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Masculinity and Bystander Attitudes: Moderating Effects of Masculine Gender Role Stress

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Abstract

Objective—The purpose of the current study was to examine the bystander decision-making process as a mechanism by which men’s adherence to various dimensions of traditional masculinity is associated with their confidence to intervene in sexually aggressive events. Further, this study examined the stress men experience from their attempts to adhere to traditional male gender roles as a moderator of this mediational path.

Method—Participants ($n = 252$) completed measures of traditional masculinity, decisional balance (i.e., weighing the pros and cons) for intervening, masculine gender roles stress, and bystander efficacy.

Results—The belief that men must attain social status was associated with more confidence in men’s ability to intervene. This effect was mediated by greater perceived positive consequences for intervention among men high, but not low, in masculine gender role stress. The belief that men should be tough and aggressive was associated with greater perceived negative consequences for intervention and less confidence to intervene. The belief that men should not act in stereotypically feminine ways was directly associated with less confidence for intervention.

Conclusions—Findings highlight the importance of examining masculinity from a multidimensional perspective to better understand how adherence to various norms differentially influences bystander behavior. These findings may help to inform bystander intervention programming.

Keywords

bystander intervention; sex roles; sexual aggression; traditional masculinity; masculine gender role stress

The world is a dangerous place, not because of those who do bad things, but because of those who look on and do nothing.

—Albert Einstein

On October 16, 2013, a young woman was sexually assaulted on a street corner amid a crowd of college students celebrating home-coming. Reports indicate as many as 30 bystanders were present, yet no one stopped to intervene. Instead, a passerby documented the assault via social media by posting a graphic picture and video of the man performing oral sex on the woman (Engle, 2013). Why no one intervened is simply not known; however, this event highlights the important role that bystanders can potentially play in sexual aggression (SA) prevention. Indeed, it is estimated that a bystander is present in approximately one-third of reported sexual assaults (Planty, 2002), which often occur in or around bars or parties. As such, a host of bystander intervention programs exist that aim to prepare both male and female bystanders to intervene in male-to-female SA situations (e.g., Banyard, Moynihan, & Plante, 2007; Berkowitz, 2002; Katz, 1995). Although risk factors for perpetration and victimization are well documented (for a review, see Tharp et al., 2013), the factors that facilitate or inhibit bystanders' helping behavior in SA situations are less well understood. In particular, while many bystander intervention programs for SA focus on reconstructing the way men view masculinity (e.g., Katz, 1995), research that examines how masculine ideology is associated with bystander behavior is still in its infancy. To this end, the purpose of the current study was to (a) examine the bystander decision-making process as a mechanism by which men's adherence to traditional masculine norms is associated with their confidence to intervene in SA, and (b) examine the stress men experience from their attempts to adhere to traditional male gender roles as a moderator of this mediational path.

Men's Confidence to Intervene in Sexual Aggression

The bystander effect is a social psychological phenomenon in which the presence of others hinders individuals' helping behavior (for a review, see Fischer et al., 2011). The decision-making model of bystander behavior (Latané & Darley, 1970) is well-accepted and posits that there are five stages a bystander must go through to intervene: the bystander must (a) notice the event, (b) interpret it as an emergency, (c) develop a feeling of personal emergency, (d) decide how to help, and (e) choose to act. Bystanders may be ineffective at helping because of barriers that are present at each of these steps.

One potential barrier at the fourth and fifth steps of intervention is bystander efficacy, or the confidence that one can perform various bystander behaviors (e.g., Banyard, 2008; Latané & Darley, 1970). Indeed, survey and laboratory-based research demonstrates that bystander efficacy is positively associated with men's bystander behavior, such that men higher in bystander efficacy are more likely to intervene in SA (Banyard, 2008; Parrott et al., 2012). Bystander efficacy and intervention are distinct constructs, and research on bystander

intervention should ideally assess bystander behavior. However, the majority of research that examined the effectiveness of bystander intervention programming has measured bystander efficacy as a proxy for behavior (e.g., Cissner, 2009). Perhaps this is because until recently there were no validated measures of bystander behavior (Banyard, Moynihan, Cares, & Warner, 2014). Indeed, only 25% of program evaluations measured *actual bystander behavior* as a program outcome (Katz & Moore, 2013). Thus, until reliable and valid assessment of bystander behavior becomes more prevalent, it continues to be important for research to consider the individual variables that may account for bystander efficacy, as these may be important to consider for programming efforts.

Influence of Traditional Masculinity on Bystander Behavior

One factor that may influence men's confidence to intervene against SA is their adherence to a traditional masculinity, which promotes male dominance over women (Connell & Messerschmidt, 2005). Prior research indicates individuals who adhere to traditional masculinity may be less likely to intervene in emergency situations than those high in femininity or androgyny (Tice & Baumeister, 1985). Qualitative data suggest that men cite male gender role norms and expectations related to masculinity as barriers to intervening in SA events (Casey & Ohler, 2012). Indeed, research indicates that men report fears that intervening in a SA event will result in losing respect from their male peers, appearing weak or less masculine, and/or being perceived as "gay" by peers (Carlson, 2008; Katz, 2006). Although traditional male gender norms encourage bystander behaviors that may be viewed as heroic (Eagly & Steffen, 1986), interfering against another man's "sexual conquest" is often viewed as the opposite of heroic in male peer groups (Carlson, 2008; Fabiano, Perkins, Berkowitz, Linkenbach, & Stark, 2003).

The reviewed literature suggests belief in traditional masculinity is a potential barrier at the final two steps of intervention for bystander behavior; however, no research has examined specific dimensions of traditional masculinity that may influence bystanders' decisions to intervene in SA. Pertinent theory suggests there is not one monolithic male role norm, but rather multiple masculinities exist (e.g., Connell & Messerschmidt, 2005). A more nuanced approach that considers the endorsement of various beliefs about appropriate behaviors and roles for men has the potential to detect differential relationships with bystander behavior. To this end, Thompson and Pleck (1986) identified three distinct dimensions of traditional masculinity to which heterosexual men vary in their adherence: (a) Status, which reflects the belief that men must attain social status and respect of others; (b) Toughness, which reflects the expectation that men be physically tough and inclined to be aggressive; and (c) Antifemininity, which reflects the belief that men should not act in stereotypically feminine ways or participate in stereotypically feminine activities.

With regard to the influence of masculinity on bystander intervention for SA, the reviewed literature suggests that social pressures discourage men from appearing weak or feminine. Thus, adherence to the toughness or antifemininity norms of masculinity may lead men to perceive significant social costs to intervention, thereby inhibiting them from intervening against SA. Indeed, research indicates that when men are in the presence of male peers, they report that the negative consequences of appearing weak or "unmasculine" outweigh the

benefits of preventing SA (Carlson, 2008). Consistent with the status norm, this fear may be less salient among men who equate masculinity with being higher on the social hierarchy or viewed as the “alpha male.” Indeed, these men may find intervening less difficult because enacting dominance over other men is consistent with their high status masculine identity (Casey & Ohler, 2012). Collectively, this research suggests different dimensions of traditional masculinity may differentially impact men’s decision-making process for SA intervention.

Given this literature, it appears that endorsement of different masculine norms is associated with the perception of benefits and negative consequences of intervention. Using the framework of the decision-making model, extant literature suggests that men’s decisions on how to help (Step 4) and whether or not to take action (Step 5) include weighing the perceived benefits and negative consequences of intervention (Banyard, 2008; Latané & Darley, 1970). This decision-making process, or bystander decisional balance, has been associated with bystander efficacy, such that greater perceived benefits are positively associated with a greater likelihood to intervene in SA (Banyard & Moynihan, 2011).

Masculine Gender Role Stress

Extant literature suggests some men experience a significant amount of negative psychological and physiological effects from their attempts to meet gender-relevant standards, or masculine gender role stress (MGRS; Eisler & Skidmore, 1987; Eisler, Skidmore, & Ward, 1988). MGRS is distinct from adherence to traditional masculinity in that MGRS refers to an individual’s appraisal of specific behaviors as stressful whereas adherence to traditional masculinity is the degree to which men’s self-perceptions include masculine attributes (Eisler et al., 1988). Though conceptually distinct, these two constructs are linked and interact to increase the likelihood of aggression (Jakupcak, Lisak, & Roemer, 2002). Although MGRS has never been empirically linked to bystander behavior, this construct has been identified as a risk factor for SA (Malamuth, Linz, Heavey, Barnes, & Acker, 1995; Smith, Parrott, Swartout, & Tharp, 2014).

While all men may have a tendency to experience some state MGRS when attempting to meet gender relevant standards, men high in trait MGRS are especially prone to stress after gender role threats, especially if they adhere to certain masculine role norms. Perhaps this is because manhood, compared to womanhood, is a precarious social status that is difficult to earn and easy to lose (for a review, see Vandello & Bosson, 2013). Men who experience high levels of stress in relation to gender-relevant threats may act in ways that demonstrate their masculinity. Indeed, experimental research has revealed that men experience anxiety after gender-relevant threats (Vandello, Bosson, Cohen, Burnaford, & Weaver, 2008), which in turn leads them to take measures to reestablish or demonstrate their masculinity (e.g., Cohn, Seibert, & Zeichner, 2009). Certainly, intervening against SA may threaten one’s masculinity, because other men may attack the bystander for unmasculine behavior; however, this consequence of intervention may only be stressful among men who are predisposed to experience MGRS.

The Present Study

Intervention programming for bystanders of SA aims to increase bystander behaviors by reconstructing the way men view masculinity (e.g., Katz, 1995). Specifically, intervention programs focus on challenging and changing masculine norms. Extant research suggests that masculinity is a barrier for bystander behavior (Carlson, 2008; Casey & Ohler, 2012; Fabiano et al., 2003); however, no research has examined specific dimensions of masculinity that may influence bystander intervention specific to SA. Certainly some norms of masculinity (i.e., status) may encourage bystander behavior that is viewed as heroic or chivalrous (Eagly & Steffen, 1986), while other norms (i.e., toughness, antifemininity) may discourage intervening in SA by calling a man's masculinity into question (e.g., Carlson, 2008). Further, men's adherence to these norms of masculinity may differentially affect their decision-making process by influencing their perception of the benefits and consequences of intervening against SA.

The reviewed literature also indicates that MGRS may moderate these mediational paths at multiple points. For instance, the association between gender norm adherence and the decision-making process may be moderated by MGRS, such that gender norm adherence is associated with perceived negative consequences for intervening only among men high in MGRS. In turn, the perception of more negative consequences would be associated with fewer efficacies to intervene. Alternatively, it may be that gender norm adherence is associated with the decision-making process. However, the extent to which perceived negative consequences for intervening is associated with bystander efficacy may be moderated by MGRS, such that perceived negative consequences for intervening are related to less efficacy to intervene only among men high in MGRS.

Based upon this literature, the current study aimed to examine the above-noted theoretically based pathways via the following hypotheses:

Hypothesis 1: Adherence to the status norm will be positively associated with bystander efficacy directly and indirectly via men's perceptions of greater benefits for intervention.

Hypothesis 2: Adherence to the toughness and antifemininity norms will be negatively associated with bystander efficacy directly and indirectly via men's perceptions of greater negative consequences for intervention.

Hypothesis 3: MGRS will moderate the hypothesized mediational paths.

Method

Participants

The distinct set of hypotheses tested herein utilized data that were drawn from a larger investigation on the effects of alcohol and peers on SA and bystander intervention (Parrott et al., 2012). Thus, although the focus of the present investigation did not examine alcohol-related effects, all participants who presented to the laboratory reported alcohol consumption during the past year (see below). The present hypotheses are novel, and the analytic plan was developed specifically to address these aims.

Participants were 261 self-identified heterosexual men between 21 and 35 years of age. Men were recruited from the metro-Atlanta community through Internet advertisements and local newspapers. Respondents were initially screened by telephone to confirm consumption of at least three alcoholic beverages per occasion at least twice per month as well as the absence of alcohol-related problems; nondrinkers were excluded. Upon arrival to the laboratory, participants' age and sexual orientation were confirmed again and resulted in the exclusion of nine participants who did not self-identify as heterosexual. Participants self-reported drinking patterns were also reassessed; however, because the present study did not advance alcohol-related hypotheses, participants were not excluded based on their alcohol use. This left a final sample of 252 men (age $M = 24.85$, $SD = 3.52$). The racial composition of this sample consisted of 60.7% Blacks, 29.4% Whites, 7.9% who identified with more than one race, 2% who identified with another racial description, and .4% who refused to answer. The sample had an average of 14.2 years of education and on average earned between \$10,000 and \$30,000 a year. Men reported consuming an average of 4.75 ($SD = 3.03$) alcoholic drinks per drinking day approximately 2.32 ($SD = 1.40$) days per week. Eighty-one percent of participants reported the consumption of five or more drinks on at least one occasion during the past year. Approximately 85% had never been married. This study was approved by the university's Institutional Review Board.

Measures

Demographic form—This form obtained information such as age, self-identified sexual orientation, race, relationship status, years of education, and yearly family income.

Bystander Efficacy Scale—The Bystander Efficacy Scale (Banyard, Plante, & Moynihan, 2005) is a 14-item Likert-type scale that measures participants' confidence in performing a variety of bystander behaviors related to sex (e.g., "If I hear someone talking about forcing someone to have sex with them, I speak up against it and express concern for the person who was forced") and unrelated to sex (e.g., "Ask a friend who seems upset if they are okay or need help"). Participants rate items on a scale from 1 (*not at all likely*) to 5 (*extremely likely*), with higher scores reflecting greater efficacy for engaging in bystander behaviors. The sum across all 14 items is the total score used. The authors report adequate internal consistency ($\alpha = .87$), which is consistent with the present sample ($\alpha = .85$).

Bystander Decisional Balance Scale—The Bystander Decisional Balance Scale (Banyard et al., 2005) is an 11-item Likert-type scale that measures participants' decisional balance (i.e., weighing the pros and cons) for intervening in a situation where someone may be hurt or is at risk for being hurt. Participants rate each statement (e.g., "I could make the wrong decision and intervene when nothing was wrong and feel embarrassed) on a scale from 1 (*not important*) to 5 (*extremely important*). The Bystander Decisional Balance Scale consists of a *pro attitudes* subscale and a *con attitudes* subscale. In the present study, a total decisional balance score was obtained by subtracting the con attitudes score from the pro attitudes score, with higher scores reflecting greater perceived benefits, relative to negative consequences, of bystander behavior. The authors report acceptable internal consistency ($\alpha = .69$), which is consistent with the present sample ($\alpha = .73$).

Male Role Norms Scale—The Male Role Norms Scale (Thompson & Pleck, 1986) is a 26-item Likert-type scale that measures men’s endorsement of three dimensions of traditional masculine ideology: Status (e.g., “It is essential for a man to always have the respect and admiration of everyone who knows him”), Toughness (e.g., “In some kinds of situations a man should be ready to use his fists, even if his wife or his girlfriend would object”), and Antifemininity (e.g., “It bothers me when a man does something that I consider ‘feminine’”). Participants rate items on a 1 (*strongly disagree*) to 7 (*strongly agree*) scale, with higher scores reflecting greater adherence to the three dimensions of masculinity. Exploratory and confirmatory factor analyses have supported this tri-dimensional factor structure (Sinn, 1997; Thompson & Pleck, 1986). The current investigation examined the status, toughness, and antifemininity subscales represented with 11, 8, and 7 items, respectively, and individual scores were computed as means of the appropriate items. These subscales have acceptable reliability, with α coefficients ranging from .74 and .81 in standardization samples (Thompson & Pleck, 1986), which was consistent with the present sample (Status: $\alpha = .79$, Toughness: $\alpha = .69$, Antifemininity: $\alpha = .69$).

Masculine Gender Role Stress Scale—The Masculine Gender Role Stress Scale (Eisler & Skidmore, 1987) is a 40-item Likert-type scale that measures the degree to which gender relevant situations are cognitively appraised as stressful or threatening. Participants rate items on a scale from 0 (*not stressful*) to 5 (*extremely stressful*), with higher scores indicating more trait MGRS. Items ask participants to rate how stressful various situations would be (e.g., “Admitting that you are afraid of something,” “Having others say that you are too emotional”). Eisler and Skidmore (1987) identified five subscales, and past research has operationalized MGRS by both the scale’s total score and the sub-scale scores. However, the present study conceptualized MGRS as a unitary construct because of difficulties replicating the five-factor structure of the scale (Swartout, Parrott, Cohn, Hagman, & Gallagher, 2014). Standardization data indicate α reliability coefficients that exceed .90, which was consistent with the present sample ($\alpha = .94$).

Procedures

Upon arrival to the laboratory, all participants were led to a private testing room. After providing informed consent, participants completed the questionnaire battery on a computer using MediaLab, 2006, software (Jarvis, 2006). To disguise the true aims of the study, additional questionnaires not pertinent to the aims were administered. The experimenter provided instructions on how to operate the computer program and was available to answer any questions during the session. After completion of the questionnaire battery, participants were debriefed, reimbursed for their time and participation, and thanked for their time.

Analytic Strategy

Data were modeled within a path analytic framework using *Mplus* v. 7.11 (Muthén & Muthén, 1998–2010). Antifemininity, toughness, status, bystander decisional balance and bystander efficacy were z -transformed to enhance interpretability. MGRS was dichotomized, with men scoring low (i.e., at or below the mean) coded zero ($n = 124$) and high (i.e., above the mean) coded one ($n = 128$). All models used maximum likelihood estimation. *SEs* and confidence intervals associated with indirect effects were computed using a bias-corrected

bootstrapping procedure with 5,000 draws (Bollen & Stine, 1990; Preacher & Hayes, 2008). Traditionally, models with nonsignificant χ^2 test statistics ($p > .05$), root mean square error of approximation (RMSEA) below .05, comparative fit index (CFI) scores above .95, and a standardized root-mean-square residual (SRMR) below .06 are judged to fit the data well (Kline, 2010). The Akaike Information Criterion (AIC) is a relative fit index commonly used to compare nonnested models, with lower values indicating better fit. Intercepts were fixed to zero and residual variances were fixed to one for both decisional balance and bystander efficacy in the single-group models; the residual variances were freely estimated but constrained to equality in the multiple-group model.

The hypothesized moderated mediation models were tested using a two-step process. In the first step, a single-group mediational model was estimated with effects of toughness, antifemininity, and status on bystander efficacy mediated by bystander decisional balance. This hypothesized model was then revised to a final model, improving fit and parsimony. In the second step, the final model resulting from step one was fit within a multiple-group framework (high and low MGRS scores, respectively) to test if and how MGRS moderates the mediated effects.

Results

Preliminary Analyses

Sample descriptives and correlations between study variables are presented in Table 1. MGRS was significantly correlated with all other study variables. In addition, bystander efficacy was positively related to bystander decisional balance and negatively related to both toughness and antifemininity. Antifemininity was positively related to male role norm status and toughness. Finally, toughness and status were positively related.

Step 1: Mediation

Coefficients associated with the hypothesized mediation model ($N = 252$) are presented in Figure 1a. This model did not fit the data well ($\chi^2 = 10.03$, $df = 4$, $p = .04$; RMSEA = .077; CFI = .92; SRMR = .06; AIC = 3344.45). Decisional balance was positively associated with bystander efficacy in the hypothesized model. Only status was significantly associated with decisional balance, although the effect of toughness was marginal ($p < .10$). Antifemininity was negatively associated with bystander efficacy while status had a positive effect on this outcome. The effect of antifemininity on bystander decisional balance was weak. Thus, in contrast to Hypothesis 2, a significant indirect effect of antifemininity on bystander efficacy was not tenable; therefore, antifemininity was removed from the final mediation model (see Figure 1b). The final mediation model fit the data well ($\chi^2 = 6.91$, $df = 4$, $p = .14$; RMSEA = .05, 90% CI = [.01, .12]; CFI = .95; SRMR = .06; AIC = 2732.52). All estimated paths in this final model were statistically significant. Decisional balance continued to positively predict bystander efficacy. Consistent with Hypotheses 1 and 2, toughness was negatively associated with both decisional balance and bystander efficacy, whereas status was positively associated with decisional balance and bystander efficacy. Moreover, the respective indirect effects of toughness ($b = -.07$, $SE = .03$, 90% CI = [-.11, -.02], $p < .05$) and status ($b = .06$, $SE = .03$, 90% CI = [.02, .10], $p < .05$) on bystander efficacy via

decisional balance were significant. This global pattern can be interpreted as partial mediation because the direct effects on bystander efficacy remained significant.

Step 2: Moderated Mediation

Consistent with Hypothesis 3, the multiple-group model fit the data well ($\chi^2 = 4.93$ [low MGRS = 2.74, high MGRS = 2.19], $df = 6$, $p = .55$; RMSEA < .01; 90% CI = [.01, .10]; CFI = 1.00; SRMR = .04; AIC = 2722.96). Coefficients associated with the multiple-group model are presented in Figure 2. For men with relatively low levels of MGRS, although bystander decisional balance was significantly associated with bystander self-efficacy, status did not significantly affect decisional balance. Direct effects between both status and toughness on bystander efficacy were significant. The indirect effects of status ($b = .03$, $SE = .03$, $p = .21$, 90% CI = [-.01, .08]) and toughness ($b = .05$, $SE = .03$, $p = .12$, 90% CI = [-.11, .003]) on bystander efficacy via decisional balance were both nonsignificant.

For men with relatively high levels of MGRS, status was significantly and positively associated with decisional balance (i.e., more positive consequences for intervention). In contrast, toughness was not associated with decisional balance. In turn, decisional balance was positively associated with bystander efficacy. There was a significant direct effect of toughness, but not status, on bystander efficacy. This direct effect indicated that after controlling for other variables in the model, higher levels of toughness were associated with lower bystander efficacy. The indirect effect of toughness on bystander efficacy via decisional balance was not significant ($b = -.07$, $SE = .05$, $p = .13$, 90% CI = [-.15, .01]), although the indirect effect of status was significant ($b = .10$, $SE = .05$, $p = .02$, 90% CI = [.04, .19]). This pattern of results suggests the effect of status on bystander efficacy was fully mediated by decisional balance only among men high in MGRS. This effect was not even partially mediated by decisional balance among men low in MGRS.

The difference between the indirect effects of status on bystander efficacy via decisional balance across low and high MGRS men was tested using bootstrapped confidence intervals ($b = .07$, 90% CI = [.01, .16]), which suggests a marginally significant difference ($p < .10$). It is sometimes misleading, however, to directly compare indirect effects because outcome variability may differ across groups (Preacher & Kelley, 2011). Therefore, we calculated the percentage of the total effect accounted for by the indirect effect and compared this across groups. In the high MGRS men, the indirect effect accounted for 58% of the total effect of status on bystander self-efficacy, whereas the indirect effect only accounted for 11% of the total effect in the low MGRS group. Taken together, this pattern of findings supports Hypothesis 3 by providing evidence for mediation, but only among men with high levels of MGRS.

Finally, to determine if moderation is more pronounced in the path from status to decisional balance or decisional balance to bystander efficacy, we tested each effect across groups. Results of Wald tests suggest a nonsignificant difference between effects of status on decisional balance across groups ($b = -.11$, $SE = .11$, $p = .30$, 90% CI = [-.29, .06]) and a marginally significant difference between effects of decisional balance on bystander efficacy ($b = -.20$, $SE = .11$, $p = .07$, 90% CI = [-.37, -.01]). This overall pattern of findings suggests that bystander decisional balance significantly mediates the relation between status

and bystander self-efficacy in men with high MGRS—due mainly to differences across MGRS groups in the extent to which decisional balance predicts bystander efficacy.

Discussion

The present study examined the bystander decision-making process as a mechanism by which men's adherence to traditional masculinity (i.e., adherence to male norms of status, toughness, and antifemininity) is associated with their confidence to intervene in male-to-female sexually aggressive events. Moreover, this study examined the stress men experience from their attempts to adhere to traditional male gender roles as a moderator of this mediational path.

With one exception, findings largely support hypotheses. Results indicate that adherence to the status and toughness norms of traditional masculinity are directly and indirectly associated with bystander efficacy via bystander decision-making (Hypotheses 1 and 2). Specifically, findings suggest that adherence to the status norm is associated with greater perceived positive consequences for intervention (e.g., "friends will look up to me and admire me if I intervene") and more confidence in their ability to intervene. These findings suggest that intervening against SA is consistent with men's high status masculine identity such that having the respect of others gives men the confidence to intervene without concern for negative consequences. Conversely, findings suggest that adherence to the toughness norm is associated with greater perceived negative consequences for intervention (e.g., "intervening might cost me friendships"). Thus, men who equate manhood with acting tough are less confident in their ability to intervene. These findings are in line with pertinent research that suggests negative consequences, such as appearing weak in front of male peers, are a barrier to intervention for SA (Carlson, 2008).

Results also demonstrated that adherence to the antifeminine norm is directly associated with less confidence for intervention (Hypothesis 2). Men high in antifemininity may be less confident in their ability to intervene in SA, and thus less likely to choose to act, because it contradicts their antifeminine masculine identities that promote the devaluation of women. Contrary to hypotheses, bystander decision-making did not mediate the effect of antifemininity on bystander efficacy. This is surprising given data which suggest one barrier to intervening is men's fear of appearing unmasculine or sensitive in front of peers or being perceived as gay (Barone, Wolgemuth, & Linder, 2007; Carlson, 2008). At present, it is unclear whether another mechanism may account for this relationship. More research is needed to determine how men progress through the decision-making model of bystander behavior and whether these men are inhibited from intervening at earlier stages in this model (e.g., taking responsibility).

Of particular importance, findings demonstrate that the indirect effect of status on bystander efficacy is evident among men high, but not low, in MGRS (Hypothesis 3). Men who endorse high levels of MGRS tend to appraise behaviors or situations that deviate from the traditional male gender role as adverse (Eisler et al., 1988). Certainly, witnessing a man force a woman to engage in an unwanted sexual experience may be viewed as a precarious social situation in which men's masculine identity may be at risk. For many men, the

experience of MGRS in this situation may facilitate their “joining” in the assault or being complicit to alleviate this negative state (Carlson, 2008). However, for high status men, state MGRS may trigger them to act in line with their high status identification by encouraging them to “heroically” intervene and reestablish their high status on the social hierarchy. As such, when heterosexual men are confronted with a situational masculinity threat (e.g., the potential to interfere in another man’s “sexual conquest”), MGRS may be an important contributor to their decisions of how to help (Step 4) and whether or not to take action (Step 5). More specifically, these data suggest perceived positive consequences of intervention translate into bystander efficacy among high status men who also experience high MGRS. This effect may be because of men’s expectation that confidence, and by extension the enactment of that confidence via actual intervention, will reaffirm one’s masculine identity and thereby reduce state MGRS. Taken as a whole, these findings highlight that the association between adherence to certain masculine norms (i.e., status) and bystander decision-making is dependent upon this gender-relevant context.

Limitations

Several limitations in the present study warrant discussion. First, because of the cross-sectional design of the study, temporal or causal conclusions about the variables under investigation cannot be confirmed and should be considered tentative. In particular, the present study measured dispositional MGRS and assumed men high in this trait experience high state stress when failing to meet gender relevant standards. Thus, the function of bystander efficacy (and perhaps subsequent bystander behavior) in reducing state MGRS was not directly tested. Second, although prior research has examined bystander efficacy as a proxy for bystander behavior (e.g., Ahrens et al., 2011), it is unclear the extent to which this theorized moderated-mediation pathway influences actual bystander behavior. Thus, future research would benefit from using a variety of methods to examine the decision-making process of bystander intervention, including controlled laboratory paradigms of bystander intervention (Parrott et al., 2012), retrospective self-reports of bystander behavior (Banyard et al., 2014), or collecting observational data in places where SA is likely to occur (Parks, Osgood, Felson, Wells, & Graham, 2013). Such methods allow for the examination of the causal and/or temporal relationship between masculinity relevant variables and bystander behavior. More important, these methods would allow researchers to examine how men who adhere to various gender role norms demonstrate their masculinity by intervening in SA using various methods (e.g., physically intervening, asking the victim if she is okay). Third, research is also needed to determine if our results generalize to samples with other social or cultural characteristics. Of particular note, the present sample was comprised largely of at-risk drinking men, which was defined as the consumption of five or more drinks on at least one occasion during the past year (National Institute on Alcohol Abuse and Alcoholism, 2010). As such, findings cannot be generalized to nondrinking or low risk drinking men. Fourth, comparing structural models across only two groups (low and high MGRS) may have deflated the moderating effect of MGRS; however, the sample size was too small to break participants into thirds (low, moderate, and high MGRS).

Research Implications

The present study is one of the first attempts to examine the influence of various dimensions of traditional masculinity on the bystander decision-making process and men's confidence to intervene in SA. Although many bystander intervention programs for SA focus on reconstructing the way men view masculinity (e.g., Katz, 1995), there is little evidence for the association between masculine ideology and bystander behavior. Thus, the present data represent an important contribution to this limited evidence base. Findings highlight the importance of examining masculinity from a multidimensional perspective to better understand the influence of adherence to various norms of masculinity on bystander behavior.

This study provides preliminary evidence that men's bystander behavior may indeed be influenced by their masculine ideologies. However, it is important to note that when witnessing sexually aggressive behavior men have the opportunity to react in a variety of ways. For instance, a recent study analyzing aggressive incidents involving sexual advances in bars demonstrated that when male friends of perpetrators became involved in incidents of SA, they either discourage their friend's behavior, encourage their friend by joining in or acting as a supportive audience, or apologize to the victim (Graham et al., 2014). Perhaps encouraging SA behavior, rather than intervening, may be a way for men to demonstrate their toughness. Although the current study did not assess nonintervention, engagement behaviors (e.g., encouraging the perpetrator, documenting the event via social media), it is important that future research consider how masculine-relevant variables may influence this type of bystander behavior.

Clinical and Policy Implications

Bystander intervention programs are founded on an extensive social psychological literature on bystander behavior. However, evidence that variables upstream of intervention for SA actually influence bystander behavior is limited. The present findings represent an important step toward addressing this limitation and may inform bystander intervention programming in numerous ways. First, although it is clear that both men and women should be included in programming efforts, findings illustrate the potential value of gender-specific intervention programming. Specifically, conducting male-only groups may allow for more in-depth discussion of the role of masculinity in men's bystander behavior in an environment where men may be most comfortable discussing such topics. Certain dimensions of masculinity may be important to target during intervention programming, namely the assumption that men should be tough and aggressive and should attain social status. As previously noted, witnessing a sexually aggressive event may be an opportunity for men to bolster or to weaken their masculine identity. Programming efforts should address these concerns by discussing how to intervene in situations in which men fear that peers will perceive them as unmasculine. Additionally, intervention programming may be enhanced by taking into account the stress men may experience while trying to conform to traditional masculinity and how this may impact bystander behavior when in the presence of peers. Although pertinent theory suggests MGRS may inhibit bystander intervention, findings demonstrate that this stress may encourage high status men to intervene to act in line with norms suggesting that men must attain the respect of others.

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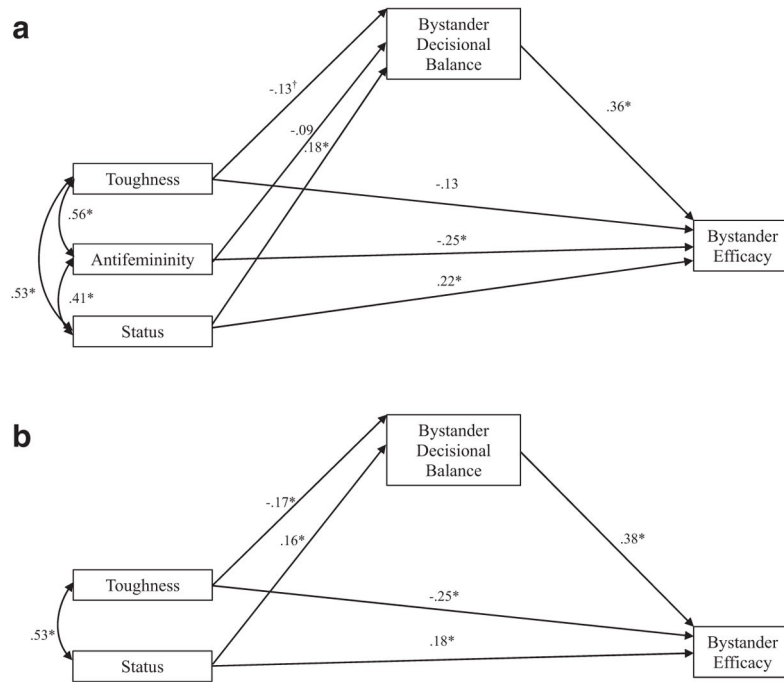


Figure 1. (a) Hypothesized mediation model. (b) Final mediation model. *Note:* * $p < .01$; [†] $p < .10$.

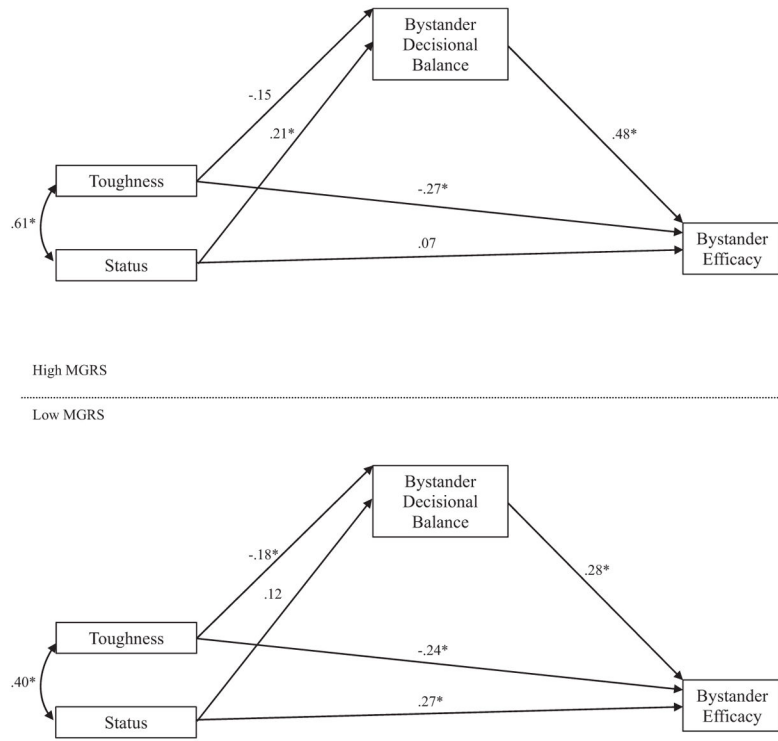


Figure 2. Final moderated mediation model. *Note:* * $p < .05$.

Table 1

Sample Descriptives and Correlations Among Study Variables

Variable	Mean	SD	Range	1	2	3	4	5	6
1. MGRS ^a	73.09	32.67	0, 158	1.00					
2. BDB	2.60	5.80	-15, 18	-.21**	1.00				
3. Bystander efficacy	53.60	9.27	24, 70	-.16*	.41***	1.00			
4. Status	55.18	10.49	20, 77	.16*	.07	.07	1.00		
5. Toughness	35.51	7.58	14, 56	.36***	-.09	-.18**	.53***	1.00	
6. Antifemininity	25.42	7.23	7, 44	.39***	-.09	-.26***	.41***	.56***	1.00

Note. MGRS = masculine gender role stress; BDB = bystander decisional balance.

^aDichotomized.

* $p < .05$.

** $p < .01$.

*** $p < .001$.