data Collection Procedures*

Approval for the study was obtained in August 2012 from the Institutional Review Board (IRB) at the University of Central Florida prior to conducting this study (Appendix D). The surveys were administered at the sites selected from the State of Florida BIP listing of outpatient providers of the Certified BIP and the Florida ATSA
listing of members providing outpatient services. Adult men who arrived to participate in their respective outpatient programs were asked if they would be interested in participating in completing a survey. Men who expressed interest were provided a copy of an informed consent, which explained the purpose of the study (Appendix E). Participants who agreed, after reviewing the informed consent, were provided the questionnaire and both surveys. IPV Participants were instructed by the provider, after completing the questionnaire and surveys, to place their questionnaire and surveys in an envelope. The envelope was sealed, and the provider returned the envelope of completed materials to the researcher. CSA participants were requested to do the same; however, the completed material was scanned and transmitted electronically to the researcher.

Data Analysis

Once the data had been obtained, they were entered into SPSS 21.0 for analysis. The data were screened for errors prior to entering into SPSS and afterward as well.

Analytical Model

Using multiple regression analysis allowed additional variables to become part of the analysis separately to estimate the effect of each. SPSS 21.0 a statistical program, was used to examine the fit of the model in this study. The equations for this model that expressed the relationships were as follows:

\[
BEM = B0 + B1 \text{(PERP)} + B2 \text{(AGE)} + B3 \text{(ETHN)} + B4 \text{(MS)} + B5 \text{(ED)} + B6 \text{(EMP)} + B7 \text{(EXP_CSA)} + B8 \text{(W_IPV)} + B9 \text{(SA)}
\]
MGRS = B0 + B1 (PERP) + B2 (AGE) + B3 (ETHN) + B4 (MS) + B5 (ED) + 
B6 (EMP) + B7 (EXP_CSA) + B8 (W_IPV) + B9 (SA)

The following definitions were represented in the equation:

- **BEM** = Bem Sex Role Inventory-SF Score
- **MGRS** = Male Gender Role Stress Score
- **B0** = Constant
- **B1** = Perpetration type (IPV = 0, CSA = 1)
- **B2** = Age
- **B3** = White/Non-white (White = 0, Non-white = 1) **B4** = Single/Non-single
  (Single = 0, Non-single = 1)
- **B5** = Education
- **B6** = Employed/Non-employed (Employed =0, Non-employed = 1)
- **B7** = Experience own CSA
- **B8** = Witnessed IPV as a child
- **B9** = History of substance abuse

A preliminary analysis was conducted to analyze missing data, identify any 
problematic observations, and examine any possible violations of the regression 
assumptions. The relationships between the multiple variables were tested.

**Variables**

Tables 1 and 2 present the operational definitions for the independent and 
dependent variables in this study. The dependent variables were participant scores on the
BSRI-SF and MGRS. In addition to CSA and IPV, independent variables were those noted in the literature as contributing factors in the perpetration of CSA.

Table 1

*Dependent Variables: Instrumentation and Operational Definitions*

<table>
<thead>
<tr>
<th>Instrumentation</th>
<th>Operational Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bem Sex-role Inventory – SF (BSRI—SF) Score</td>
<td>T-score based on the Feminine minus Masculine standard scores, which provides the Short Form T-score (as measured by the Bem Sex Role Inventory-SF).</td>
</tr>
<tr>
<td>Male Gender Role Stress (MGRS) Score</td>
<td>The total score (as measured by the MGRS) ranging from 0 to 200.</td>
</tr>
</tbody>
</table>
Table 2

*Independent Variables: Operational Definitions*

<table>
<thead>
<tr>
<th>Variables</th>
<th>Descriptors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perpetration Type</td>
<td>Participant participating in CSA counseling</td>
</tr>
<tr>
<td></td>
<td>Participant participating in IPV counseling</td>
</tr>
<tr>
<td>History of own CSA</td>
<td>Participant self-report of own history of CSA</td>
</tr>
<tr>
<td>History of witnessing IPV as a child</td>
<td>Participant self-report of witnessing IPV as a child</td>
</tr>
<tr>
<td>History of substance abuse</td>
<td>Participant self-report of own substance abuse</td>
</tr>
<tr>
<td>Age</td>
<td>Participant self-report of age</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>Participant self-report of White/Non-white</td>
</tr>
<tr>
<td>Marital Status</td>
<td>Participant self-report of Single/Non-single</td>
</tr>
<tr>
<td>Education</td>
<td>Participant self-report of highest grade completed</td>
</tr>
<tr>
<td>Employment</td>
<td>Participant self-report of Employed/Non-employed</td>
</tr>
</tbody>
</table>

**Ethical Considerations**

Due to the sensitive nature of this study, a waiver of documented consent was requested from the Institutional Review Board (IRB) to protect the identity of the participants (Appendix E). There were no personal identifiers linking the participants to the current study.

The process of informed consent was specified in the form of a letter provided to each potential participant which included a thorough description of the study process. The participants were advised that participation in the current study was confidential. In
In addition, the participants were informed that their participation was voluntary and that they were able to withdraw from the study at any time without penalty. Participants were assured that their outpatient provider would not have access to the study data.

**Potential Benefits and Risks**

There were no significant anticipated risks for the participants of this study. Some of the questions in this study were sensitive in nature. Therefore, participants were informed that they were able to decide not to respond to any question within the study. The participants were informed they were able to withdraw from the study at any time without penalty.

Although participation in this study may have provided some indirect benefit to the participants due to a heightened sense of community involvement or contribution, no direct benefit was provided.

**Implications of Outcomes**

Despite similar findings regarding CSA and IPV that males are the predominant perpetrators, there has been limited research regarding gender roles and the potential influence this may have on the perpetration of CSA. Research in the field of IPV has yielded considerable data identifying the relationship between gender role, sex-role stereotypes, and the perpetration of IPV. IPV researchers have applied feminist theoretical approaches to identify the relationship between gender and IPV (Field & Caetano, 2005; Hamby, 2005).
Utilizing feminist theory in the research of CSA will provide the opportunity to explore the gender role characteristics between the perpetrators of IPV and CSA. The results may identify more effective treatment models for the perpetrators of CSA. The current study aimed to contribute to the body of knowledge addressing IPV, CSA, and treatment models for the perpetrators of these crimes.
CHAPTER 5
DISCUSSION OF RESULTS

Introduction

The current study was conducted to explore whether there were similarities or differences between perpetrators of child sexual abuse (CSA) and intimate partner violence (IPV) in regard to attributes of sex role identity and gender role stress. To that end, the participants of CSA outpatient counseling programs and IPV outpatient counseling programs were compared based on their scores on the study questionnaire which provided demographic data, the BSRI-SF and the MGRS.

This chapter describes the results of the analysis as related to the study hypotheses. Data for the current study were collected in Florida from participants in two outpatient provider programs, one a BIP program in Osceola County and the other an SOP program in Duval County. Participants from each program were asked to complete a questionnaire designed to elicit demographic data, the BEM Sex Role Inventory--Short Form (BSRI-SF), and the Masculine Gender Role Stress Rating Scale (MGRS).

A total of 65 sets of surveys (demographic questionnaire, BEM, and MGRS) were collected for the study. Of those, seven were excluded due to incomplete data, primarily because one or more pages of the set of surveys was incomplete. Thus, a total of 58 data sets were available for and used in the analyses of data to answer the six research questions which guided the study. These data were obtained from 28 Intimate Partner Violence (IPV) participants and 30 Child Sexual Abuse (CSA) participants.
Demographic Data

Participants were asked to complete a six-item questionnaire in which they were queried as to age, ethnicity, marital status, education, history of substance or alcohol abuse, their experience as a child (under the age of 18 years old) of CSA or witnessing IPV. Table 3 contains the descriptive analysis of the ethnicity of the respondents by perpetrator type (IPV and CSA). Ethnicity was defined as White or Non-white. Five perpetrators of IPV identified themselves as White (17.9 %) and 23 (82.1%) identified themselves as non-white. Of the CSA perpetrators, 17 (56.7%) identified themselves as White, and 13 (43.3%) identified themselves as Non-white.

Table 3

Ethnicity by Perpetrator Type (N = 58)

<table>
<thead>
<tr>
<th>Descriptor</th>
<th>Intimate Partner Violence (IPV)</th>
<th>Child Sexual Abuse (CSA)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>5</td>
<td>17.9</td>
<td>17</td>
</tr>
<tr>
<td>Non-white</td>
<td>23</td>
<td>82.1</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>28</td>
<td>100.0</td>
<td>30</td>
</tr>
</tbody>
</table>

Of the 28 IPV perpetrators, the largest number and percentage (13, 46.4%) were between 25 and 34 years of age. A total of 11 (39.2%) were in the 35-49 age range. Three (10.7%) of the perpetrators were in the 19-24 age group, and only one perpetrator was in the 50 and above grouping. For CSA perpetrators equal numbers and percentages (10, 33%) were found to be in the 25-34 age group and the 50 and above age group.
Seven perpetrators ranged in age from 35-49, and three perpetrators were between 19 and 24 years of age. These data are displayed in Table 4.

Table 4

Perpetrator Type by Age (N = 58)

<table>
<thead>
<tr>
<th>Perpetrator Type by Age Group</th>
<th>n</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intimate Partner Violence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19-24</td>
<td>3</td>
<td>10.7</td>
</tr>
<tr>
<td>25-34</td>
<td>13</td>
<td>46.4</td>
</tr>
<tr>
<td>35-49</td>
<td>11</td>
<td>39.2</td>
</tr>
<tr>
<td>50 and above</td>
<td>1</td>
<td>3.5</td>
</tr>
<tr>
<td>Total</td>
<td>28</td>
<td>99.8</td>
</tr>
<tr>
<td>Child Sexual Abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19-24</td>
<td>3</td>
<td>10.0</td>
</tr>
<tr>
<td>25-34</td>
<td>10</td>
<td>33.3</td>
</tr>
<tr>
<td>35-49</td>
<td>7</td>
<td>23.3</td>
</tr>
<tr>
<td>50 and above</td>
<td>10</td>
<td>33.3</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>99.9</td>
</tr>
</tbody>
</table>

Note. Totals may not equal 100% due to rounding.

Marital status was defined as Single or Non-single. Of the 28 IPV perpetrators responding, 15 (53.6%) of identified themselves as single, and 13 (46.4%) identified themselves as not single. Of the 30 CSA perpetrators, 17 (53.5%) revealed that they were single, and 13 (43.3%) shared that they were not single. Thus, a total of 32 (55.2%) of the responding perpetrators were single, and 26 (44.8%) indicated they were not single. These data are presented in Table 5.
Table 5

*Marital Status by Perpetrator Type (N = 58)*

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Intimate Partner Violence (IPV)</th>
<th>Child Sexual Abuse (CSA)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Single</td>
<td>15</td>
<td>53.6</td>
<td>17</td>
</tr>
<tr>
<td>Not Single</td>
<td>13</td>
<td>46.4</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>28</td>
<td>100.0</td>
<td>30</td>
</tr>
</tbody>
</table>

Participants were also asked to report the highest number of years of education they had completed at the time of the study. IPV perpetrators reported having completed between four and 16 years of education with a mean of 11.88. CSA perpetrators had completed between 10 and 18 years of education with a mean of 12.86 and a standard deviation of 2.15. These data are displayed in Table 6.

Table 6

*Years of Education by Perpetrator Type (N = 55)*

<table>
<thead>
<tr>
<th>Perpetrator Type</th>
<th>n</th>
<th>%</th>
<th>Education Range</th>
<th>M</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intimate partner violence (IPV)</td>
<td>26</td>
<td>47.3</td>
<td>4-16 years</td>
<td>11.88</td>
<td>2.97</td>
</tr>
<tr>
<td>Child sexual abuse (CSA)</td>
<td>29</td>
<td>52.7</td>
<td>10-18 years</td>
<td>12.86</td>
<td>2.15</td>
</tr>
</tbody>
</table>

Table 7 contains the descriptive statistics for perpetrator employment. Of the 58 IPV and CSA perpetrators, 38 (65.5%) were employed, and 20 (34.5%) were not employed. Of the 28 IPV perpetrators, 17 (60.7%) were employed and 11 (39.3%) were
not employed). Of the 30 CSA perpetrators, 21 (70%) were employed, and 9 (30%) were unemployed.

Table 7

*Employment Status by Perpetrator Type (N = 58)*

<table>
<thead>
<tr>
<th>Descriptor</th>
<th>Intimate Partner Violence (IPV)</th>
<th>Child Sexual Abuse (CSA)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Employment Status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employed</td>
<td>17</td>
<td>60.7</td>
<td>21</td>
</tr>
<tr>
<td>Not employed</td>
<td>11</td>
<td>39.3</td>
<td>9</td>
</tr>
<tr>
<td>Total</td>
<td>28</td>
<td>100.0</td>
<td>30</td>
</tr>
</tbody>
</table>

Table 8 contains information related to the personal histories of perpetrators regarding substance abuse, intimate partner violence, and child sexual abuse. A total of 9 (32.1%) of IPV perpetrators reported a history of substance abuse and 19 (67.8%) reported no history of substance abuse. Of the reporting CSA perpetrators, 11 (36.6%) had a history of substance abuse, and 19 (63.3%) reported no history of substance abuse.

Table 8 also shows perpetrators’ experience related to IPV. A total of 11 (39.2%) IPV perpetrators reported witnessing IPV as a child, and 17 (60.7%) indicated not having done so. Of the CSA perpetrators, exactly half (15, 50%) of participants indicated they had witnessed intimate partner violence as a child. The remaining 50% indicated not having witnessed IPV.

Perpetrators were also queried as to whether they had experienced child sexual abuse as a child. Of the IPV respondents, four (14.3%) reported experiencing CSA as a
child, and 24 (85.7%) denied experiencing CSA as a child. Of the CSA respondents, 12 (40%) reported experiencing CSA as a child and 18 (60%) denied experiencing CSA as a child.

Table 8

Perpetrators’ Experience with Substance Abuse, Intimate Partner Violence, and Child Sexual Abuse (N = 58)

<table>
<thead>
<tr>
<th>Descriptor</th>
<th>Intimate Partner Violence (IPV)</th>
<th>Child Sexual Abuse (CSA)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Abuse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abuse</td>
<td>9</td>
<td>11</td>
<td>20</td>
</tr>
<tr>
<td>No abuse</td>
<td>19</td>
<td>19</td>
<td>38</td>
</tr>
<tr>
<td>Total</td>
<td>28</td>
<td>30</td>
<td>58</td>
</tr>
<tr>
<td>Experience with IPV</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Witnessed</td>
<td>11</td>
<td>15</td>
<td>26</td>
</tr>
<tr>
<td>Did not witness</td>
<td>17</td>
<td>15</td>
<td>32</td>
</tr>
<tr>
<td>Total</td>
<td>28</td>
<td>30</td>
<td>58</td>
</tr>
<tr>
<td>Experience with CSA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experience</td>
<td>4</td>
<td>12</td>
<td>16</td>
</tr>
<tr>
<td>No experience</td>
<td>24</td>
<td>18</td>
<td>42</td>
</tr>
<tr>
<td>Total</td>
<td>28</td>
<td>30</td>
<td>58</td>
</tr>
</tbody>
</table>

Note. Percentages may not total 100% due to rounding.

Descriptive Data for Instrumentation

Bem Sex Role Inventory—Short Form (BSRI-SF) Scores

The 30-item BSRI-SF (Bem, 1981) provided an independent assessment of participants’ identification with stereotypically masculine and feminine traits.
identified in Chapter 4, the BSRI-SF has been widely utilized as a measure of sex role stereotyping (Calvo-Salgueiro et al., 2008). The BSRI-SF consisted of 30 items which included 10 items considered more desirable for men (i.e., independent, forceful, have leadership abilities), 10 items considered more desirable for women (i.e., affectionate, sympathetic, warm), and ten items that were used as neutral or fillers (i.e., reliable, truthful, secretive). Researchers have demonstrated the BSRI-SF to be reliable and valid (Bem, 1974; Holt and Ellis, 1998).

In order to permit direct comparisons, BSRI-SF scores were transformed into T-scores. Standardized T-scores on the 1978 Stanford normative sample were Mean = 51; S.D. = 0.79 (N = 476). The scores for the current study are displayed in Table 9. The range of the BSRI-SF scores for IPV perpetrators were from 25 to 83 with a mean 50.21 and a standard deviation of 10.76. The range of the BSRI-SF for CSA perpetrators were from 30 to 69, with a mean of 48.97 and a standard deviation of 8.84.

Table 9

*BSRI-SF T-Score by Perpetrator Type*

<table>
<thead>
<tr>
<th>Perpetrator Type</th>
<th>n</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intimate Partner Violence (IPV)</td>
<td>28</td>
<td>25</td>
<td>83</td>
<td>50.21</td>
<td>10.76</td>
</tr>
<tr>
<td>Child Sexual Abuse (CSA)</td>
<td>30</td>
<td>30</td>
<td>69</td>
<td>48.97</td>
<td>8.84</td>
</tr>
</tbody>
</table>
Table 10 presents gender characteristics of perpetrators by type. Perpetrators were categorized as having feminine or non-feminine characteristics. The table reveals that perpetrators seldom revealed feminine characteristics with 25 (89.3%) of IPV respondents and 24 of CSA (80%) categorized as non-feminine. Only nine perpetrators (15.5%) had feminine characteristics. Perpetrators were also categorized as having masculine or non-masculine characteristics. Of the respondents, nine (32.1%) of the IPV perpetrators and 10 (33.3%) of the CSA perpetrators were observed to have masculine characteristics. Non-masculine characteristics were exhibited by 19 (67.9%) of IPV perpetrators and 20 (66.7%) of CSA perpetrators. A total of 8 (28.6%) IPV and 10 (33.3%) CSA perpetrators had androgynous characteristics. Higher numbers and percentages of IPV and CSA perpetrators had non-androgynous characteristics (20, 71.4% and 20, 66.7%) respectively. Of the 58 participants, eight IPV perpetrators and four CSA perpetrators had undifferentiated characteristics. A total of 20 (71.4%) IPV perpetrators and 26 (86.7) CSA perpetrators fell into the differentiated category.
### Table 10

**Feminine, Masculine, Androgynous, and Undifferentiated Characteristics of Perpetrators by Type (N = 58)**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Intimate Partner Violence (IPV)</th>
<th>Child Sexual Abuse (CSA)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Feminine</td>
<td>3</td>
<td>10.7</td>
<td>9</td>
</tr>
<tr>
<td>Non-feminine</td>
<td>25</td>
<td>89.3</td>
<td>49</td>
</tr>
<tr>
<td>Total</td>
<td>28</td>
<td>100.0</td>
<td>58</td>
</tr>
<tr>
<td>Masculine</td>
<td>9</td>
<td>32.1</td>
<td>19</td>
</tr>
<tr>
<td>Non-masculine</td>
<td>19</td>
<td>67.9</td>
<td>39</td>
</tr>
<tr>
<td>Total</td>
<td>28</td>
<td>100.0</td>
<td>58</td>
</tr>
<tr>
<td>Androgynous</td>
<td>8</td>
<td>28.6</td>
<td>18</td>
</tr>
<tr>
<td>Non-androgynous</td>
<td>20</td>
<td>71.4</td>
<td>40</td>
</tr>
<tr>
<td>Total</td>
<td>28</td>
<td>100.0</td>
<td>58</td>
</tr>
<tr>
<td>Undifferentiated</td>
<td>8</td>
<td>28.6</td>
<td>4</td>
</tr>
<tr>
<td>Differentiated</td>
<td>20</td>
<td>71.4</td>
<td>26</td>
</tr>
<tr>
<td>Total</td>
<td>28</td>
<td>100.0</td>
<td>58</td>
</tr>
</tbody>
</table>

The largest number and percentage (9, 32.1%) of IPV perpetrators were identified as Masculine type followed by equal numbers and percentages (8, 28.6%) who were categorized as Androgynous and Undifferentiated with only three (10.7%) being identified as Feminine. Equal numbers of CSA perpetrators (33.3% each) were classified as Masculine and Androgynous types followed by six (20.0%) who fell in the Feminine category and 4 (13.3%) who were categorized as Undifferentiated. These data are contained in Table 11.
Table 11

*Bem Sex Role Inventory--Short Form (BSRI-SF): Classification of Perpetrators by Sex Role Type*

<table>
<thead>
<tr>
<th>Sex Role Type</th>
<th>n</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intimate Partner Violence</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Masculine</td>
<td>9</td>
<td>32.1</td>
</tr>
<tr>
<td>Androgynous</td>
<td>8</td>
<td>28.6</td>
</tr>
<tr>
<td>Undifferentiated</td>
<td>8</td>
<td>28.6</td>
</tr>
<tr>
<td>Feminine</td>
<td>3</td>
<td>10.7</td>
</tr>
<tr>
<td>Total</td>
<td>28</td>
<td>100.0</td>
</tr>
</tbody>
</table>

| **Child Sexual Abuse** |    |             |
| Masculine              | 10 | 33.3        |
| Androgynous            | 10 | 33.3        |
| Feminine               | 6  | 20.0        |
| Undifferentiated       | 4  | 13.3        |
| Total                  | 30 | 100.0       |

*Note.* Percentages may not equal 100% due to rounding.

Table 12 presents the percentages of female and male subjects in the 1978 Stanford normative sample classified as feminine, masculine, androgynous, and undifferentiated on the basis of the Median-Split method. These findings are reviewed as part of the discussion of the hypotheses which guided the study.
Table 12

Percentages of Subjects in the 1978 Stanford Normative Sample Classification: BSRI--SF

<table>
<thead>
<tr>
<th>Gender</th>
<th>Feminine</th>
<th>Masculine</th>
<th>Androgynous</th>
<th>Undifferentiated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Females</td>
<td>12.8%</td>
<td>15.6%</td>
<td>37.1%</td>
<td>23.5%</td>
</tr>
<tr>
<td>Males</td>
<td>16.0%</td>
<td>32.6%</td>
<td>23.9%</td>
<td>27.5%</td>
</tr>
</tbody>
</table>

*Note.* The Femininity and Masculinity medians for the original BSRI were 4.90 and 4.95, respectively; those for the Short BSRI were 5.50 and 4.80, respectively.

Table 13 presents the F - M (Femininity minus Masculinity) difference scores on the BSRI-SF, which are obtained by subtracting the Masculinity t-score from the Femininity t-score. Positive (+) and negative (-) signs are retained for this score. Positive scores indicate femininity, and negative scores indicate masculinity with high scores in either direction indicating a strong tendency toward sex-typed or sex-reversed score. As shown in Table 13, both IPV and CSA perpetrators had a tendency toward masculine (sex-typed) scores.

Table 13

Participant F - M (Femininity Minus Masculinity) Difference Scores

<table>
<thead>
<tr>
<th>Femininity - Masculinity</th>
<th>IPV (N = 28)</th>
<th>CSA (N = 30)</th>
<th>Male Norm 1987 (N = 476)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>-1.78</td>
<td>-1.50</td>
<td>-2.96</td>
</tr>
<tr>
<td>Median</td>
<td>-.500</td>
<td>-2.00</td>
<td>-2.55</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>11.61</td>
<td>11.49</td>
<td>13.07</td>
</tr>
</tbody>
</table>

*Note.* IPV = Intimate partner violence; CSA = Child sexual abuse.
The 40-item MGRS was the second survey utilized in this study. The MGRS was used to identify how participants would rate each item as to how stressful the presented situations would be for them to experience. The intent was to identify the desire for power, dominance, and the suppression of emotions. The MGRS was selected for this study as researchers have demonstrated the versatility of the MGRS in relation to their findings in attitudes and emotional functioning, violence, and social behavior among numerous men of different ages, education levels, and backgrounds (Arrindell et al., 2003; Copenhaver & Eisler, 1996; Eisler et al., 2000; Jakupak et al., 2006).

The MGRS score was computed by combining the ratings on all 40 items. Each item was rated from 0 to 5, with a total possible score ranging from a low of 0 to a high score of 200. Higher scores were an indication of a tendency toward identifying the situations on the MGRS scale as stressful (Efthim et al., 2001). As shown in Table 14, IPV perpetrator scores for the MGRS ranged from 1 to 138 with a mean of 55.25 and a standard deviation of 31.05. CSA perpetrator scores for the MGRS ranged from 24 to 127 with a mean of 67.87 and a standard deviation of 29.757.

Table 14

<table>
<thead>
<tr>
<th>Perpetrator Type</th>
<th>Number of Respondents</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intimate Partner Violence (IPV)</td>
<td>28</td>
<td>1</td>
<td>128</td>
<td>55.25</td>
<td>31.057</td>
</tr>
<tr>
<td>Child Sexual Abuse (CSA)</td>
<td>30</td>
<td>24</td>
<td>127</td>
<td>67.87</td>
<td>29.757</td>
</tr>
</tbody>
</table>
Masculine Gender Role Stress Rating Scale (MGRS): Five Factor Scores

Analysis of MGRS subscale scores resulted in the identification of five component factors: physical inadequacy (possible total score ranged from 0 to 45); emotional inexpressiveness (possible total score ranged from 0 to 35); subordination to women (possible total score ranged from 0 to 45); intellectual inferiority (possible total score ranged from 0 to 35); and performance failure (possible total score ranged from 0 to 40). The value of each factor was calculated by summing the Likert-type ratings from 0 (not stressful) to 5 (extremely stressful) for each factor item on individual subscales. Table 15 contains the scores for each of the component factors.

As shown in Table 15, IPV perpetrator scores for the MGRS factor, physical inadequacy, ranged from 0 to 33 with a mean of 11.50 and a standard deviation of 8.84; scores for the MGRS factor, emotional inexpressiveness, ranged from 0 to 20 with a mean of 9.57 and a standard deviation of 5.64; scores for the MGRS factor, subordination to women, ranged from 0 to 19 with a mean of 6.93 and a standard deviation of 6.21; scores for the MGRS factor, intellectual inferiority, ranged from 0 to 24 with a mean of 6.64 and a standard deviation of 6.83. Finally, scores for the MGRS factor, performance failure, ranged from 1 to 40 with a mean of 19.93 and a standard deviation of 9.30.

CSA perpetrator scores for the MGRS factor, physical inadequacy, ranged from 3 to 32 with a mean of 14.73 and a standard deviation of 6.94; scores for the MGRS factor, emotional inexpressiveness, ranged from 0 to 26 with a mean of 10.67 and a standard deviation of 7.22; scores for the MGRS factor, subordination to women, ranged from 0 to 23 with a mean of 7.93 and a standard deviation of 8.11; scores for the MGRS factor,
intellectual inferiority, ranged from 0 to 23 with a mean of 8.93 and a standard deviation of 5.97. Lastly, scores for the MGRS factor, physical inadequacy, ranged from 7 to 40 with a mean of 5.97 and a standard deviation of 7.08.

Table 15

*Masculine Gender Role Stress Rating Scale (MGRS) Factors by Perpetrator Type*

<table>
<thead>
<tr>
<th>Factors</th>
<th>Number of Respondents</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Inadequacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intimate partner violence</td>
<td>28</td>
<td>0</td>
<td>33</td>
<td>11.50</td>
<td>8.846</td>
</tr>
<tr>
<td>Child sexual abuse</td>
<td>30</td>
<td>3</td>
<td>32</td>
<td>14.73</td>
<td>6.948</td>
</tr>
<tr>
<td>Emotional inexpressiveness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intimate partner violence</td>
<td>28</td>
<td>0</td>
<td>20</td>
<td>9.57</td>
<td>5.647</td>
</tr>
<tr>
<td>Child sexual abuse</td>
<td>30</td>
<td>0</td>
<td>26</td>
<td>10.67</td>
<td>7.222</td>
</tr>
<tr>
<td>Subordination to women</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intimate partner violence</td>
<td>28</td>
<td>0</td>
<td>19</td>
<td>6.93</td>
<td>6.212</td>
</tr>
<tr>
<td>Child sexual abuse</td>
<td>30</td>
<td>0</td>
<td>23</td>
<td>7.93</td>
<td>8.111</td>
</tr>
<tr>
<td>Intellectual inferiority</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intimate partner violence</td>
<td>28</td>
<td>0</td>
<td>24</td>
<td>6.64</td>
<td>6.838</td>
</tr>
<tr>
<td>Child sexual abuse</td>
<td>30</td>
<td>0</td>
<td>23</td>
<td>8.93</td>
<td>5.977</td>
</tr>
<tr>
<td>Performance failure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intimate partner violence</td>
<td>28</td>
<td>1</td>
<td>40</td>
<td>19.93</td>
<td>9.301</td>
</tr>
<tr>
<td>Child sexual abuse</td>
<td>30</td>
<td>7</td>
<td>30</td>
<td>24.93</td>
<td>7.085</td>
</tr>
</tbody>
</table>
Data Analysis: Linear Regression

A linear regression was estimated for each of the dependent variables. Regression identifies a mathematical model that best fits the outcome based on the function of one or more predictors. This study used two equations:

\[
\text{BEM\_SC} = B0 + B1\,(\text{PERP\_TYP}) + B2(\text{ETHN}) + B3(\text{MS}) + B4(\text{ED}) + B5(\text{EMP}) + B6(\text{AGE}) + B7(\text{SA}) + B8(\text{EXP\_CSA}) + B9(\text{W\_IPV})
\]

and

\[
\text{MGRS} = B0 + B1\,(\text{PERP\_TYP}) + B2(\text{ETHN}) + B3(\text{MS}) + B4(\text{ED}) + B5(\text{EMP}) + B6(\text{AGE}) + B7(\text{SA}) + B8(\text{EXP\_CSA}) + B9(\text{W\_IPV})
\]

These equations proposed that both dependent variables, BSRI-SR and MGRS scores, were explained by the nine predictors.

To determine how well the regression models (equations) fit the data, the multiple correlation coefficient \((R)\), coefficient of determination \((R^2)\), and adjusted \(R^2\) were examined. Goodness of fit statistics indicated the model (equations) poorly fit the data.

In the BEM\_SC model summary, the Adjusted R-square was .242 which indicated the predictor variables accounted for 24.2% of the variability in the criterion. As shown in Table 16, significant variables were: the perpetrator’s own experience of CSA \((B = 0.460; p < 0.006)\) and perpetrator type \((B = 0.310; p = 0.044)\). The perpetrators of IPV had higher scores than the perpetrators of CSA with a difference of almost 6 points \((5.991)\). This difference demonstrated the IPV perpetrators had more of an influence on the BSRI-SF score than the CSA
perpetrators. This demonstrates that every change of one standard deviation in the perpetrator type will result in a change of 5.991 in the BSRI-SF. The other significant variable was the perpetrator’s own experience of CSA which demonstrated perpetrators having their own CSA experience in childhood had a more significant influence on the BSRI-SF score than did those perpetrators who did not have their own CSA experience in childhood. Chronological age, substance abuse, education level, witnessing IPV as a child, ethnicity, marital status, and employment were not significant predictors in this model.
Table 16

*Bem Sex Role Inventory - Short Form (BSRI-SF) Model Summary*

<table>
<thead>
<tr>
<th>Independent Variables</th>
<th>B</th>
<th>Std. Error</th>
<th>Beta</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Constant)</td>
<td>53.623</td>
<td>5.872</td>
<td></td>
<td>9.132</td>
<td>.000</td>
</tr>
<tr>
<td>PERP-TYP</td>
<td>-5.991</td>
<td>2.889</td>
<td>-.310</td>
<td>-2.073</td>
<td>.044</td>
</tr>
<tr>
<td>SA</td>
<td>5.160</td>
<td>3.015</td>
<td>.254</td>
<td>1.712</td>
<td>.093</td>
</tr>
<tr>
<td>ED</td>
<td>.052</td>
<td>.067</td>
<td>.104</td>
<td>.773</td>
<td>.444</td>
</tr>
<tr>
<td>EMP</td>
<td>-3.870</td>
<td>3.011</td>
<td>-.190</td>
<td>-1.286</td>
<td>.205</td>
</tr>
<tr>
<td>MS</td>
<td>-1.542</td>
<td>2.572</td>
<td>-.079</td>
<td>-.599</td>
<td>.552</td>
</tr>
<tr>
<td>ETHN</td>
<td>-2.434</td>
<td>3.019</td>
<td>-.122</td>
<td>-.806</td>
<td>.424</td>
</tr>
<tr>
<td>AGE</td>
<td>.131</td>
<td>.099</td>
<td>.193</td>
<td>1.321</td>
<td>.193</td>
</tr>
<tr>
<td>W-IPV</td>
<td>1.067</td>
<td>2.853</td>
<td>.055</td>
<td>.374</td>
<td>.710</td>
</tr>
</tbody>
</table>

*Note.* Dependent variable = B_SC.

Independent variables. Perpetrator Type = PERP-TYP (0=IPV, 1=CSA);
Substance Abuse = SA (0=yes, 1-no); Years of Education = ED; Employment = EMP (0=employed, 1=not employed); Marital Status = MS (0=single, 1=not single); Ethnicity = ETHN (0=White, 1=Non-white); Number of Years = AGE; Witnessed Intimate Partner Violence = W-IPV (0=yes, 1=not IPV); Experienced Child Sexual Abuse = EXP-CSA (0=yes, 1=not IPV).

In the MGRS model summary, Adjusted R-square was .208 which indicated the predictor variables accounted for 20.8% of the variability in the criterion. In this equation, the $f$ value was 1.399 with a significance level was 0.215, which did not demonstrate a significant influence with a $p > .05$. The results of the analysis are shown in Table 17.
Table 17

**Masculine Gender Role Stress (MGRS) Model Summary**

<table>
<thead>
<tr>
<th>Independent Variables</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Constant)</td>
<td>53.544</td>
<td></td>
<td>2.554</td>
<td>.014</td>
</tr>
<tr>
<td>PERP_TYP</td>
<td>25.207</td>
<td></td>
<td>2.117</td>
<td>.040</td>
</tr>
<tr>
<td>ED</td>
<td>-213</td>
<td>-.227</td>
<td>-.939</td>
<td>.352</td>
</tr>
<tr>
<td>AGE</td>
<td>.061</td>
<td>.312</td>
<td>.196</td>
<td>.846</td>
</tr>
<tr>
<td>W_IPV</td>
<td>10.499</td>
<td>9.265</td>
<td>1.133</td>
<td>.263</td>
</tr>
<tr>
<td>EXP_CSA</td>
<td>6.252</td>
<td>9.619</td>
<td>.092</td>
<td>.590</td>
</tr>
<tr>
<td>SA</td>
<td>5.536</td>
<td>9.619</td>
<td>.086</td>
<td>.568</td>
</tr>
<tr>
<td>EMP</td>
<td>-1.645</td>
<td>2.713</td>
<td>-.606</td>
<td>.547</td>
</tr>
<tr>
<td>MS</td>
<td>4.656</td>
<td>2.788</td>
<td>.237</td>
<td>.102</td>
</tr>
<tr>
<td>ETHN</td>
<td>4.886</td>
<td>4.431</td>
<td>1.103</td>
<td>.276</td>
</tr>
</tbody>
</table>

**Note.** Dependent variable = Masculine Gender Role Stress
Independent variables. Perpetrator Type = PERP-TYP (0=CSA, 1=IPV); Years of Education = ED; AGE = Number of Years; Witnessed Intimate Partner Violence = W-IPV (0=yes, 1=no); Experienced Child Sexual Abuse = EXP-CSA (0=yes, 1=no); Sexual Abuse = SA (0=yes, 1=no); Employment = EMP (0=employed, 1= not employed); Marital Status = MS (0=single, 1=not single); Ethnicity = ETHN (0=White, 1=Non-white).

As shown in Table 17, a significant variable was: perpetrator type, 0.413 p < 0.040. Perpetrators of CSA had higher scores than the perpetrators of IPV with a difference of 25.207 points. This difference demonstrated the CSA perpetrators had more of an influence on the MGRS score than the IPV perpetrators. The results also demonstrated that for every change of one standard deviation in the perpetrator type, there will result in a change of 25.207 in the MGRS score. Chronological age, substance abuse, experience CSA as the victim, witnessed IPV as a child, ethnicity, marital status,
education, and employment were not significant predictors in this model. The linear regression’s F-test had as a null hypotheses that there was no linear relationship between variables, R-squared = 0. The statistics for the model as a whole indicated a lack of explanatory power (f = 1.449; p = .184). Therefore, there was no evidence to reject the null hypothesis, assuming the variances were equal.

**Hypotheses Testing**

**Hypothesis 1**

H$_{01}$. Males, who have perpetrated CSA, will not have significantly different scores on the BSRI-SF than those found in the general public.

H$_{A1}$. Males, who have perpetrated CSA, will have significantly different scores on the BSRI-SF than those found in the general population

The alternative hypothesis stated that males, who have perpetrated CSA, will have significantly different scores on the BSRI-SF than those found in the general public. In order to test whether perpetrators of CSA had significantly different scores on the BSRI-SF than those found in the general public, a one sample t-test was conducted. The BSRI-SF (Bem, 1978) norm score for males was a mean T-score of 50 with a standard deviation of .81. The CSA perpetrators in this study had a mean T-score of 48.97, standard deviation of 8.845, with a p value of .527. Since the p value was greater than 0.05, the alternative hypothesis was rejected, and it was concluded that CSA perpetrators
in this study did not have significantly different scores on the BSRI-SF than those found in the general population.

*Hypothesis 2*

$H_{02}$. Males, who have perpetrated IPV, will not have significantly different scores on the BSRI-SF than those found in the general population.

$H_{A2}$. Males, who have perpetrated IPV, will have significantly different scores on the BSRI-SF than those found in the general population.

The alternative hypothesis stated that males, who have perpetrated IPV, will have significantly different scores on the BSRI-SF than those found in the general population. In order to test whether perpetrators of IPV had significantly different scores on the BSRI-SF than those found in the general public, a one sample t-test was applied by using SPSS. The BSRI-SF (Bem, 1978) norm score for males was a mean T-score of 50 with a standard deviation of .81. This demonstrated that the perpetrators of IPV in this study did not have significantly different T-scores on the BSRI-SF than those found in the general public. The IPV perpetrators in this study had a mean T-score of 50.21, standard deviation of 10.768, with a $p$ value of .917. Since the $p$ value was greater than 0.05, the alternative hypothesis was rejected, and it was concluded that IPV perpetrators in this study did not have significantly different scores on the BSRI-SF than those found in the general population.
Hypothesis 3

$H_{03}$. Perpetration type will not be significantly related to the BSRI-SF scores of participants.

$H_{A3}$. Perpetration type will be significantly related to BSRI-SF scores of participants.

The alternative hypothesis indicated that perpetration type will be significantly related to the BSRI-SF scores. In order to test whether there was a significant relationship between perpetration type and the BSRI-SF scores, linear regression was conducted. As shown in Table 16, the corresponding beta values were 0.310, and the $p$ value was 0.044. Since the $p$ value was less than 0.05, the alternative hypothesis was accepted. Table 15 demonstrates that perpetrators of CSA had BSRI-SF scores nearly six points (5.991) lower than the IPV perpetrator scores. This demonstrated a relatively strong relationship based on the standardized beta of 0.310. The perpetration type was second in strength to perpetrators who had experienced CSA themselves as children with a beta of 0.310 and a $p$ value of 0.044. It was concluded that there was a significant relationship between perpetration type and BSRI-SF scores of males.
Hypothesis 4

H₀⁴. Males, who have perpetrated CSA, will not have significant scores on the MGRS than those found in the general population.

Hᴬ⁴. H₄₀: Males, who have perpetrated CSA, will have significant scores on the MGRS than those found in the general population.

The alternative hypothesis stated that males, who have perpetrated CSA, will have significantly different scores on the MGRS than those found in the general population. In order to test whether perpetrators of CSA in this study had significantly different scores on the BSRI-SF than those found in the general public, a one sample t-test was conducted. The average range of MGRS scores for males, according to Eisler and Skidmore (1987) and Eisler et al. (1988), is between 80 and 90. The CSA perpetrators in the current study had a mean score of 67.87, standard deviation of 29.757. This demonstrated that the perpetrators of CSA in this study had significantly different scores on the MGRS scale than those found in the general public with significance of .003 (p < 0.05). Perpetrators of CSA had experienced less stress in the situations presented in the MGRS scale than those men in the general public. Since the p value was less than 0.05, the alternative hypothesis was accepted, and it was concluded that CSA perpetrators in this study did have significantly different scores on the BSRI-SF than those found in the general population.
Hypothesis 5

H\textsubscript{05}. Males, who have perpetrated IPV, will not have significant scores on the MGRS than those found in the general population.

H\textsubscript{A5}. Males, who have perpetrated IPV, will have significant scores on the MGRS.

The alternative hypothesis stated that males, who have perpetrated IPV, will have significantly different scores on the MGRS than those found in the general population. In order to test whether perpetrators of IPV in this study had significantly different scores on the MGRS than those found in the general public, a one sample t-test was conducted. The average range of MGRS scores for males, according to Eisler and Skidmore (1987) and Eisler et al. (1988), is between 80 and 90. The IPV perpetrators in this study had a mean score of 55.25, standard deviation of 31.057. This demonstrated that the perpetrators of IPV in this study did have significantly different scores on the MGRS scale than those found in the general public with significance of .000 ($p > 0.05$).

Perpetrators of IPV had experienced less stress in the situations presented in the MGRS scale than those men in the general public. Because the $p$ value was less than 0.05, the alternative hypothesis was accepted, and it was concluded that IPV perpetrators in this study did have significantly different scores on the MGRS scale than those found in the general population.
Hypothesis 6

H₀₆. Perpetration type will not have a significant relationship with the MGRS scores of participants.

Hₐ₆. Perpetration type will have a significant relationship with the MGRS scores of participants.

The alternative hypothesis indicated that perpetration type will have a significant relationship with MGRS scores. In order to test whether there was a significant relationship between perpetration type and the MGRS scores, linear regression was conducted.

As shown in Table 17, the corresponding beta value was .413, and the p value was 0.040 < 0.05. Table 17 demonstrates that the MGRS scores of perpetrators of CSA were over 25.207 points higher than the IPV perpetrator scores with a p value of 0.040. This demonstrated a relatively strong effect based on the standardized beta of .413. This was the only significant variable in the model and the most powerful variable in the model. Since the p value was less than 0.05, the alternative hypothesis was accepted, and it was concluded that there was a significant relationship between perpetration type and MGRS scores in this study.
CHAPTER 6
SUMMARY, DISCUSSION, AND IMPLICATIONS

Introduction

Child sexual abuse continues as a relevant concern within the United States with the Department of Health and Human Services reporting in 2008 that 9.1% of the reported cases of maltreatment were classified as sexual abuse (Department of Health and Human Services, 2010). Children have been especially vulnerable and at risk for sexual violence (Cohen, 2008). These reports represent only a small percentage of the actual occurrences of CSA as the numbers of unreported instances have been estimated to be far greater (The American Academy, 2008).

Although researchers have demonstrated connections between gender role stereotypes and the perpetration of IPV, there has been limited transfer of this knowledge to the field of CSA. In the current study, the relationships between sex role stereotypes, gender role stress, and CSA were explored. In this chapter, the outcomes of the study are summarized. Limitations are presented, and recommendations for practitioners and researchers are offered.

The purpose of this study was to explore whether there were similarities or differences between perpetrators of child sexual abuse (CSA) and intimate partner violence (IPV) in regard to attributes of gender role identity and gender role stress. Participants in this study were adult males participating in outpatient counseling services related to their perpetration of either IPV or CSA. The feminist conceptual framework
guided the current study in the exploration of perpetrator type, gender role identity, and gender role stress.

Data were collected from participants in Osceola and Duval Counties in Florida. A total of 65 participants completed survey sets, 58 of which were included in this analysis. Seven incomplete survey sets were excluded from the study due to multiple items or entire pages not having been completed.

**Hypotheses**

Six research questions and their respective hypotheses were used to guide the research. The primary purpose of the current study was to test $H_{A3}$ as to whether perpetrator type would be significantly related to the BSRI-SF scores of participants and $H_{A6}$ to determine if perpetrator type would have a significant relationship with the MGRS scores of participants. The additional alternative hypotheses, $H_{A1}$ and $H_{A2}$, were tested to provide support for $H_{A3}$, $H_{A4}$, and $H_{A5}$ and were tested to provide additional support for $H_{A6}$. The results of the hypotheses testing are presented in Table 18.
Table 18

Summary of Hypotheses Testing Results

<table>
<thead>
<tr>
<th>Alternative Hypotheses</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>$H_{A1}$: Males, who have perpetrated CSA, will have significantly different scores on the BSRI-SF than those found in the general public.</td>
<td>No</td>
</tr>
<tr>
<td>$H_{A2}$: Males, who have perpetrated IPV, will have significantly different scores on the BSRI-SF than those found in the general population.</td>
<td>No</td>
</tr>
<tr>
<td>$H_{A3}$: Perpetration type will have a significant relationship with the BSRI-SF scores of participants.</td>
<td>Yes</td>
</tr>
<tr>
<td>$H_{A4}$: Males, who have perpetrated CSA, will have significantly different scores on the MGRS than those found in the general population.</td>
<td>Yes</td>
</tr>
<tr>
<td>$H_{A5}$: Males, who have perpetrated IPV, will have significantly different scores on the MGRS than those found in the general population.</td>
<td>Yes</td>
</tr>
<tr>
<td>$H_{A6}$: Perpetration type will have a significant relationship with the MGRS of participants.</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Hypothesis 1

The perpetrators of CSA in this study did not have a significantly different scores on the BSRI-SF than those found in the general public. The alternative hypothesis that CSA perpetrators in this study did not have significantly different scores on the BSRI-SF than those found in the general population was rejected.

Hypothesis 2

The perpetrators of IPV in this study did not have significantly different scores on the BSRI-SF than those found in the general public. Since the $p$ value was greater than 0.05, the alternative hypothesis that IPV perpetrators in this study did not have
significantly different scores on the BSRI-SF than those found in the general population was rejected.

_Hypothesis 3_

In order to test whether there was a significant relationship between perpetration type and the BSRI-SF scores, linear regression was applied for this alternative hypothesis. The coefficients were significant for perpetrator type while controlling for education, age, witnessing IPV as a child, own experience of CSA as a child, substance abuse history, employment, marital status, and ethnicity. Because this relationship was significant, the conclusion was to accept the alternative hypothesis that there is a significant effect of perpetration type and BSRI-SF scores of males.

_Hypothesis 4_

In order to test whether perpetrators of CSA in this study had significantly different scores on the BSRI-SF than those found in the general public, a one sample t-test was applied by using SPSS. The CSA perpetrators scores in this study demonstrated significantly different scores on the MGRS scale than those found in the general public. As a result, the alternative hypothesis that CSA perpetrators in this study did have significantly different scores on the BSRI-SF than those found in the general population was accepted.
Hypothesis 5

In order to test whether perpetrators of IPV in this study had significantly different scores on the MGRS than those found in the general public, a one sample t-test was applied for this hypothesis test. The IPV perpetrators in this study did have a significantly different score on the MGRS scale than those found in the general public. Because of this result, the alternative hypothesis that IPV perpetrators in this study will have significantly different scores on the MGRS scale than those found in the general population was accepted.

Hypothesis 6

Linear regression was applied to test the hypothesis that perpetration type will be significantly related to the MGRS scores of males. The beta value for perpetration type was significant while controlling for education, age, witnessing IPV as a child, own experience of CSA as a child, substance abuse history, employment, marital status, and ethnicity. As a result, the alternative hypothesis that there is a significant relationship between perpetration type and MGRS scores was accepted.

Results Examined Using a Feminist Framework

Feminist theory separates the social from the biological, insisting on the existence of a difference between the product of human ideas and the product of biology (West & Zimmerman, 1991). The current study was designed to explore whether treatment models used with perpetrators of IPV could be utilized with perpetrators of CSA. A
feminist theoretical approach was applied to identify whether perpetrators of CSA and perpetrators of IPV were similar in areas of sex-role stereotypes and gender role stress. The participant scores on the BSRI-SF and MGRS were compared to identify any similarities or differences. The current study demonstrated that perpetration type did have a significant relationship with the scores on the measures of gender role stereotypes (BSRI-SF) and gender role stress (MGRS). Perpetrators of CSA demonstrated significantly different scores on the BSRI-SF and MGRS than the perpetrators of IPV. The CSA perpetrators scored lower on the BSRI-SF than the IPV perpetrators; and, higher on the MGRS than the perpetrators of IPV. Although neither the CSA or IPV perpetrators were significantly different than men in the general public regarding scores on the BSRI-SF, the CSA perpetrators had less participants in the masculine category than did the IPV perpetrators; and, more in the androgynous category. On the MGRS, both perpetrators of CSA and IPV were shown to be significantly different than those men in the general public. In addition, perpetrator type was significantly related to the MGRS. Perpetrators of CSA had higher scores than the perpetrators of IPV, demonstrating a tendency to experience stress in situations presented outside the masculine gender role. However, the models as a whole lacked the goodness of fit necessary for drawing firm conclusions regarding the role of these variables in perpetration.
Limitations

This study had several limitations. The study used a sample of convenience due to the difficulty in locating perpetrators of IPV or CSA in the community and not incarcerated or in college, as other studies have done. Also, the survey questionnaire inquired about areas of a sensitive nature and had the potential to elicit socially desirable responses. A socially desirable answer is one in which a participant responds in a specific way to either attempt to make themselves look better to the researcher or to avoid negative feelings about themselves (Singleton & Straits, 1999). This could lead to under reporting of stress when asked about situations outside of gender roles.

Other limitations were related to the sample size, with potential issues with representativeness of the male population at large, and potential issues with generalizability. Due to the sensitive nature of this study, the researcher experienced difficulty in identifying outpatient providers and clients willing to participate in this study. This resulted in a smaller sample size than desired. If the sample size were larger, this may have improved statistical results. That being said, the researcher was able to obtain a sample of adult men with differences in their ethnic backgrounds, education, age, substance abuse histories, experiences with CSA, and histories of witnessing IPV as a child.

An additional limitation of this study was with causal order. In the current study, causal order was not identified as relationships, not cause, were examined.
Implications for Practitioners

The findings of this study have relevant implications for practitioners who provide services, including prevention and treatment, for males who have perpetrated CSA. Treatment interventions for perpetrators of CSA have limited focus on a gender role based approach. In cases where CSA has occurred, practitioners may want to consider addressing the area of gender role stereotypes and gender role stress as an augmentation to their already embraced practice. Providing education regarding gender role stereotypes and gender role stress could be complementary to these programs for perpetrators of CSA. As indicated in this study, perpetration type had a significant effect on the scores of the BSRI-SF and MGRS. Additionally, the perpetrators of CSA demonstrated significantly different scores on the MGRS scale that those men in the general population.

Implications for Public Administration and Policy

The continued occurrence of CSA has been approached in a fragmented and ineffective manner. As CSA is a complex crime, a well-coordinated response on a national level is needed in the United States with policy mandating all States to provide well-coordinated prevention and consistent treatment programs for perpetrators of CSA. Previous prevention efforts have focused on (a) educating the victims (children) on protecting themselves and telling an adult if they have been sexually abused, or (b) teaching parents and other adults how to take action if they suspect a child has been sexually abused. CSA prevention efforts are relatively recent, and these efforts have
been aimed at encouraging those adults with perpetration histories to seek treatment and take responsibility for the crime (Stop It Now! Minnesota, 2005). In support of this approach, the CDC (2004) has stated that resolution of child sexual abuse cannot be accomplished by only focusing efforts after the crime has been perpetrated. A public health approach encourages efforts to shift the focus to preventing the crime before it occurs. A public health approach to CSA addresses the health of an entire population (CDC, 2004).

The findings in the current study support further exploration into bringing gender socialization into the design of prevention programs and treatment programs for CSA perpetrators. Gender places responsibility for the crime squarely on the perpetrator of CSA rather than placing the burden on the child already victimized by the abuse. Like domestic violence, CSA has not always been taken seriously by the police or by the court system. However, it is not only important to hold these perpetrators responsible for their actions. It is equally important to provide more effective mandatory treatment options for the offenders. Much like the mandatory treatment programs for perpetrators of IPV, perpetrators of CSA need to be ordered to participate in treatment programs with consistent research-driven approaches to treatment.

**Suggestions for Future Research**

Understanding the impact of gender role socialization on CSA is imperative to future research. Research sensitive to the effect of gender role stereotypes and gender
role stress may be important to the future practitioners who work with CSA perpetrators. This study was a step in that direction.

Quantifying gender has been criticized in the literature (Hoffman & Border, 2001; Messinger, 2010). The review of literature revealed limited utilization of BSRI-SF and MGRS in the research of CSA. Murnen et al. (2002) completed a meta-analysis of the research literature related to sexual aggression toward women. These researchers identified the constructs of “hostile masculinity” (Malamuth et al., 1991) and Mosher and Sirkin’s (1984) “hypermasculinity” as demonstrating strong implications regarding the instruments to assess masculine gender role ideology and male sexual aggression, but the BSRI, as a general measure of gender role tendency, was not a strong predictor of male sexual aggression. Future research could be conducted to further analyze more empirically related measurement instruments to improve identification of the role of gender in perpetration of CSA.

**Conclusion**

This study adds to the body of knowledge regarding CSA and the gender role stereotypes and gender role stress perpetrators of CSA experience. Perpetrator type (CSA or IPV) was significantly related to the BSRI-SF scores and did have a statistically significant relationship with the MGRS scores in this study. The gender role identity of males who perpetrate CSA and IPV may be related to their perceptions of their role in society as men and the privilege extended to them by a patriarchal society, including the
continued sexual abuse of children. Research models that link patriarchal masculinity with CSA should continue to be explored in future research.
APPENDIX A
BEM SEX ROLE INVENTORY SHORT FORM
Bem Sex Role Inventory
Original Form, Short Form, and Scoring Guide

by Sandra Lipsitz Bem

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Info@mindgarden.com
www.mindgarden.com

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Directions

On the next page, you will find listed a number of personality characteristics. We would like you to use those characteristics to describe yourself, that is, we would like you to indicate, on a scale from 1 to 7, how true of you each of these characteristics is. Please do not leave any characteristic unmarked.

Example: sly

Write a 1 if it is never or almost never true that you are sly.
Write a 2 if it is usually not true that you are sly.
Write a 3 if it is sometimes but infrequently true that you are sly.
Write a 4 if it is occasionally true that you are sly.
Write a 5 if it is often true that you are sly.
Write a 6 if it is usually true that you are sly.
Write a 7 if it is always or almost always true that you are sly.

Thus, if you feel it is sometimes but infrequently true that you are "sly," never or almost never true that you are "malicious," always or almost always true that you are "irresponsible," and often true that you are "carefree," then you would rate these characteristics as follows:

<p>| | | | |</p>
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<thead>
<tr>
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<tbody>
<tr>
<td>Sly</td>
<td>3</td>
<td>Irresponsible</td>
<td>7</td>
</tr>
<tr>
<td>Malicious</td>
<td>1</td>
<td>Carefree</td>
<td>5</td>
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</table>

Please provide the following information:

Name ____________________________
Date ____________________________
Gender (Circle): M F
Phone No. or Address ________________
If a student: School ____________________________ Year in school ____________
If not a student: Occupation ________________

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<tr>
<td>1. Defend my own beliefs</td>
<td>31. Self-reliant</td>
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<tr>
<td>2. Affectionate</td>
<td>32. Yielding</td>
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<td>3. Consolentious</td>
<td>33. Helpful</td>
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<td>4. Independent</td>
<td>34. Athletic</td>
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<td>5. Sympathetic</td>
<td>35. Cheerful</td>
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<td>7. Assertive</td>
<td>37. Analytical</td>
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<td>8. Sensitive to needs of others</td>
<td>38. Shy</td>
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<tr>
<td>9. Reliable</td>
<td>39. Inefficient</td>
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<tr>
<td>10. Strong personality</td>
<td>40. Make decisions easily</td>
<td></td>
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<tr>
<td>11. Understanding</td>
<td>41. Flatterable</td>
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<td>12. Jealous</td>
<td>42. Theatrical</td>
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<tr>
<td>13. Forceful</td>
<td>43. Self-sufficient</td>
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<tr>
<td>14. Compassionate</td>
<td>44. Loyal</td>
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<tr>
<td>15. Truthful</td>
<td>45. Happy</td>
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<tr>
<td>16. Have leadership abilities</td>
<td>46. Individualistic</td>
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<tr>
<td>17. Eager to soothe hurt feelings</td>
<td>47. Soft-spoken</td>
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<tr>
<td>19. Willing to take risks</td>
<td>49. Masculine</td>
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<tr>
<td>20. Warm</td>
<td>50. Gullible</td>
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<tr>
<td>21. Adaptable</td>
<td>51. Solemn</td>
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<tr>
<td>22. Dominant</td>
<td>52. Competitive</td>
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<tr>
<td>23. Tender</td>
<td>53. Chidlike</td>
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<tr>
<td>24. Conceited</td>
<td>54. Likeable</td>
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<tr>
<td>25. Willing to take a stand</td>
<td>55. Ambitious</td>
<td></td>
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<tr>
<td>26. Love children</td>
<td>56. Do not use harsh language</td>
<td></td>
<td></td>
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<tr>
<td>27. Tactful</td>
<td>57. Sincere</td>
<td></td>
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</tr>
<tr>
<td>28. Aggressive</td>
<td>58. Act as a leader</td>
<td></td>
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<tr>
<td>29. Gentle</td>
<td>59. Feminine</td>
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<tr>
<td>30. Conventional</td>
<td>60. Friendly</td>
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## Short Form

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<tbody>
<tr>
<td></td>
<td>Never or almost never true</td>
<td>Usually not true</td>
<td>Occasionally true</td>
<td>Occasionally true</td>
<td>Other wise true</td>
<td>Usually true</td>
<td>Almost always true</td>
</tr>
</tbody>
</table>

1. Defend my own beliefs
2. Affectionate
3. Conscientious
4. Independent
5. Sympathetic
6. Moody
7. Assertive
8. Sensitive to needs of others
9. Reliable
10. Strong personality
11. Understanding
12. Jealous
13. Forceful
14. Compassionate
15. Truthful
16. Have leadership abilities
17. Eager to soothe hurt feelings
18. Socratic
19. Willing to take risks
20. Warm
21. Adaptable
22. Dominant
23. Tender
24. Conceited
25. Willing to take a stand
26. Love children
27. Tactful
28. Aggressive
29. Gentle
30. Convivial
Directions for Scoring the Original Form

For the Masculinity Scale (b), add up the respondents values of these 20 item numbers:
1, 4, 7, 10, 13, 16, 19, 22, 25, 28, 31, 34, 37, 40, 43, 46, 49, 52, 55, 58.
\[\text{+ + + + + + + + + + + + + + + + + + + + + + + + + + + =} \frac{\text{= raw score}}{20}\]

For the Femininity Scale (a), add up the respondents values of these 20 item numbers:
\[\text{+ + + + + + + + + + + + + + + + + + + + + + + + + + + =} \frac{\text{= raw score}}{20}\]

The raw scores are obtained by dividing by 20 to find the average scores. There are 20 items for the Original Form, less any omissions. The other items are fillers and aren't included in scoring.

On the information page in the test booklet, place these raw scores in the boxes marked "R.S." and "b" for the Masculinity scale and "R.S." and "a" for the Femininity scale.

To convert these raw scores into Standard Scores go to Table 1 in the BEM Manual under the section I.B. Administration and Scoring.

For the box "S.S." and "a" put the Standard Score from the column marked Femininity (a) Standard Score (Original) in Table 1 (BEM Manual). For the box "S.S." and "b" put the Standard Score from the column marked Masculinity (b) Standard Score (Original).

Then find the difference between these two standard scores by subtracting the Masculinity score from the Femininity score (a - b). Go to Table 2 (BEM Manual) to convert the difference S.S. score to an Original Form T-Score.

EXAMPLE: If for example, when using the Original Form of 60 items, the addition of all the Femininity Scale (a) responses is 68, then the raw score would be 3.40 (68 divided by 20). Then in Table 1 (BEM Manual), the 3.40 would have a Femininity (a) Standard Score - Original of 26. Do the same for the Masculinity Scale (b) responses using the Masculinity (b) Standard Score - Original column. Then take the difference between the two standard scores, like 26 - 45 (from a raw score of 4.60 from the "b" total) and obtain a value of -19. Then look at Table 2 (BEM Manual) and find -19 under the column Difference SS and the Original Form T-Score is 37.
Directions for Scoring the Short Form

For the **Masculinity Scale** (b), add up the respondents values of these 10 item numbers:

\[ 1, 4, 7, 10, 13, 16, 19, 22, 25, 28; \]
\[ \_ + \_ + \_ + \_ + \_ + \_ + \_ + \_ + \_ = \_ \times 10 \text{ ____________} = \text{ raw score} \]

For the **Femininity Scale** (a), add up the respondents values of these 20 item numbers:

\[ 2, 5, 8, 11, 14, 17, 20, 23, 26, 29; \]
\[ \_ + \_ + \_ + \_ + \_ + \_ + \_ + \_ + \_ = \_ \times 10 \text{ ____________} = \text{ raw score} \]

The raw scores are obtained by dividing by 10 to find the average scores. There are 10 items for the Short Form, less any omissions. The other items are fillers and aren't included in scoring.

On the information page in the test booklet, place these raw scores in the boxes marked "R.S." and "b" for the Masculinity scale and "R.S." and "a" for the Femininity scale.

To convert these raw scores into Standard Scores go to Table 1 in the BEM manual under the section I.b. **Administration and Scoring**.

For the box "S.S." and "a" put the Standard Score from the column marked Femininity (a) **Standard Score (Short)** in Table 1. For the box "S.S." and "b" put the Standard Score from the column marked Masculinity (b) **Standard Score (Short)**.

Then find the difference between these two standard scores by subtracting the Masculinity score from the Femininity score (a - b). Go to Table 2 in the BEM manual to convert the difference S.S. score to a Short Form T-Score.

**EXAMPLE**: If for example, when using the Short Form of 30 items, the addition of all the Femininity Scale (a) responses is 34, then the raw score would be \[ 3.40 \] (34 divided by 10). Then, in Table 1 (in the BEM Manual), the 3.40 would have a Femininity (a) **Standard Score - Short of 25**. Do the same for the Masculinity Scale (b) responses using the Masculinity (b) **Standard Score - Short column**. Then take the difference between the two standard scores, like 25 - 47 (from a raw score of 4.60 from the "b" total) and obtain a value of -18. Then look at Table 2 (BEM Manual) and find -18 under the column **Difference SS** and the Short Form T-Score is 36.
For Dissertation and Thesis Appendices:

You cannot include an entire instrument in your thesis or dissertation, however you can use up to five sample items. Academic committees understand the requirements of copyright and are satisfied with sample items for appendices and tables. For customers needing permission to reproduce five sample items in a proposal, thesis, or dissertation the following page includes the permission form and reference information needed to satisfy the requirements of an academic committee.

Putting Mind Garden Instruments on the Web:

If your research uses a Web form, you will need to meet Mind Garden's requirements by following the procedure described at http://www.mindgarden.com/how.htm#instrumentweb.

All Other Special Reproductions:

For any other special purposes requiring permissions for reproduction of this instrument, please contact info@mindgarden.com.
To whom it may concern,

This letter is to grant permission for the above named person to use the following copyright material,

Instrument: Bem Sex Role Inventory

Author: Sandra Lipsitz Bem


for his/her thesis research.

Five sample items from this instrument may be reproduced for inclusion in a proposal, thesis, or dissertation.

The entire instrument may not be included or reproduced at any time in any other published material.

Sincerely,

Robert Most
Mind Garden, Inc.
www.mindgarden.com
APPENDIX B
MASCULINE GENDER ROLE STRESS RATING SCALE
Male Gender Role Stress (MGRS) Rating Scale

NAME or ID#: __________________________ Date: _____________
Sex: M F Age: _____ Ethnicity: ____________ Marital Status: _______
Highest Grade in School: _____ Work/Job Title: ___________________________

Directions: Please rate the following items according to how stressful the situation would be for you. Give each item your own rating on a scale from 0 (not stressful) to 5 (extremely stressful). Examples might be:

A. Driving a car 0
B. Discovering you have a serious illness 4
C. Losing your keys 2

NOT STRESSFUL                        EXTREMELY STRESSFUL
0                        1                        2                        3                       4                        5

Begin Here:

1. Feeling that you are not in good physical condition
   ______

2. Telling your spouse that you love her/him
   ______

3. Being outperformed at work by a woman
   ______

4. Having to ask for directions when you are lost
   ______

5. Being unemployed
   ______

6. Not being able to find a sexual partner
   ______

7. Having a female boss
   ______

8. Having your lover say that s/he is not satisfied
   ______

9. Letting a woman take control of the situation
   ______

10. Not making enough money
    ______

11. Being perceived by someone as gay or lesbian
    ______
<table>
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<tr>
<th>NOT STRESSFUL</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<th>EXTREMELY STRESSFUL</th>
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<td>12. Telling someone that you feel hurt by what they said</td>
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<td>13. Being married to someone who makes more money than you</td>
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<td>14. Working with people who seem more ambitious than you</td>
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<td>15. Finding you lack the occupational skills to succeed</td>
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<td>16. Losing in a sports competition</td>
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<td>17. Admitting that you are afraid of something</td>
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<td>18. Being with a woman who is more successful than you</td>
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<td>19. Talking with a feminist</td>
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<td>20. Being unable to perform sexually</td>
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<td>21. Being perceived as having feminine traits</td>
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<td>22. Having your children see you cry</td>
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<td>23. Being outperformed in a game by a woman</td>
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<td>24. Having people say that you are indecisive</td>
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<td>25. Being too tired for sex when your lover initiates it</td>
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<td>26. Appearing less athletic than a friend</td>
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<td>27. Talking with a woman who is crying</td>
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<td>28. Needing your spouse to work to help support the family</td>
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<td>29. Having others say that you are too emotional</td>
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<td>30. Being unable to become sexually aroused when you want</td>
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<td>31. Being compared unfavorably to men</td>
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<td>32. Comforting a male friend who is upset</td>
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<td>33. Admitting to your friends that you do housework</td>
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<td>34. Working with people who are brighter than yourself</td>
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<td>35. Getting passed over for a promotion</td>
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<td>36. Knowing you cannot hold your liquor as well as others</td>
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<td>37. Having a man put his arm around your shoulder</td>
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<td>38. Being with a woman who is much taller than you</td>
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<td>39. Staying home during the day with a sick child</td>
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<td>40. Getting fired from your job</td>
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--- On Thu, 12/1/11, Skidmore, Jay <skidmore@spu.edu> wrote:
From: Skidmore, Jay <skidmore@spu.edu>
Subject: RE: instrument for doctoral student
To: "Eileen Abel" <Eileen.Abel@ucf.edu>
Cc: "andiinflorida2003@yahoo.com" <andiinflorida2003@yahoo.com>
Date: Thursday, December 1, 2011, 11:44 PM

Good evening Professor Eileen Abel,

I am pleased to send you the MGRS scale for use in further research (by you and/or your graduate students). The attached file includes my psychometric measure, scoring instructions, some history of its development and proper citations, as well as a list of related articles published over almost 25 years. Also included is a letter of permission, to which you may attach this email to indicate its applicability for you. Some IRBs prefer signed letters of permission; in which case just ask and I can send that by snail mail.

Feel free to contact me again if questions arise about masculine gender roles stress in particular, and/or about men’s studies more broadly. Of course I’d appreciate an abstract or reprint of your findings down the road.

Best regards, Jay

J. R. Skidmore, PhD
Professor and Chair
Clinical Psychology
Seattle Pacific University
skidmore@spu.edu
The Masculine Gender Role Stress (MGRS) rating scale may be used with written permission from the author.

The MGRS questionnaire may ONLY be used for academic research; or by clinical psychologists for assessment or treatment if such use may reasonably be beneficial to patients in clinical care. It may not be used for profit or for any commercial purposes whatsoever. Numerous research studies have been conducted with the MGRS rating scale, which have generally replicated the validity and reliability of the MGRS, and its five-factor structure. Many studies have been published by various researchers examining MGRS findings in relation to health and illness, attitudes and emotional functioning, addiction, violence, social behavior and work satisfaction, among thousands of men of different ages and education levels and backgrounds. [Refer to the enclosed list of references.] Therefore, anyone using the MGRS questionnaire should examine the research literature in these or other appropriate scholarly journals in order to compare findings about specific variables and/or to understand the meaning of test scores in particular populations.

This letter grants you permission to use the MGRS rating scale; please keep it on file. The MGRS questionnaire is a psychological test or measure, and you are held responsible for its ethical use. I would be pleased to hear about the results of your MGRS-related research or clinical work.

Sincerely and respectfully,

Jay R. Skidmore, PhD
Professor of Clinical Psychology
Seattle Pacific University skidmore@spu.edu

MGRS 2008 R9.9
Approval of Exempt Human Research

From: UCF Institutional Review Board #1 FW: 006000351, IRB: 00001138

To: Christelle Marie Schaefer

Date: August 14, 2012

Dear Researcher,

On 8/14/2012, the IRB approved the following activity as human participant research that is exempt from regulation:

Type of Review: Exempt Determination
Project Title: A Comparison of the Sex Role Identity and Masculine Gender Role Stress Scores Between Perpetrators of Child Sexual Abuse and Intimate Partner Violence.
Investigator: Christelle Marie Schaefer
IRB Number: SBE-12-08588
Funding Agency: Grant Title: Research ID: NA

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these changes affect the exempt status of the human research, please contact the IRB. When you have completed your research, please submit a Study Closure request in IRIS so that IRB records will be accurate.

In the conduct of this research, you are responsible to follow the requirements of the Investigator Manual.

On behalf of Sophia Drupielevska, Ph.D., L.C.S.W., UCF IRB Chair, this letter is signed by:

Signature applied by Joanne Muratori on 08/14/2012 09:47:55 AM EDT

IRB Coordinator
APPENDIX E
INFORMED CONSENT/WAIVER OF DOCUMENTED CONSENT
Department of Health & Public Affairs
Doctoral Program in Public Affairs

EXPLANATION OF RESEARCH

Principal Investigator: Christelle M. Schaefer, M.A., LMHC
Faculty Supervisor: Eileen Abel, Ph.D.

Voluntary Participation
You are being invited to take part in a research study. Whether you take part is completely up to you. You do not have to participate. You do not have to answer any question(s) that you do not wish to answer. Please be advised that you may choose not to participate in the study, and may withdraw from the study at any time without consequence. Your program counselor or staff will not be notified of whether or not you participated.

Procedures
You are being asked to participate in this study because you are a client at an outpatient community counseling program. Approval to conduct this study was obtained through the University of Central Florida Institutional Review Board. Additionally, I have the permission of the counseling program that you are participating in to conduct this research study.

If you agree to participate in this study you will be asked to fill out two surveys (Bem Sex Role Inventory Short Form and Masculine Gender Role Stress Rating Scale) and a brief questionnaire. This should take 5-10 minutes at the beginning of your counseling session and you will only be asked to complete the surveys and questionnaire one time only.

Once you complete those forms, you will be asked to place them face down in a large envelope that will be closed after everyone has turned in the forms.

All information is confidential and only the primary investigator has access to the two surveys and questionnaire. Your identity and responses are confidential. Please do not put any name or other identifying information on any of the materials you are given.

There are no known risks or discomforts associated with participation with this study. However, you may be inconvenienced by taking the time to complete the surveys and questionnaire.

There may not be direct benefits to you for participating in this study; however, it is hoped that your participation will lead to knowledge that may help other counseling participants, professionals and contribute to the counseling literature.

You will not receive any money for participating in this study. In addition, participants will not receive extra credit or alternative consideration from the counseling program you participate in for your participation in this study.
You must be 18 years of age or older to take part in this research study.

Study contact for questions about the study or to report a problem:
If you have questions, concerns, or complaints please contact Christelle M. Schafer, M.A., LMHC, Doctoral Student, Public Affairs, College of Health and Public Affairs, Christelle@kights.ucf.edu; or Dr. Eileen Abel. Faculty Supervisor, at 407-823-3667, University of Central Florida, College of Health & Public Affairs, School of Social Work, Orlando, Florida.

IRB contact about your rights in the study or to report a complaint: Research at the University of Central Florida involving human participants is carried out under the oversight of the Institutional Review Board (UCF IRB). This research has been reviewed and approved by the IRB. For information about the rights of people who take part in research, please contact Institutional Review Board, University of Central Florida, Office of Research & Commercialization, 12201 Research Parkway, Suite 501, Orlando, FL 32826-3046 or by telephone at 407-823-3961.

Thank you in advance for your consideration

I understand my rights as a research participant. By completing the surveys and questionnaire, I consent to participate in this research study.
LIST OF REFERENCES


Garcia-Moreno, C. (2003, September). Relationship violence experiences of young people: an overview and some findings from the WHO VAW Study. Non-consensual Sexual Experiences of Young People in Developing Countries: A Consultative Meeting, New Delhi, IN.


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Murnen, S., Wright, C., & Kaluzny, G. (2002). If ‘boys will be boys’, then girls will be victims? A meta-analytic review of the research that relates masculine ideology to sexual aggression. *Sex Roles, 46*(11-12), 359-375.


Violence Against Children: United Nations Secretary-General’s Study, 2006; *Save the children, 10 essential learning points: Listen and speak out against sexual abuse of girls and boys*. Global Submission by the International Save the Children Alliance to the UN Study on Violence Against Children, Oslo, 2005


