

# APA GUIDELINES for Psychological Practice with Boys and Men

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## INTRODUCTION

Boys and men are diverse with respect to their race, ethnicity, culture, migration status, age, socioeconomic status, ability status, sexual orientation, gender identity, and religious affiliation. Each of these social identities contributes uniquely and in intersecting ways to shape how men experience and perform their masculinities, which in turn contribute to relational, psychological, and behavioral health outcomes in both positive and negative ways (e.g., Arellano-Morales, Liang, Ruiz, & Rios-Oropeza, 2015; Kiselica, Benton-Wright, & Englar-Carlson, 2016). Although boys and men, as a group, tend to hold privilege and power based on gender, they also demonstrate disproportionate rates of receiving harsh discipline (e.g., suspension and expulsion), academic challenges (e.g., dropping out of high school, particularly among African American and Latino boys), mental health issues (e.g., completed suicide), physical health problems (e.g., cardiovascular problems), public health concerns (e.g., violence, substance abuse, incarceration, and early mortality), and a wide variety of other quality-of-life issues (e.g., relational problems, family well-being; for comprehensive reviews, see Levant & Richmond, 2007; Moore & Stuart, 2005; O'Neil, 2015). Additionally, many men do not seek help when they need it, and many report distinctive barriers to receiving gender-sensitive psychological treatment (Mahalik, Good, Tager, Levant, & Mackowiak, 2012).

The development of guidelines for psychological practice with boys and men may help to attend to the barriers that lead to the aforementioned disparities. Indeed, the American Psychological Association (APA) has developed guidelines for psychologists working with specific populations such as gay/lesbian/bisexual clients (2012), racial and ethnic minority clients (2017a), older adults (2014), transgender and gender-non-conforming persons (2015a), and girls and women (2007). The APA also has developed guidelines for psychological practice in health care delivery systems (2013a), forensic psychology (2013b), and psychological evaluation in child protection matters (2013c). These guidelines serve to (a) improve service delivery among populations, (b) stimulate public policy initiatives, and (c) provide professional guidance based on advances in the field. Accordingly, the present document offers guidelines for psychological practice with boys and men.

## Purpose and Scope

Professional Practice Guidelines are statements that suggest or recommend specific professional behavior, endeavor, or conduct for psychologists (APA, 2015b). Guidelines differ from standards in that standards are mandatory and may be accompanied by an enforcement mechanism. Thus, guidelines are aspirational in intent, and they are intended to facilitate the continued systematic development of the profession to help assure a high level of professional practice by psychologists (APA, 2015b). Guidelines may be superseded by federal or state laws, and APA (2015b) distinguishes between clinical practice guidelines and Professional Practice Guidelines, noting that the former provides specific recommendations about clinical interventions whereas the latter are “designed to guide psychologists in practice with regards to particular roles, populations, or settings and provide them with the current scholarly literature ... representing [and] reflect consensus within the field” (p. 823). Additionally, as noted by APA (2015b), guidelines “may not be applicable to every professional and clinical situation” (p. 824). Thus, these guidelines are not definitive and are designed to respect the decision-making judgment of individual professional psychologists. In addition, consistent with the recommendations and procedures outlined by APA (2015b), these guidelines will need to be periodically reviewed and updated at least every 8 to 10 years, from the year of acceptance by the APA Council of Representatives, to take into account advances in research, changes in practice, and the effects of changing contemporary social forces and context. Hence, readers are advised to check the current status of these guidelines to ensure that they are still in effect and have not been superseded by subsequent revisions.

The present document articulates guidelines that enhance gender- and culture-sensitive psychological practice with boys and men from diverse backgrounds in the United States. These guidelines provide general recommendations for psychologists who seek to increase their awareness, knowledge, and skills in psychological practice with boys and men. The beneficiaries of these guidelines include all consumers of psychological practice including clients, students, supervisees, research participants, consultees, and other health professionals. Although the guidelines and supporting literature place substantial emphasis on psychotherapy practice, the general guidelines are applicable to all psychological practice (e.g., individual, couples and family work, group work, psycho-educational programming, consultation, prevention, teaching, career counseling) across multiple helping professions (e.g., nursing, social work, counseling, school counseling, psychiatry). Rather than offering a comprehensive review of content relevant to all areas of practice, this document provides examples of empirical and conceptual literature that support the need for practice guidelines with boys and men. We encourage institutions, agencies, departments, and/or individuals to discuss ways in which these guidelines may be applied to their own settings and relevant activities.

## Definitions

### GENDER

Gender refers to psychological, social, and cultural experiences and characteristics associated with the social statuses of girls and women or boys and men, whereas sex refers to biological aspects of being male or female. Gender includes assumptions, social beliefs, norms, and stereotypes about the behavior, cognitions, and emotions of males and females (Pleck, 1981, 1995). Gender norms and stereotypes also vary within and between groups associated with other dimensions of diversity such as ethnicity, sexual orientation (McDermott et al., 2017), ability (Griffith & Thorpe, 2016), socioeconomic class (Liu, 2017; Liu, Colbow, & Rice, 2016), and race (Hammond, Fleming, & Villa-Torres, 2016; McDermott et al., 2017). Although gender and sex can be seen as overlapping and fluid categories with multiple meanings (Marecek, 2002), this document uses the term gender to refer primarily to the social experiences, expectations, and consequences associated with being a boy or man.

### CISGENDER

Cisgender is used to refer to people whose sex assigned at birth is aligned with their gender identity (Green, 2006; Serano, 2006). These guidelines address conflict that cisgender, transgender, and gender-nonconforming individuals may experience due to societal expectations regarding gender roles (Butler, 1990).

### GENDER BIAS

The term gender bias refers to beliefs and attitudes that involve stereotypes or preconceived ideas about the roles, abilities, and characteristics of males and females that may contain significant distortions and inaccuracies. Psychologists have an ethical obligation to recognize and confront these biases (APA, 2010).

### GENDER ROLE STRAIN

Gender role strain is a psychological situation in which gender role demands have negative consequences on the individual or others (for reviews, see Pleck, 1981, 1995). The negative effects of gender role strain are mental and physical health problems for the individual and within relationships (O’Neil, 2008, 2013; Pleck, 1995). Boys and men experience gender role strain when they (a) deviate from or violate gender role norms of masculinity, (b) try to meet or fail to meet norms of masculinity, (c) experience discrepancies between real and ideal self-concepts based on gender role stereotypes, (d) personally devalue, restrict, or violate themselves, (e) experience personal devaluations, restrictions, or violations from others, and/or (f) personally devalue, restrict, or violate others because of gender role stereotypes (Pleck, 1995).

### MASCULINITY IDEOLOGY

Masculinity ideology is a set of descriptive, prescriptive, and proscriptive of cognitions about boys and men (Levant & Richmond, 2007; Pleck, Sonenstein, & Ku, 1994). Although there are differences in masculinity ideologies, there is a particular constellation

of standards that have held sway over large segments of the population, including: anti-femininity, achievement, eschewal of the appearance of weakness, and adventure, risk, and violence. These have been collectively referred to as traditional masculinity ideology (Levant & Richmond, 2007). Additionally, acknowledging the plurality of and social constructionist perspective of masculinity, the term *masculinities* is being used with increasing frequency (Wong & Wester, 2016).

### **GENDER ROLE CONFLICT**

Gender role conflict (GRC) is defined as problems resulting from adherence to “rigid, sexist, or restrictive gender roles, learned during socialization, that result in personal restriction, devaluation, or violation of others or self” (O’Neil, 1990, p. 25). GRC is the most widely studied aspect of masculine gender role strain, and researchers have demonstrated that men experience conflict related to four domains of the male gender role: success, power, and competition (a disproportionate emphasis on personal achievement and control or being in positions of power); restrictive emotionality (discomfort expressing and experiencing vulnerable emotions); restrictive affectionate behavior between men (discomfort expressing care and affectionate touching of other men); and conflict between work and family relations (distress due to balancing school or work with the demands of raising a family; see O’Neil, 2008, 2013, 2015 for reviews).

### **OPPRESSION**

Oppression includes discrimination against and/or systematic denial of resources to members of groups who are identified as inferior or less deserving than others. Oppression is most frequently experienced by individuals with marginalized social identities; is manifested in both blatant and subtle discrimination in areas such as racism, ageism, sexism, classism, and heterosexism; and results in limited access to social power (Robinson, 2012; Worell & Remer, 2003).

### **PRIVILEGE**

Privilege refers to unearned sources of social status, power, and institutionalized advantage experienced by individuals by virtue of their culturally valued and dominant social identities (e.g., White, Christian, male, and middle/upper class; McIntosh, 2008).

### **PSYCHOLOGICAL PRACTICE**

Psychological practice includes activities related to all applied areas of psychology, such as clinical, counseling, and school psychological practice; supervision and training; consultation; teaching and pedagogy; research; scholarly writing; administration; leadership; and social policy (APA, 2010).

### **GENDER-SENSITIVE**

A gender-sensitive treatment, prevention program, or other psychological intervention has been adjusted or manipulated to potentially be more effective or appropriate for men based on the extant literature.

## **Need for Professional Practice Guidelines for Boys and Men**

Boys and men have historically been the focus of psychological research and practice as a normative referent for behavior rather than as gendered human beings (O’Neil & Renzulli, 2013; Smiler, 2004). In the past 30 years, researchers and theorists have placed greater emphasis on ecological and sociological factors influencing the psychology of boys and men, culminating in what has been termed the *New Psychology of Men* (Levant & Pollack, 1995). For instance, socialization for conforming to traditional masculinity ideology has been shown to limit males’ psychological development, constrain their behavior, result in gender role strain and gender role conflict (Pleck, 1981, 1995; O’Neil, 2008; O’Neil & Renzulli, 2013), and negatively influence mental health (e.g., O’Neil, 2008, 2013, 2015) and physical health (Courtenay, 2011; Gough & Robertson, 2017). Indeed, boys and men are overrepresented in a variety of psychological and social problems. For example, boys are disproportionately represented among schoolchildren with learning difficulties (e.g., lower standardized test scores) and behavior problems (e.g., bullying, school suspensions, aggression; Biederman et al., 2005; Centers for Disease Control and Prevention, 2015). Likewise, men are overrepresented in prisons, are more likely than women to commit violent crimes, and are at greatest risk of being a victim of violent crime (e.g., homicide, aggravated assault; Federal Bureau of Investigation, 2015).

Despite these problems, many boys and men do not receive the help they need (Addis & Mahalik, 2003; Hammer, Vogel, & Heimerdinger-Edwards, 2013; Knopf, Park, & Maulye, 2008). Research suggests that socialization practices that teach boys from an early age to be self-reliant, strong, and to minimize and manage their problems on their own (Pollack, 1995) yield adult men who are less willing to seek mental health treatment (Addis & Mahalik, 2003; Wong, Ho, Wang, & Miller, 2017). Further complicating their ability to receive help, many men report experiencing gender bias in therapy (Mahalik et al., 2012), which may impact diagnosis and treatment (Cochran & Rabinowitz, 2000). For instance, several studies have identified that men, despite being 4 times more likely than women to die of suicide worldwide (DeLeo et al., 2013), are less likely to be diagnosed with internalizing disorders such as depression, in part because internalizing disorders do not conform to traditional gender role stereotypes about men’s emotionality (for a review, see Addis, 2008). Instead, because of socialized tendencies to externalize emotional distress, boys and men may be more likely to be diagnosed with externalizing disorders (e.g., conduct disorder and substance use disorders) (Cochran & Rabinowitz, 2000). Indeed, therapists’ gender role stereotypes about boys’ externalizing behaviors may explain why boys are disproportionately diagnosed with ADHD compared to girls (Bruchmüller, Margaf, & Schneider, 2012). Other investigations have identified systemic gender bias toward adult men in psychotherapy (Mahalik et al., 2012) and in other helping services such as domestic abuse shelters (Douglas & Hines, 2011). Broader societal factors, such as the stigma of seeking psychological help, also negatively impact men’s help-seeking behaviors and the subsequent delivery of psy-

chological services (Hammer et al., 2013; Mackenzie, Gekoski, & Knox, 2006; Mahalik et al., 2012).

In addition to specific mental health concerns and help-seeking behaviors, a combination of biological, social, and economic factors may have unique consequences for men's physical health and well-being. For most leading causes of death in the United States and in every age group, boys and men have higher death rates than girls and women (Courtenay, 2011; Gough & Robertson, 2017). For example, despite men having greater socioeconomic advantages than women in every ethnic group, the age-adjusted death rate has been found to be at least 40% higher for men than women (Hoyart & Xu, 2012). Sex differences in risk-taking are largely responsible for this discrepancy, but all of these problems can be exacerbated by social identity statuses such as race, ethnicity, sexual orientation, or social class (Courtenay, 2011).

In summary, contemporary studies indicate that the physical and mental health concerns of boys and men are associated with complex and diverse economic, biological, developmental, psychological, and sociocultural factors. Many of these factors also intersect with men's multiple identities (Gallardo & McNeill, 2009; Liang, Salcedo, & Miller, 2011; Schwing, Wong, & Fann, 2013; Shields, 2008), indicating that understanding how boys and men experience masculinity is an important cultural competency. The psychology of men, however, is rarely taught at either undergraduate or graduate levels (O'Neil & Renzulli, 2013), including multicultural counseling courses (for a review, see Liu, 2005). Research further suggests that having adequate knowledge of men's gender role socialization has important implications for psychological practice with boys (Bruchmüller et al., 2012) and men (Mahalik et al., 2012). Therefore, compelling evidence exists supporting the need for guidelines for psychologists who provide services to boys and men. In the sections to follow, specific guidelines and additional rationale are presented.



# **Guidelines for Psychological Practice with Boys and Men**

## GUIDELINE 1

### **Psychologists strive to recognize that masculinities are constructed based on social, cultural, and contextual norms.**

#### **Rationale**

Clinician awareness of one's stereotypes and biases against boys and men is a critical dimension of multicultural competence (Liu, 2005; Mahalik et al., 2012). Understanding the socially constructed nature of masculinity and how it affects boys and men, as well as psychologists, also is an important cultural competency (Levant & Silverstein, 2005; Liu, 2005; Mellinger & Liu, 2006; Sue & Sue, 2012). It is common to use the term "masculinities" rather than "masculinity" to acknowledge the various conceptions of masculine gender roles associated with an intersection of multiple identities (e.g., rural, working-class, adult, White masculinities may take a different form than urban, teenage, Mexican American masculinities; Kimmel & Messner, 2012). Certain forms of masculinities are more socially central and associated with authority, social power, and influence (Connell & Messerschmidt, 2005). In Western culture, the dominant ideal of masculinity has moved from an upper-class aristocratic image to a more rugged and self-sufficient ideal (Kimmel, 2012). Thus, traditional masculinity ideology can be viewed as the dominant (referred to as "hegemonic") form of masculinity that strongly influences what members of a culture take to be normative.

Prescriptions and proscriptions for behaviors that either align with or contradict the dominant ideal of masculinity are not linear, uniform, or without resistance (Pleck, 1995). Many men are socialized by friends (e.g., mimicking behaviors and interests), family (e.g., imitating parent and sibling behaviors), peers (e.g., conforming to group social norms to avoid ostracism), and society (e.g., adhering to media portrayals of gender conformity) to adopt traditional masculine ideals, behaviors, and attitudes. Yet for some men, this dominant ideology of masculinity has inherent conflicts. For instance, dominant masculinity was historically predicated on the exclusion of men who were not White,

heterosexual, cisgender, able-bodied, and privileged (Liu, 2005). Moreover, the ideal, dominant masculinity is generally unattainable for most men (Pleck, 1995). Men who depart from this narrow masculine conception by any dimension of diversity (e.g., race, sexual orientation, gender identity, and gender expression) may find themselves negotiating between adopting dominant ideals that exclude them or being stereotyped or marginalized (Liang, Rivera, Nathwani, Dang, & Douroux, 2010; Liang et al., 2011; Schwing et al., 2013).

When trying to understand the complex role of masculinity in the lives of diverse boys and men, it is critical to acknowledge that gender is a non-binary construct that is distinct from, although interrelated to, sexual orientation (APA, 2015a). Heteronormative assumptions often falsely conflate sexual and masculine identity for men (Shields, 2008), as well as disregard sexual attraction and gender role adherence for those who identify as a sexual minority, transgender, or gender nonconforming (APA, 2015a; Nagoshi, Brzuzy, & Terrell, 2012). Expression of romantic or sexual attraction might present gay, bisexual, transgender, and gender nonconforming individuals with gender role-related conflict that is, in part, born from violations of heteronormative gender role ideals (Schwartzberg & Rosenberg, 1998), and potentially alienate sexual- and gender-minority men from a complete male identity (Wester & Vogel, 2012). This may ostracize some gay, bisexual, transgender, and gender-nonconforming individuals from an inherent sense of male identity (APA, 2015), leading to feeling pressured to adopt dominant masculine roles to reduce feelings of minority stress (Green, 2005; Skidmore, Linsenmeier, & Bailey, 2006). Additionally, some sexual and gender minority individuals do not wish to label their gender identity and do not feel masculine behaviors are an essential component of male gender identity (Bockting, Benner, & Coleman, 2009). For these individuals, masculinity may be conceptualized as a set of characteristics that fall on a spectrum and are expressed differently from one individual to another, vary over the course of one's identity development, or may depend on external

context (Diamond & Butterworth, 2008; Nagoshi & Brzuzy, 2010; Vegter, 2013).

Although the cultural and societal pressures to endorse, conform to, and perform dominant masculinity are considerable, men still have agency and can part from dominant ideals (Iwamoto & Liu, 2009). Men not meeting dominant expectations often create their own communities within which they develop cultural standards, norms, and values that may depart from dominant masculinity. For instance, in racial and ethnic, youth, or gay communities, boys and men may develop forms of resistance in action and attitudes that challenge the expectations of dominant masculinity, such as that of the "cool pose" of African American men (Majors & Billson, 1993) or the engagement of John Henryism (e.g., working harder) behaviors identified among African American adult men (Matthews, Hammond, Nuru-Jeter, Cole-Lewis, & Melvin, 2013). Although such adaptations challenge hegemonic masculinity, they often carry with them significant problems of their own. For example, despite evidence indicating that African American men engage in John Henryism (Matthews et al., 2013), the long-term effects of these behaviors may be detrimental to health and well-being (McEwen, 2004). Further, despite ethnic minority boys and men's engagement in positive behaviors, they may be stereotyped and subject to labeling by educators, law enforcement, and mental health professionals as aggressive or hypermasculine. For instance, Goff, Jackson, Di Leone, Culotta, and DiTomasso (2014) demonstrated how African American boys are more likely to be perceived as older, less innocent, more responsible for their actions, and being more appropriate targets for police violence. Thus, while most men experience pressures to conform to hegemonic masculinity, some men, particularly those from marginalized groups, may be targets of gendered, racial, and heterosexist stereotypes (Vaughns & Spielberg, 2014).

#### **Application**

Psychologists are encouraged to expand their knowledge about diverse masculinities and to help boys and men, and those who have contact with them (e.g., parents,

teachers, coaches, religious leaders, and other community figures), become aware of how masculinity is defined in the context of their life circumstances. Psychologists aspire to help boys and men over their lifetimes navigate restrictive definitions of masculinity and create their own concepts of what it means to be male, although it should be emphasized that expression of masculine gender norms may not be seen as essential for those who hold a male gender identity. For others, masculinity may function as a means to avoid further marginalization (Sánchez & Vilain, 2012). Clinicians may explore the importance and perceptions of masculinity in minority populations to obtain a better understanding of gender expression across various intersecting identities. Toward that end, psychologists strive to understand their own assumptions of, and countertransference reactions toward, boys, men, and masculinity (Mahalik et al., 2012). Psychologists also can explore what being a man means with those they serve. Further, psychologists may utilize available assessment instruments to help boys and men discover the benefits and costs of their gendered social learning (Mahalik, Talmadge, Locke, & Scott, 2005), such as the Male Role Attitudes Scale (Pleck et al., 1994), the Male Role Norms Inventory, Short Form (Levant, Hall, & Rankin, 2013), and the Conformity to Masculine Norms Inventory (Mahalik et al., 2003), as well as measures of gender role conflict (O'Neil, Helms, Gable, David, & Wrightsman, 1986), gender role stress (Eisler & Skidmore, 1987), and normative male alexithymia (Levant et al., 2006). See Smiler and Epstein (2010) for a review and critique of these instruments.

## GUIDELINE 2

### **Psychologists strive to recognize that boys and men integrate multiple aspects to their social identities across the lifespan.**

#### **Rationale**

There are multiple dimensions to identity, including, age, ethnicity, gender, race, sexual orientation, socioeconomic sta-

tus, spirituality, immigration status, and ability status, and each contributes to a boy's basic sense of self and influences his behavior as he grows (David, Grace, & Ryan, 2006; Wilson, 2006; Vacha-Haase, Wester, Christianson, 2010). Gender is one of the most fundamental of these dimensions (for a review, see Banaji & Prentice, 1994). Gender identity development begins before birth, shaped by the expectations that parents and other significant adults have for how a boy should be treated and how he should behave (Basow, 2006). Boys (and girls) begin to make distinctions between males and females during infancy (Banaji & Prentice, 1994) and increasingly assign certain meanings to being male based on their gender socialization experiences (David et al., 2006). Over time, a boy's gender identity becomes crystallized and exerts a greater influence on his behavior (Banaji & Prentice, 1994). By the time he reaches adulthood, a man will tend to demonstrate behaviors as prescribed by his ethnicity, culture, and different constructions of masculinity.

Inconsistent and contradictory messages can make the identity formation process complicated for some populations of boys and men (Wilson, 2006). For instance, boys and men from racial or ethnic minority backgrounds as well as those who are gay, bisexual, transgender, or intellectually, psychiatrically, or physically disabled may be the targets of various forms of prejudice and microaggressions (Abbot, Jepson, & Hastie, 2016; Nadal, 2008) and often experience conflicts between dominant and minority views of masculinity (Kiselica, Mulé, & Haldeman, 2008; Liu & Concepcion, 2010). Boys with feminine identities or expressions may face especially negative reactions to non-normative gender expressions, including emotional expressions such as passivity or crying (Kane, 2006), and experience strong pressure to demonstrate and conform to masculine expressions. Research has demonstrated the more boys violate norms of masculinity, the more verbal and physical abuse they may face from peers (Kosciw, Greytak, Giga, Villenas, & Danischewski, 2016). These experiences may lead to mental health problems, including depressive symptoms (Dank, Lachman, Zweig, & Yahner, 2014), self-injury (Dickey, Reisner, &

Juntunen, 2015) and suicidality (Clements-Nolle, Marx, & Katz, 2006). Furthermore, policing of masculinity expression in boys by their caregivers tends to be ineffective and emotionally damaging to the child, and creates tension in the relationship (Hill & Menvielle, 2009). Nonetheless, throughout childhood, boys may choose to conform to these norms rather than face disapproval. Further, Liu and Concepcion (2010) argue that some Asian American boys and men give in to the pressure to conform to hegemonic masculinity standards by endorsing masculinity that does not represent their preferred identities. In other situations, African American boys and men who feel they cannot abide by hegemonic masculinity standards construct standards of their own, which can take the form of gang behavior, cool pose, and unique dress codes (Liang, Molenaar, & Heard, 2016; Majors & Billson, 1993). Refugee and immigrant boys and men often have different experiences from boys and men born in the United States (Zayas, 2015) as their development is shaped by traumatic experiences (Brabeck, Lykes, & Hunter, 2014).

Moreover, the painful experiences associated with becoming the target of racism and inequality can lead some minority males to avoid identifying with their cultural heritages (Liu & Concepcion, 2010) and have been associated with poor psychological and physical health outcomes (Alvarez, Liang, & Neville, 2016). For instance, adult African American men in the United States are at greater risk for higher blood pressure, prostate cancer, cardiovascular disease, and stroke (Hammond, 2012; Hammond et al., 2016). Indeed, the relationship between racial discrimination and depressive symptoms was found to be best explained by White, Eurocentric masculine ideals of restrictive emotionality (Hammond, 2012) and self-reliance (Matthews et al., 2013). Among, adult Latino men, Arellano-Morales and her colleagues (2016) found that gender role conflict and life satisfaction were inversely associated among Latino day laborers who experienced high levels of racism but not those who reported lower levels. Regarding Asian American men, investigators have identified that many stereotypes depict them as feminized, weak, or otherwise unmanly (Wong,

Horn, & Chen, 2013; Wong, Owen, Tran, Collins, & Higgins, 2012). Such gendered racism may have a unique effect on Asian men's self-views. For instance, in samples of Asian American men, researchers identified that perpetual foreigner racism-related stress and a desire to appear more "American" predicted unique variance in maladaptive drive for muscularity attitudes beyond the internalization of an athletic-muscular ideal (Cheng, McDermott, Wong, & La, 2016). In terms of immigration status, the vast majority of unaccompanied minors subsequently apprehended by border patrol agents are male (Byrne & Miller, 2012). Young men are often escaping unrelenting and escalating violence from their country of origin (Carlson & Gallagher, 2015), and these experiences often re-shuffle the emotional, behavioral, and relational dynamics of these individuals and their families (Gonzalez, 2011; Jimenez-Castellanos & Gonzalez, 2012; Suarez-Orozco, Yoshikawa, Teramishi, & Suarez-Orozco, 2011).

Boys and men who are members of more than one minority group may have an especially difficult time resolving identity-related conflicts. For example, gay boys and men of color may experience racism in the LGBT community, while also experiencing homophobia/heterosexism in their racial/ethnic community and may choose to turn on and off certain aspects of their identities as they move between different cultural contexts (Nadal, 2008). Similarly, multiethnic and multiracial boys and men may feel pressure from their families to embrace one portion of their identities while experiencing demands from peers to accentuate different ones. These types of vacillations can result in identity confusion and contribute to the development of mental health problems (Nadal, 2008).

As men grow into old age, they take on different roles and challenges that often impel a re-examination of gender expectations. Given that work roles may change through retirement, family roles may change through grand parenting status or loss of a spouse, and health problems often arise, internal conflicts can ensue, especially for men who base their identities on being a financial provider, having physical strength and stamina, or functioning well sexually (Kilmartin & Smiler, 2015).

Moreover, identity changes impelled by aging may interact with any of the aforementioned sources of identity such as race, ethnicity, and sexual orientation (Vacha-Haase et al., 2010). Other experiences common to many men across the lifespan, such as serving in the military, can also have significant impacts on men's identities from young adulthood through old age (Leppma et al., 2016). Indeed, an older man's military service and combat experience may be relevant to his overall well-being, as well as have a negative impact on health-related changes with age (Wilmoth, London, & Parker, 2010). Likewise, transition to retirement can be especially important for older adults who strongly identified with their work and career. Indeed, retirement (and other job changes) may be associated with a loss of power and/or privilege. For example, research demonstrates increased morbidity and mortality risks post-retirement, including suicide, and suggests the potential benefits of preventative interventions for some men facing retirement (Bamia, Trichopoulou, & Trichopoulos, 2008; Brockman, Müller, & Helmert, 2009). Sexual and gender minority persons adhering to rigid masculinity ideologies may have a more difficult time transitioning into older age, since an array of factors influence socialized gender roles at this developmental stage. For example, as older sexual and gender minority individuals leave the workforce, they face significant concerns about independence and financial resources (Dickey & Bower, 2017; Witten & Eyler, 2015), and are more likely than cisgender, heterosexual men to live alone and report lack of social support (Witten & Eyler, 2015). Finally, adherence to rigid masculinity norms for aging gay, bisexual, transgender, and gender-nonconforming persons has been correlated with higher incidents of self-destructive behaviors (e.g., substance use, unprotected sex), physical and mental health problems (e.g., depression, suicide, neglecting medical needs), and fears of not being able to express their male identity due to dementia or being misgendered after death (Courtenay, 2000; Oliffe, 2007; Porter et al., 2016; Sánchez, 2016; Westwood & Price 2016).

## Application

Psychologists strive to understand the important role of identity formation to the psychological well-being of boys and men (Basow, 2006) and attempt to help them recognize and integrate all aspects of their identities (David et al., 2006; Liang et al., 2010; Liu & Concepcion, 2010) throughout the lifespan. For example, as men's career identities shift throughout their lives (Liu, Englar-Carlson, & Minichiello, 2012), psychologists could benefit from understanding and applying general knowledge about adult development and aging (APA, 2014) when working with older adults negotiating role transitions from employed to unemployed (whether by planned retirement or involuntary unemployment) (James, Matz-Costa, & Smyer, 2016). Working toward such goals may be especially challenging with aging, multiracial, multiethnic, and sexual and gender minority males (i.e., gay, bisexual, and transgender) who tend to experience more complicated identity-related conflicts (Nadal, 2008). Thus, psychologists are encouraged to understand the special developmental, educational, career, mental health, and social needs of sexual and gender minority, racial and ethnic minority, boys and men across socioeconomic status, and multiethnic and multiracial boys and men. Providers may need to initiate a discussion about topics related to social and emotional support systems given that social isolation is often identified as an issue for sexual minority and transgender and gender-nonconforming individuals (Porter et al., 2016).

Psychologists look to understand the impact of military service over the lifespan of men. Military veterans represent a broad range of intersecting identities (National Center for Veterans Analysis and Statistics, 2014), and veterans themselves are a distinct cultural group with a wide range of experiences based on military branch, time and place of service, and occupation (National Center for PTSD, 2014; Sherman, Larsen, Borden, & Brown, 2015). In addition to understanding military culture, hierarchy, and reintegration issues, psychologists strive to recognize the connections between military service, masculinities, and common mental health concerns such as post-traumatic stress disorder, traumatic brain injury, substance-related disorders,

depression, anxiety, and suicidal ideation, as well as psychological help-seeking (Leppma et al., 2016; Jakupcak, Primack, & Solimeo, 2017).

Psychologists strive to understand that some racial and ethnic minority boys and men may not have had opportunities to learn about specific aspects of their family's heritage. Therefore, acquiring knowledge about their previously unacknowledged group(s) may offer opportunities to discover additional aspects of their identities or dispel negative and/or unrealistic images that society has promoted about those reference groups (Liu & Concepcion, 2010). Psychologists also strive to reduce and counter the damaging effects of microaggressions by teaching boys and men from historically marginalized backgrounds skills to cope with racism, homophobia, biphobia, transphobia, ageism, ableism, and other forms of discrimination (Liu & Concepcion, 2010; Nadal, 2008; Reel & Bucciare, 2010; Vacha-Haase et al., 2010), and by working with families, schools, and communities to provide supportive environments for these populations.

Psychologists working with boys and men strive to become educated about the history and cultural practices of diverse identities; to understand how these practices relate to racial, ethnic, and cultural identities; to have awareness of how masculinity is conceptualized in these groups; and to communicate this understanding and integrate it into meaningful therapeutic interactions, such as participating in cultural ceremonies and becoming integrated into their clients' respective communities (Liu, 2005). Such practices include a transformation of traditional approaches to those that may be more culturally congruent with their clients' backgrounds (Cervantes, 2014; Liu & Concepcion, 2010). Effective practice also involves learning about the impact of racism and homophobia on the behavior and mental health of boys and men (Helms, Jernigan, & Mascher, 2005), including how prejudicial assumptions and expectations can negatively alter their genuine talents, performances, and identities (Purdie-Vaughns, Stelle, Davies, Dittmann, & Crosby, 2008; Vaughns & Spielberg, 2014). Overall, psychologists are encouraged to attain the attitudes, knowledge,

and skills necessary to effectively work with multicultural issues with boys and men (Liu, 2005) and with aging men (Vacha-Haase et al., 2010).

Psychologists strive to become aware of and eradicate any biases they have toward boys and men from historically marginalized groups (Kiselica et al., 2008; Liu & Concepcion, 2010) and to recognize value conflicts they may have with their service recipients (Nadal, 2008). These biases may manifest in use of heterosexist assumptions (e.g., asking a male client if he has a wife without knowing his sexual orientation) or values (e.g., encouraging a gay man to act less "flamboyantly") (Nadal, 2008). While attempting to understand, respect, and affirm how masculinity is defined in different cultures, psychologists also try to avoid within-group stereotyping of individuals by helping them to distinguish what they believe to be desirable and undesirable masculine traits and to understand the reasons upon which they base these beliefs (Liu & Concepcion, 2010).

Psychologists also strive to work to address the unique relational needs of gay, bisexual, and transgender boys within the family and peer context. Parents and caregivers of sexual and gender minority children, particularly fathers and male caregivers, may benefit from education about the psychology of masculinities, including a range of masculine expression, intersectional identity factors, and the role of social power in maintaining traditional notions of masculinity. Additionally, understanding the likely involvement of genetic factors in the development of gender identity has been especially effective in reducing transphobia in men (Knafo, Iervolino, & Plomin, 2005). These biological factors may be especially helpful for individuals with religious affiliation and conservative social and political views, who may equate masculinity with heterosexuality (Elishberger, Glazier, Hill, & Verduzco-Baker, 2016).

### GUIDELINE 3

## **Psychologists understand the impact of power, privilege, and sexism on the development of boys and men and on their relationships with others.**

### **Rationale**

Although privilege has not applied to all boys and men in equal measure, in the aggregate, males experience a greater degree of social and economic power than girls and women in a patriarchal society (Flood & Pease, 2005). However, men who benefit from their social power are also confined by system-level policies and practices as well as individual-level psychological resources necessary to maintain male privilege (Mankowski & Maton, 2010). Thus, male privilege often comes with a cost in the form of adherence to sexist ideologies designed to maintain male power that also restrict men's ability to function adaptively (Liu, 2005).

Sexism exists as a byproduct, reinforcer, and justification of male privilege. Although the majority of young men may not identify with explicit sexist beliefs (McDermott & Schwartz, 2013), for some men, sexism may become deeply engrained in their construction of masculinity (O'Neil, 2015). For instance, most boys are taught from an early age that they will suffer negative consequences for violating masculine role norms (Reigeluth & Addis, 2016). The impact of such sexism extends from boyhood into adulthood, sometimes influencing critical identity-formative processes such as career choices (Fouad, Whiston, & Feldwisch, 2016) and thus contributing to gender imbalances in female- or male-dominated professions. Growing up in a patriarchal society may also contribute to important public health concerns such as gender-based violence. Indeed, early socialization experiences in childhood, such as being repeatedly shamed for expressing vulnerable emotions, can have lasting influence into adulthood in ways that shape their intimate relationships (Pollack, 1995). For example, several controlled experiments have found that adult men who endorse sexist male role norms are likely to aggress against male and female participants who vio-

late those norms (e.g., Parrott, Zeichner, & Hoover, 2006; Reidy, Shirk, Sloan, & Zeichner, 2009). Men who rigidly adhere to sexist, patriarchal masculine norms also tend to endorse and commit higher levels of intimate partner and sexual violence toward women (Kilmartin & McDermott, 2015). Feminist scholars have argued that some men use violence and control in relationships as a way of maintaining sexist beliefs and dominance over women (e.g., the Duluth Model; Pence & Paymar, 1993). Researchers in the psychology of men and masculinity have identified that insecurities stemming from early childhood experiences (such as attachment insecurities) are linked to adherence to traditional masculinity ideology (Schwartz, Waldo, & Higgins, 2004). Research also suggests that insecurely attached men not only rigidly adhere to sexist gender role ideology, but that they may act on those schemas in ways that promote or justify intimate partner violence (Mahalik, Aldarondo, Gilbert-Gokhale, & Shore, 2005; McDermott & Lopez, 2013).

An analysis of masculine norms may shed light on the context of violence against gender and sexually diverse people, as spaces where this discrimination occurs are often marked by traditional masculinity (Leone & Parrot, 2015). An integral aspect of traditional masculinity is the social power awarded to conformity to masculine norms, while aberrant gendered behavior is punished through gender policing. Sexual minority and transgender and gender-nonconforming persons may be seen as transgressing traditional masculine roles and eschewing stereotypes of binary gender categories. For instance, transgender women may be perceived as men who are “pretending” or “dressing up,” while transgender men may be seen as “not real men” (Salamon, 2009). These harmful perceptions are validated through court systems that enshrine “trans panic” defenses for hate crimes against transgender women (Smith & Kimmel, 2005). Research has carefully detailed the role of masculinity in aggression (both verbal and physical) against those who do not conform to strict gender narratives, leading to violent and often fatal hate crimes against transgender and gender-nonconforming people (Kelley & Gruenewald, 2014).

In addition to increasing the possibility of engaging in violence, men who accept sexist constructions of masculinity are often restricted by codes of conduct that inhibit their ability to be emotionally vulnerable and form deep connections in adult relationships. For instance, although the isolating effects of these beliefs likely depend on a variety of social and ecological contexts (Addis, Mansfield, & Syzdek, 2010), numerous studies have provided evidence that endorsement of sexist male roles is related to men’s fear of intimacy and discomfort with physical affection with other men (for a review, see O’Neil, 2015). In a marital context, husbands’ masculine gender role conflict has been positively associated with their wives’ depression (Breiding, Windle, & Smith, 2008), and several studies have found negative relationships between traditional, sexist masculinities and intimate relationship well-being (O’Neil, 2008, 2015; Moore & Stuart, 2005). Traditional masculinity ideologies have also been linked to parenting concerns, including work-family conflicts (Fouad et al., 2016).

### Application

When working with boys and men, psychologists can address issues of privilege and power related to sexism in a developmentally appropriate way to help them obtain the knowledge, attitudes, and skills to be effective allies and potentially live less restrictive lives. Male privilege tends to be invisible to men, yet they can become aware of it through a variety of means, such as education (Kilmartin, Addis, Mahalik, & O’Neil, 2013) and personal experience (O’Neil, 2015; O’Neil, Egan, Owen, & Murry, 1993). Indeed, awareness of privilege and the harmful impacts of beliefs and behaviors that maintain patriarchal power have been shown to reduce sexist attitudes in men (Becker & Swim, 2012) and have been linked to participation in social justice activities (e.g., White, 2006). When working with gender-diverse survivors of systemic gender oppression, it is important to assess for experiences of trauma and barriers that are enforced in ways that either favor cisgender masculinity or assume a binary identity (Richmond, Burnes, Singh, & Ferrara, 2017). Providers are encouraged to help clients to develop self-advocacy

skills and to tap into their personal and collective resilience in addressing these difficult experiences (Dickey, Singh, Chang, & Rehrig, 2017).

Men who understand their privilege and power may be less apt to rely on power, control, and violence in their relationships (McDermott, Schwartz, & Trevathan-Minnis, 2012; Schwartz, Magee, Griffin, & Dupuis, 2004). Research suggests that helping men understand the negative consequences of sexism for themselves and their relationships with others reduces endorsement of sexist attitudes (Becker & Swim, 2012). Psychologists can help clients develop awareness of systems that assume cisgender masculinity expression is the expected norm, and identify how they have been harmed by discrimination against those who are gender nonconforming. Given the connections between sexism and other forms of prejudice, psychologists may find it useful to link oppressions as a pedagogical strategy, especially when working with boys and men in groups. Psychologists working with boys and men may model gender-egalitarian attitudes and behaviors; modeling non-sexist constructions of masculinity may be especially important. For instance, researchers have found that men tend to overestimate the degree to which other men hold sexist beliefs, and that developing awareness of this discrepancy reduces sexist beliefs (Kilmartin et al., 2008). To further help accomplish this goal, psychologists are encouraged to explore their perceptions of boys and men and to understand that, although not all boys and men hold sexist ideologies, these beliefs are ingrained in the culture at large.

### GUIDELINE 4

#### **Psychologists strive to develop a comprehensive understanding of the factors that influence the interpersonal relationships of boys and men.**

#### **Rationale**

Throughout the lifespan, males experience many developmental changes and

challenges pertaining to intimacy, sex, and emotions, beginning with the universal task of forming intimate attachments with others. Although there is tremendous social and cultural diversity inherent in parenting approaches, some boys are socialized from an early age to avoid intimacy and deep connections with others (Pollack, 1995; Way, 2011), potentially leading to serious relational difficulties later in life (O'Neil, 2015). Indeed, several studies have identified connections between adult attachment insecurity and men's adherence to traditional masculinity ideologies (Mahalik et al., 2005; McDermott & Lopez, 2013; Schwartz et al., 2004).

Additionally, traditional masculinity ideology encourages men to adopt an approach to sexuality that emphasizes promiscuity and other aspects of risky sexual behavior, such as not learning a partner's sexual history or engaging in sex without protection from pregnancy or disease transmission (Kimmel, 2008; Pleck, Sonenstein, & Ku, 2004; Smiler, 2013). Indeed, heterosexual men's adherence to traditional, sexist aspects of masculinity has been connected to sexual assault perpetration (Flood, 2015; Kimmel, 2008; for a review, see McDermott, Kilmartin, McKelvey, & Kridel, 2015), as well as decreased condom use and increased casual "hook-up" sex (Flood, 2008; Pleck et al., 2004; Smiler, 2013).

In addition to influencing sexual relationships, traditional masculinity ideology discourages men from being intimate with others and is the primary reason men tend to have fewer close friends than women (Keddie, 2003; Klein, 2006); this is particularly evident in all-male peer groups (Way, 2011). Because of the pressure to conform to traditional masculinity ideology, some men shy away from directly expressing their vulnerable feelings and prefer building connection through physical activities, talking about external matters (e.g., sports, politics, work), engaging in "good-natured ribbing," exchanging jokes, and seeking and offering practical advice with their male friends (Garfield, 2015; Kiselica, Englar-Carlson, Horne & Fisher, 2008; Pollack, 1998; Way, 2011). However, the majority of boys and men indicate that they have close male friends with whom they share secrets, are emotionally intimate, and view

as a brother (Baumeister & Sommer, 1997; Cross & Madson, 1997; Way, 2011). Thus, boys and men are capable of forming close attachments with others, and this capacity for bonding continues into adulthood in same-sex and cross-sex friendships (Way, 2011) and romantic attachments (Carver, Joyner & Udry, 2003; Smiler, 2013). These relationships enhance the emotional and physical well-being and social adjustment of boys and men throughout the lifespan (Smiler & Heasley, 2016; Vaillant, 2012).

It is important to note that gay, bisexual, and transgender boys and men are also likely to enjoy strong, healthy bonds with family members and peers during their early years, but they regularly experience numerous, stressful relationship challenges as they grow older. Family bonds can be strained, and in some cases shattered, following disclosure of non-heteronormative or transgender identity. For example, individuals who adhere to traditional masculine gender roles hold more negative attitudes toward transgender and gender-nonconforming persons (Tebbe & Moradi, 2012), while affirming families are associated with superior mental health outcomes for transgender and gender-nonconforming persons (Olson, Durwood, DeMeules, & McLaughlin, 2016; Ryan, Russell, Huebner, Diaz, & Sánchez, 2010).

### **Application**

Psychologists strive to promote healthy intimate relationships in boys and men, where healthy relationships are defined and characterized by respect, emotional intimacy and sharing, and mutuality (Garfield, 2015; Smiler, 2016; Way, 2011). Recognizing the primacy of early human attachments, psychologists attempt to help parents form close bonds with their sons through teaching parents about the developmental needs of boys, to respond to boys in a nurturing manner, and to foster a healthy separation and individuation process with their sons (Lombardi, 2012). Further, psychologists recognize how issues of language acquisition, family intergenerational conflict, conflictual values between culture of origin and the United States, and differences in acculturation compared with parents and elders may be present for first-generation boys and men (Kim, Chen, Li, Huang,

& Moon, 2009; Lorenzo-Blanco, Unger, Baezconde-Garbanati, Ritt-Olson, & Soto, 2012; Schwartz, Unger, Zamboanga, & Szapocznik, 2010).

Providing an affirmative and caring environment where clients can explore the intersecting influence of masculinities and race, sexual orientation, and class on behavior is significant to resolving mental health difficulties for sexual and gender minorities (Pelletier & Tschurtz, 2012). Effective clinical care may benefit from examination of the client's and clinician's own binary notions of gender identity as tied to biology, as well as developing insight into how to avoid pathologizing clinical language (Carroll & Gilroy, 2002; Singh, Boyd, & Whitman, 2010).

Psychologists strive to use a variety of methods to promote the development of male-to-male relationships. Toward addressing this goal, psychologists recognize and challenge socialization pressures on boys and men to be hypercompetitive and hyper aggressive with one another to help boys and men develop healthy same-sex friendships. Interactive all-male groups, (Levant, 1996; Mortola, Hiton, & Grant, 2007), self-help books (Garfield, 2015; Smiler, 2016), and educational videos (Hurt & Gordon, 2007; Katz & Earp, 2013) may be helpful or utilized. Psychologists also strive to create psychoeducational classes and workshops designed to promote gender empathy, respectful behavior, and communication skills that enhance cross-sex friendships, and to raise awareness about, and solutions for, problematic behaviors such as sexual harassment that deter cross-sex friendships (Wilson, 2006). Psychologists can discuss with boys and men the messages they have received about withholding affection from other males to help them understand how components of traditional masculinity such as emotional stoicism, homophobia, not showing vulnerability, self-reliance, and competitiveness might deter them from forming close relationships with male peers (Brooks, 1998; Smiler, 2016). In that vein, psychologists strive to develop in boys and men a greater understanding of the diverse and healthy ways that they can demonstrate their masculinities in relationships.

## GUIDELINE 5

### Psychologists strive to encourage positive father involvement and healthy family relationships.

#### Rationale

There are about 70 million fathers in the United States (United States Census Bureau, 2014). Nationally representative samples suggest more than 80% of fathers report being involved in their children's lives, but little more than half of fathers believe they are doing "a very good job" as parents (Jones & Mosher, 2013). Thus, for many fathers, the acceptance of new familial and relationship roles is of particular salience and may include a variety of difficult transitions and responsibilities (Tichenor, McQuillan, Greil, Contreras, & Shreffler, 2011). Many fathers are unsure about how to be directly involved with their children given that mothers continue to be the primary caregivers, and social services tend to be mother-focused in terms of parenting education and support programs (Broughton & Rogers, 2007). Further, most parenting support programs originate from White middle-class values that do not automatically recognize different cultural attitudes toward child-rearing (O'Brien, 2004). Additionally, the traditional paternal breadwinner role is less entrenched in modern families and is giving way to a new focus on the father as a more involved, available, and equal co-parent (Cabrera, Tamis-LeMonda, Bradley, Hofferth, & Lamb, 2000).

Father involvement has been defined as having three components (Pleck, 2007, 2010) that include *positive engagement activities* (e.g., more intensive interactions that promote development), *warmth and responsiveness* (e.g., the ability to respond to the child's needs with warmth and caring), and *control* (e.g., parental monitoring and knowledge of child and child whereabouts, including involvement decisions about monitoring). Two auxiliary domains are indirect care (e.g., activities for the child that are necessary without the child being present, such as providing food and clothing and scheduling health care appointments) and process responsibility (e.g., taking initiative to care for the child rather than waiting for someone else to do

so). Father involvement is a function of an intersection between race or ethnicity and cultural ideologies (Toth & Xu, 1999).

Sociocultural factors such as increasing rates of women entering the paid labor force and the shifting structure of American families from predominantly married, two-parent households to a wider variety of family compositions may be contributing to the evolution of new fathering behaviors and roles. Many fathers by their own volition have reframed traditional masculinity norms and roles of fathers (e.g., breadwinning) to be stay-at-home fathers or fill more nontraditional roles in the family such as co-parenting (Marks & Palkovitz, 2004; McGill, 2014; Rochlen, Suizzo, McKelley, & Scaringi, 2008). This includes spending more time with their children, assuming more childcare tasks, and filling new paternal roles such as the primary caregiver as a stay-at-home dad (Bianchi, Robinson, & Milkie, 2006; Maume, 2011). In many African American communities, there are higher rates of single-parent/women-led households, but African American fathers are increasingly documented as being involved with their children (Doyle, Magan, Cryer-Coupet, Goldston, & Estroff, 2016; Jones & Mosher, 2013). For some fathers, active involvement is not always an option. Fathers who fall outside the dominant construction of White, able, and heterosexual may face additional barriers to their social inclusion with their children (De Finney & Ball, 2015). Structural and/or financial challenges may limit father/parental involvement for low-income individuals (e.g., working multiple jobs, time constraints due to public transportation, etc.). Issues related to ethnicity, socioeconomic status, ability, sexual orientation, immigration status, language, and religion, among other factors, can present barriers that limit fathers' level of contact and engagement with their children as well as their visibility in debates about fatherhood (Coakley, 2013).

Father involvement for resident and nonresident fathers has been consistently linked to positive child outcomes (Marsiglio, Amato, Day, & Lamb, 2000). Longitudinal studies continue to support early findings of the positive influences father involvement has on children's behavioral, psychological, cognitive, and financial stabil-

ity (Sarkadi, Kristiansson, Oberklaid, & Bremner, 2008). Father involvement with infants and young children has been associated with advanced language development, a lower likelihood of cognitive deficits on the Bayley Short Form—Research Edition, a facilitator of positive pre-feeding behavior, and fewer behavioral problems later in childhood (Bronte-Tinkew, Carrano, Horowitz, & Kinukawa, 2008; Erlandsson, Dsilna, Fagerberg, Christensson, 2007; Pancsofar & Vernon-Feagans, 2006; Trautmann-Villalba, Gschwendt, Schmidt, & Laucht, 2006). For school-aged children (approximately 4–12), father involvement has been associated with increased levels of academic achievement, more positive school attitudes, literacy development, academic competence, nonverbal cognitive functioning, fewer internalizing behavior problems, higher levels of emotion regulation and math and reading skills, and social adjustment (Cabrera, Cook, McFadden, & Bradley, 2012; Cook, Roggman, & Boyce, 2012; Pougnet, Serbin, Stack, & Schwartzman, 2011). For nonresident fathers, children's well-being is tied less to fathers' general behaviors (spending time or money) and more to being involved in activities with their children that nurture the father-child relationship (Adamsons & Johnson, 2013). For adolescents, father involvement has been associated with healthier eating patterns, lower internalizing problems especially for daughters, higher self-esteem, less delinquency, fewer depressive symptoms, less violent behavior, better grades, and less substance use (Booth, Scott, & King, 2010; Day & Padilla-Walker, 2009; Stamps Mitchell, Booth, & King, 2009; Stewart & Menning, 2009).

For many men, becoming a father clearly has consequences for their lives and identities (Habib & Lancaster, 2006). Being a good father is an important factor in their definition of success (Tichenor et al., 2011). Becoming a father can be a time for growth by resolving wounds from a man's own father (Levant, 1996) and for reinventing fatherhood, or at least trying to become the father one always wanted. Paternal identity has been positively correlated with generativity, which is concern for future generations and thus important for fostering healthy family relationships



(Christiansen & Palkovitz, 1998). A father scoring high on generativity would presumably demonstrate growth and be on a positive life course trajectory (Palkovitz & Palm, 2009). Habib and Lancaster (2006) found a positive correlation between increased emphasis on paternal identity and paternal-fetal bonding, which was defined as a subjective feeling of love for the unborn child. Therefore, a high importance placed on one's identity as a father facilitates bonding and investment.

Correlational evidence has found a positive association between parenting involvement and positive changes in new fathers' health (e.g., psychological well-being) (Knoester, Petts, & Eggebeen, 2007; Schindler, 2010). A longitudinal study that tracked males from boyhood to fatherhood (ages 11-31) revealed that following the birth of their first biological child, criminal behavior and tobacco and alcohol use all decreased among new fathers (Kerr, Capaldi, Owen, Wiesner, & Pears, 2011). Evidence from a sibling and twin model found that becoming a father after very young adulthood is associated with fewer chronic illnesses among mostly married men (Pudrovska & Carr, 2009). First-time fathers have reported positive changes in their relationships with health professionals, friends, and family; an increased sense of responsibility; and a more united relationship with their spouse (Chin, Hall, & Daiches, 2011). Other studies have found that first-time fathers begin to wear their seatbelts more often, learn new parenting skills, and engage in positive coparenting practices, less risk-taking behaviors, and more self-care activities (Chin et al., 2011; Genesoni & Tallandini, 2009). Furthermore, many fathers describe the birth of their child as a "magical moment," "jolting," "transformative," and the catalyst for "settling down" (Cowan, Cowan, & Knox, 2010; Palkovitz, 2002). As stated by Knoester and Eggebeen (2006, p. 1554): "In other words, there is evidence that becoming a new father transforms men's lives." However, some men experience difficulties in the transition to fatherhood. Postpartum depression affects roughly 10% of fathers in the 3- to 6-month period following birth and is associated with more negative and fewer positive parent-infant interactions (Paulson, 2006, 2010). Men

also experience grief and loss due to miscarriages and pregnancy loss (Rinehart & Kiselica, 2010).

### **Application**

Provided that positive paternal engagement and inclusive communication tend to have long-term emotional and psychological benefits for both children and fathers (Maurer & Pleck, 2006; Pleck, 1997), psychologists strive to promote healthy father involvement and father engagement in treatment with their children and families. Father involvement in clinical treatment bodes well for improvement in child outcomes (Bagner & Eyberg, 2003; Lundahl, Tollefson, Risser, & Lovejoy, 2008). Psychologists can promote strengths of father involvement. For instance, active play and physical exercise with their children have been linked to higher levels of father involvement and better child health (Berg, 2010; Fletcher, Morgan, May, Lubans, & St. George, 2011; Garfield & Isacco, 2012). According to Bogels and Phares (2008), active play between fathers and children has a functional element correlated with several positive child outcomes, such as competitiveness without aggression, cooperation that buffers anxiety, healthy experimentation, social competence, peer acceptance and popularity, and a sense of autonomy.

Despite changing economic and demographic trends, such as more dual career families and more mothers in the workforce than previous generations, paternal financial contributions to their children (i.e., being a "provider" and "breadwinner") have remained a salient aspect of men's parenting role, identity, and involvement. Fathers are still more often the breadwinners within families, and their financial contributions have been shown to contribute to children's education and well-being while also protecting against childhood poverty and the associated negative outcomes (Schindler, 2010). At the structural and institutional level, psychologists can help fathers eliminate custodial, legal, psychological (e.g., depression, anxiety, substance abuse, alcohol abuse, low self-efficacy), interpersonal (e.g., relationship discord/conflict with a coparent), communication, and economic barriers to their positive involvement (Isacco, Garfield,

& Rogers, 2010). Psychologists can also support kinship structures that provide father figures for gay adults (Levitt, Horne, Puckett, Sweeney, & Hampton, 2015).

Fathering programs are a valuable component of family life education. Psychologists can identify institutional resources to promote positive fathering. For example, high-dosage Head Start programs for fathers have been linked with increased father involvement and higher mathematics scores for children (Fagan & Iglesias, 1999). Fathering empowerment programs increase fathers' beliefs in their ability to teach their children (Fagan & Stevenson, 2002). Psychologists can employ special parent education curriculums to prepare expectant fathers for the challenges, duties, and joys of fatherhood (Hayes & Sherwood, 2000; National Family Involvement Network, n.d.; National Fatherhood Initiative, 2007). Specialized programs can be used with particular populations such as teenagers (Kiselica & Kiselica, 2014; Kiselica, Rotzien, & Doms, 1994) and incarcerated fathers (National Fatherhood Initiative, 2007).

## **GUIDELINE 6**

### **Psychologists strive to support educational efforts that are responsive to the needs of boys and men.**

#### **Rationale**

The provision of a high-quality education characterized by a safe and supportive learning environment, a challenging curriculum, and systematic career education and counseling enhances the intellectual, emotional, and social development of individuals and helps them to prepare for their future roles in the community and workforce (Foxy, Baker, & Gerler, 2017). Boys who take advantage of educational opportunities are more likely to find employment and earn higher salaries than their peers who drop out of school (Bureau of Labor Statistics, 2008); however, there are data to suggest that a disproportionate number of boys are underperforming academically (Kena et al., 2014), and

although certain college majors continue to be male dominated, men in general are falling behind their female peers in higher education (Kena et al., 2014). These problems appear to be particularly salient for African American and Latino boys (Fergus, Noguera, & Martin, 2014) and men (Kena et al., 2014). Boys also face greater odds of being diagnosed with a developmental disability (Boyle et al., 2011) that can impair academic functioning and/or result in placement in special education classes. Moreover, it is well documented that boys of color are disproportionately punished more severely for similar behavioral issues compared to their White peers (Skiba, Michael, Nardo, & Peterson, 2002), and such practices are linked to more serious legal problems later in life for men of color (Rios, 2011). Thus, helping boys to overcome school-related challenges (e.g., structural, learning, educational, social, etc.) is crucial because young men experiencing these problems are at risk of dropping out of school, earning less income, changing jobs more often, and suffering longer periods of unemployment than males who complete high school and college (United States Department of Labor Statistics, 2018). These types of labor-related difficulties are commonly a source of significant stress (Kiselica et al., 2008).

Addressing the school-related problems of boys is also important, because many of the problems posed by boys in schools (e.g., classroom disruption, poor organization, sexual harassment, bullying, discourtesy) have a detrimental impact on the academic and social experiences of other students (Juvonen, Wang, & Espinoza, 2011; Lacey & Cornell, 2013). There is also a clear link between school failure and various other social problems, including antisocial behavior, drug abuse, high-risk sexual behavior, and premature fatherhood, all of which place tremendous social and economic burdens on society (Bradford & Noble, 2000).

Moreover, aspects of masculinity ideology may contribute to the school-related problems of boys (O'Neil & Luján, 2009). Dysfunctional boy codes for behavior, such as the belief that being studious is undesirable, suppress academic striving among some boys (A.J. Franklin, 2004; Wilson, 2006). Constricted notions of masculinity

emphasizing aggression, homophobia, and misogyny may influence boys to direct a great deal of their energy into disruptive behaviors such as bullying, homosexual taunting, and sexual harassment rather than healthy academic and extracurricular activities (Steinfeldt, Vaughan, LaFollette, & Steinfeldt, 2012).

### **Application**

Psychologists strive to raise awareness about the special academic, communication, and school-adjustment problems of boys among teachers, educational support staff, school administrators, parents, and policy makers. Boys are more likely to be diagnosed with ADHD (Arnett, Pennington, Willcutt, DeFries, & Olson, 2015; Willcutt, 2012), likely because the presentation is associated with problematic externalizing behaviors (e.g., classroom disruption). Girls with ADHD often have more attentional issues than hyperactivity issues, which are not as noticeable (Ruckledge, 2010). Thus, psychologists can be mindful of the existing diagnostic criteria for ADHD and not let the client's gender influence the diagnosis (Bruchmüller et al., 2012). Because many school-related difficulties for boys emerge at an early age, psychologists can initiate changes in practices that will enhance the early school adjustment of boys who are struggling academically, such as remedial reading instruction, training behavioral inhibition, and providing verbal experience (Eliot, 2009). Psychologists are also encouraged to engage boys in strength-based experiential groups to promote friendships and support among boys while helping them critically examine dysfunctional boy codes and restrictive notions of masculinity (Mortola et al., 2007).

Psychologists strive to assist school officials with the development of anti-bullying policies and implementation of anti-bullying campaigns (Orpinas & Horne, 2010). Children with disabilities—sensory, cognitive, and physical disabilities—are disproportionately impacted by bullying (Simpson, Rose, & Ellis, 2016), with some evidence suggesting that boys engage in higher rates of cyberbullying (Heiman & Olenik-Shemesh, 2015). Further, because sexual harassment and bullying of sexual minority youth is an especially common

problem exhibited by boys in schools, it is recommended that school policies contain specific language addressing bullying associated with sexism, racism, and homophobia (Kiselica et al., 2008). Psychologists are encouraged to develop strategies to assist both perpetrators and victims of bullying, helping perpetrators to be accountable for their behavior, as well as to distinguish between healthy and unhealthy uses of power and understand how their misuse of power hurts others; and helping victims recover from trauma and engage in risk reduction (Reese, Horne, Bell, & Wingfield, 2008; Wilson, 2006). Psychologists are thus encouraged to assist in the development of positive school climates (Olweus & Limber, 2010; Orpinas & Horne, 2010); this can be accomplished through modeling nonrestrictive masculinity behaviors, awareness of appropriate limit setting, and affirming and encouraging positive behaviors (Wilson, 2006; Kiselica et al., 2008).

Psychologists also strive to promote the career development and workforce readiness of boys and men. Ideally, developmental career counseling and education begins with boys at the grade school level and continues into the high school years with services designed to assist young men to choose a career and make the transition into the workforce or higher education (Foxy et al., 2017). A particular focus of career education with boys includes encouraging them to explore the full range of career options, not just those that men have traditionally pursued. In addition, psychologists strive to address the difficult barriers and the culture-specific issues impeding the educational and career development of racial and ethnic minority, immigrant, boys with cognitive disabilities, and low-income boys by creating partnerships with schools, health care facilities, social service agencies, and businesses to provide them with mentors to guide and inspire educational striving, skills to cope with stressful life circumstances, and incentives to succeed in school, go on to college, and enter the workforce (Kiselica et al., 2008). For example, gender diverse people are 3 times as likely as cisgender people to be unemployed (S.E. James et al., 2016).

## GUIDELINE 7

### **Psychologists strive to reduce the high rates of problems boys and men face and act out in their lives such as aggression, violence, substance abuse, and suicide.**

#### **Rationale**

Although the vast majority of males are not violent, boys and men commit nearly 90% of violent crimes in the United States (United States Department of Justice, 2011). Many boys and men have been socialized to use aggression and violence as a means to resolve interpersonal conflict (Moore & Stuart, 2005). Family, peers, and media often reinforce the connection between aggressive behavior and masculinity (Kilmartin & McDermott, 2015; Kilmartin & Smiler, 2015). Childhood physical and/or sexual abuse victimization has been found to be a significant precursor to aggressive behavior in boys and men (Jennings, Piquero, & Reingle, 2012; Tyler, Johnson, & Brownridge, 2008). Other risk factors for aggressive behavior include poor parental and teacher supervision, low academic achievement, frequent viewing of violent media, and living in high crime neighborhoods (Reese et al., 2008). For some men, perpetrating violence, including violence against gender-diverse people, serves to protect and enhance the perpetrator's own masculinity (Reigeluth & Addis, 2016). Therefore, aggression may serve as public behavior wherein men can prove their masculinity, either against a worthy rival or against those considered unworthy of the label man (K. Franklin, 2004; Whitehead, 2005), in order to bolster confidence in their masculine identity.

Men are at high risk of being the victims of violent crime (Federal Bureau of Investigation, 2015). For African American males ages 10 to 24, homicide is the leading cause of death; it is the second leading cause of death for Hispanic youth of the same ages (United States Department of Justice, 2011). Men who have experienced violence and abuse in childhood are more likely to have higher rates of mental illness (Cashmore & Shackel, 2013). Men who are violent toward their partners are more likely to have been physically abused and/or witnessed domestic violence as children

than those who are not violent (Renner & Whitney, 2012). Gender-diverse men are disproportionately targeted by the criminal justice system and incarcerated. For example, documented rates of arrest for transgender and gender-nonconforming people range from 35 to 72%, and 35% of transgender people have been victimized while imprisoned by inmates and guards (Beck, 2014).

Suicide rates are also higher for men who have been abused or witnessed abuse in childhood (Cashmore & Shackel, 2013), and men in general constituted more than 70% of suicide deaths in the United States between 2000 and 2012 (American Foundation of Suicide Prevention, 2015). Childhood suicide rates have increased among school-aged African American males in relation to White males (Bridge et al., 2015)

In addition, suicide rates in men over 70 are higher than in any other demographic group worldwide (World Health Organization, 2014). The suicide rates of American Indian and Alaska Native men have increased by 38% in recent years (Case & Deaton, 2015). In epidemiological studies, substance abuse and alcohol abuse were correlated with higher suicide rates among men (Pompilli et al., 2010). Many men use alcohol or other drugs as a trauma-related avoidance response to difficult emotional situations and uncomfortable affective states (Elder, Domino, Mata-Galán, & Kilmartin, 2017), and investigators have uncovered strong links between alcohol and suicide completion (Kaplan et al., 2013). Although the depression rates among men are 50% that of women (Martin, Neighbor, & Griffith, 2013), researchers believe that many men express depression covertly, manifesting as irritability, interpersonal distancing, sensitivity to threats to self-esteem and self-respect, compulsivity, somatic complaints, and difficulty with motivation and concentration (Martin et al., 2013). Lending credence to the covert aspect of many men's depression are suicide rates 4 times that of women, despite the lower depression rate for men as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM) cri-

teria (American Foundation of Suicide Prevention, 2015; Lynch & Kilmartin, 2013).

A more detailed analysis of the health consequences facing racial and ethnic minority and sexual and gender minority populations of boys and men encountering trauma, substance abuse, depression, and violence can be found in the *Health Disparities in Vulnerable Boys and Men* report made to the APA (2017b).

#### **Application**

Psychologists strive to understand the multiple cultural and individual difference factors that lead to aggression and violence in men and boys (Reese et al., 2008), including the intersection of exposure to adverse childhood experiences and traditional masculine socialization where applicable (Liang & Rivera, in press). By having empathy for the causes (e.g., lack of personal and social resources to cope with trauma) of aggressive and violent behavior, psychologists strive to prevent violence by adopting trauma-sensitive and gender-sensitive approaches with young boys in schools (Liang & Rivera, in press) and by using psychological methods that increase empathy for others, model control of aggressive behavior, and increase communication skills or problem-solving (Kilmartin & Smiler, 2015; Reese et al., 2008). In educational, correctional, and therapeutic settings, psychologists are encouraged to work with boys and men who have had difficulties with aggression and violence, and to focus on treatment and remediation when working with incarcerated individuals. In such settings, psychologists strive to have empathy for men's traumatic pain while also holding them accountable for their behavior. Furthermore, given that further research is needed to understand the efficacy of violence intervention programs focused on men's issues, psychologists are encouraged to conduct such effectiveness studies and to test the consequences of modifying existing programs to include issues relevant to boys and men (e.g., rigid adherence to restrictive masculinity ideologies).

Many boys and men do not willingly reveal the extent of childhood trauma to others (Lisak, 2001). Psychologists are encouraged to be attentive to the shame many men feel about discussing abuse and

emotional distress (Shepard & Rabinowitz, 2013) and strive to remain empathic, supportive, and patient with their interventions with boys and men who may manifest defensive and masked reactions to educational and therapeutic interventions. Psychologists are especially encouraged to assess for early psychological trauma in men who present for depression, substance abuse, post-traumatic stress, and intimate partner violence (Lisak & Beszterczey, 2007). Psychologists strive to be aware of potential underlying affective disorders such as depression and anxiety when considering therapeutic interventions with men who display aggression and violence (Cochran & Rabinowitz, 2000; Fleming & Englar-Carlson, 2008).

## GUIDELINE 8

### **Psychologists strive to help boys and men engage in health-related behaviors.**

#### **Rationale**

For most leading causes of death in the United States and in every age group, males have higher death rates than females (Courtenay, 2011; Gough & Robertson, 2017). Despite having greater socioeconomic advantages than women, men's life expectancy is almost 5 years shorter than women (76.3 years for men, 81.1 for women); in every ethnic group the age-adjusted death rate is higher for men than women (Hoyart & Xu, 2012). A sex difference in risk-taking is largely responsible for this discrepancy. For example, accidents are the leading killer among all males aged 1 to 44 in the United States (Centers for Disease Control and Prevention, 2010). Men's age-adjusted death rates for heart disease and cancer—the two leading causes of death, which account for almost half of all deaths—are 50% and 80% higher, respectively, than women's rates (Department of Health and Human Services, 2009; Jemal et al., 2008), and 1 in 2 men, compared with 1 in 3 women, will develop cancer in his lifetime (American Cancer Society, 2008). Between 2011 and 2013, men's mortality rates for colorectal cancer, a generally preventable disease

with regular screenings, were significantly higher than women's, suggesting that many men do not engage in preventative care (American Cancer Society, 2015). Men's higher rates of circulatory system diseases before age 65 are also likely due to higher rates of smoking, alcohol use, and diets higher in fats and red meat and lower in fruits and vegetables (Courtenay, 2011). In addition to metabolic diseases, men, especially men who have sex with men, are disproportionately impacted by preventable conditions such as HIV (for a review, see Zeglin, 2015).

Although men's health problems are related to a complex interplay between biology and environment, including sociopolitical factors such as race, socioeconomic status, and other variables related to power and privilege, many gender health disparity patterns can be tied to heightened risk behaviors for men beginning in early adolescence (Mahalik et al., 2013). Gender role socialization often encourages men to adopt masculine ideologies that may be associated with health risk behaviors and existing health disparities (McDermott, Schwartz, & Rislin, 2016; Wong, Owen, & Shea, 2012) such as substance abuse (de Visser & Smith, 2007; Iwamoto, Cheng, Lee, Takamatsu, & Gordon, 2011; Peralta, 2007), coronary-prone behavior (Eisler, 1995; Watkins, Eisler, Carpenter, Schechtman, & Fisher, 1991), violence and aggression (Moore & Stuart, 2005; Kilmartin & McDermott, 2015), less willingness to consult medical and mental health care providers (Addis & Mahalik, 2003), less utilization of preventive health care (Courtenay, 2011), and risky sexual and driving behaviors (Courtenay, 2011; Mahalik et al., 2013). In addition, Courtenay (2011) noted that, overall, men engage in fewer health-promoting behaviors, more risk-taking behaviors, are more likely to be the perpetrators and victims of physical abuse and violence, have few social supports and less effective behavioral responses to stress, and use fewer health care services.

Perceptions of social norms may shape the health behaviors of men. Research indicates that perceived social norms of men are associated with adolescent smoking (Gunther, Bolt, Borzekowski, Liebhart, & Dillard, 2006), drinking and driving (Perkins, Linkenbach, Lewis, &

Neighbors, 2010), and college student alcohol use (Halim, Hasking, & Allen, 2012; Korcuska & Thombs, 2003). Likewise, social norms have been implicated in heterosexual and sexual minority men's condom use (Albarracín, Johnson, Fishbein, & Muellerleile, 2001; McKechnie, Bavinton, & Zablotska, 2013). The perceptions of other men are also associated with men's seat belt use, fighting, seeking out social support, getting an annual physical exam, using tobacco, exercising, and dietary choices (Hammond, Matthews, Mohottige, Agyemany, & Corbie-Smith, 2010; Mahalik & Burns, 2011). The more men perceive that their male friends were seeking help either in the form of talking to someone about a troubling problem or getting an annual physical in the last year, the more likely men report having done the same (Hammond et al., 2010; Mahalik & Burns, 2011). Finally, men may be more likely to attend to their health in contexts where their efforts to maintain good health and functional capacity strengthen their claims to manhood (Calasanti, Pietilä, Ojala, & King, 2013) or when their functional, physical capacity is required to perform their jobs (Springer & Mouzon, 2009). Perception of the nature of the problem as normative also influences help-seeking.

In addition to social norms that impact most men's health behaviors, the health challenges for men from historically marginalized groups (e.g., men of color, men with disabilities, gay and bisexual men, transgender men) are long rooted in sociopolitical (e.g., the unequal distribution of power), sociohistorical (e.g., biased and inaccurate histories of peoples), and sociostructural (e.g., legal, education, and economic systems) forces that oppress and stigmatize individuals (Jones, Crump, & Lloyd, 2012; Liu & Ali, 2005). Men and boys of color suffer from higher rates of HIV, cancers, heart disease, cerebrovascular disease, diabetes, and other health conditions compared to their White counterparts (for a review, see Jones et al., 2012). Insensitivity to racial stereotypes, the interaction of race and gender, cultural values and mores, immigration status, and social and economic conditions have a significant impact on the health of men of color as well as those who live in poverty (Liu & Concepcion, 2010; Takeuchi, Alegria, Jackson, & Williams, 2007). For

instance, investigators have found evidence that being exposed to chronic stress due to poverty or other systemic factors is directly related to poor health behaviors (e.g., smoking, alcohol use, drug use, overeating), possibly as potential coping mechanisms for poverty-related stress (Jackson & Knight, 2006). Transgender and gender-nonconforming individuals also typically face hardships in accessing competent care (Dickey, 2017), including discomfort revealing their gender history to their medical providers, which may be critical to the care they are seeking. For instance, if a gender-diverse person needs to be catheterized, it would be important to discuss one's urinary tract configuration.

For many, the crux of working with men is the understanding that masculinity is both associated with a wide range of health (physical and mental) concerns and less willingness to seek help for those problems (Addis & Mahalik, 2003). Good and Wood (1995) classically defined that puzzle as double jeopardy: Those that need the most help are also the least likely to seek it out. Although there is significant public stigma in the United States in regards to seeking help for mental health concerns (Vogel, Bitman, Hammer, & Wade, 2013), men typically report higher levels of stigma compared with women (Vogel, Heimerdinger-Edwards, Hammer, & Hubbard, 2011; Vogel, Wade, & Hackler, 2007). They are more likely to underutilize health (White & Witty, 2009) and mental health services (Addis & Mahalik, 2003) due to not perceiving a need for them (Mojtabai et al., 2011). Indeed, men do not go to counseling as often as women during any given year or over their lifetimes (Addis & Mahalik, 2003; Good & Robertson, 2010; Moller-Leimkuhler, 2002). This is true across diverse groups of men (Holden, McGregor, Blanks, & Mahaffey, 2012; Good & Wood, 1995; Vogel et al., 2011), with evidence suggesting that men of color seek psychological help even less frequently (Chandra et al., 2009; Hammer et al., 2013).

### **Application**

Psychologists strive to educate boys and men about the restrictive nature of masculine ideologies and their relationships to health risk behaviors. At the same time, psychologists are encouraged to help boys

and men build health-promoting behaviors such as resisting social pressure to eschew health concerns, engaging in self-acceptance, fostering a positive identity, engaging in preventative medical services, and developing the habits of healthy diet, sleep, and exercise. Psychologists strive to understand some men's reluctance to seek help by recognizing the influence of masculine gender role socialization. For instance, although men are less likely than women to receive certain psychological diagnoses (e.g., depression, anxiety), psychologists recognize that these discrepancies may be due in part to gender role socialization (Addis, 2008), which impacts men's help-seeking behaviors and how they present their physical and psychological distress (Cochran & Rabinowitz, 2000).

Psychologists also strive to help men obtain the necessary knowledge, attitudes, and behaviors to use their social influence to promote health behaviors in other boys and men with whom they come into contact. Perceptions of other men's health behaviors may provide information about how individual men should or should not act. Because men often hide or mask feelings of depression (Lynch & Kilmartin, 2013; Rabinowitz & Cochran, 2008), for instance, many men may believe that depression is abnormal or associated with a character flaw. These concerns underscore the importance of public information campaigns highlighting the fact that depression is a normative problem for men (National Institute of Mental Health, 2008; Rochlen, Whilde, & Hoyer, 2005). Psychologists are encouraged to disseminate information to the public to reshape attitudes about men and mental health.

To best accomplish the aforementioned health-related goals for boys and men, psychologists recognize the importance of and need for interdisciplinary collaboration (Jones et al., 2012). Health disparities represent a complex interplay between biological and environmental factors. Accordingly, reaching out to medical, public health, and allied health professions is critical.

## **GUIDELINE 9**

### **Psychologists strive to build and promote gender-sensitive psychological services.**

#### **Rationale**

A disparity exists between the occurrence and severity of men's mental health problems and the disproportionately low number of men served by psychological services (Englar-Carlson, 2014). It has been suggested that many men do not seek psychological help because services are not in alignment with masculine cultural norms that equate asking for assistance for psychological and emotional concerns with shame and weakness (Addis & Mahalik, 2003). An understanding of gender norms when designing services for boys and men may lead to greater participation among this population (Mahalik et al., 2012). Mental health difficulties of sexual and gender minority men are frequently related to masculine identity. For example, one national sample found gender nonconformity associated with experiences of discrimination (Miller & Grollman, 2015). Access to transgender- and sexual-minority-affirmative care is critical to resolution of these problems, though adherence to traditional masculinity is associated with reluctance to seek psychological help (Yousaf, Popat, & Hunter, 2015).

Researchers have identified normative practices in therapy that can be iatrogenic for men (Mahalik et al., 2012). On one end of the spectrum, clinical methods that emphasize the language of feelings, disclosing vulnerability, and admitting dependency needs can create expressive difficulties for males who adopt and adhere to traditional masculine roles (Rabinowitz & Cochran, 2002; Rochlen & Rabinowitz, 2014). On the other end of the spectrum, therapists can sometimes make harmful assumptions that men are unable to express emotions or are hypersexual or aggressive (Mahalik et al., 2012). Likewise, in the realm of assessment, practitioners can struggle with diagnosing depression in boys and men because symptoms may not conform to traditional DSM criteria (Addis, 2008; McDermott et al., 2016). For example, psychologists may not interpret acting out or externalizing behaviors such as aggression, addiction, and substance

abuse as potentially masking depression (Lynch & Kilmartin, 2013). However, it is not unusual for some men to understate mental health problems (Paulson & Bazemore, 2010). Normative male interpersonal behavior can, but does not always, involve an absence of strong affect, muted emotional displays, and minimal use of expressive language, making it difficult for primary care physicians and other health professionals to determine when men are actually experiencing depressive disorders (Martin, Neighbor, & Griffith, 2013). Instead, many men express themselves in terms of externalizing behaviors, many of which are problematic (Cochran & Rabinowitz, 2000). Additionally, in responding to the problematic externalizing behaviors of boys, such as hyperactivity, aggression, and substance abuse, there has been a tendency for professionals to focus on addressing deficits rather than strengths (Kiselica et al., 2008). Evidence also suggests that medication may be relied upon over psychological interventions with boys, especially in relationship to ADHD diagnoses (Kapalka, 2008).

Clinicians may also assume that masculinity is not a significant topic for gay and bisexual men. However, internalized heterosexism dramatically shapes masculine identity, due in part to the importance of gay and bisexual men of appearing heteronormative. For instance, gay men rated masculine gay men as significantly more likeable than feminine gay men (Skidmore et al., 2006) and, on average, wished to be more masculine than they perceived themselves to be (Sánchez, Vilain, Westefeld, & Liu, 2010). This may lead gay men to be extremely conscious about masculinity and inhibit emotional disclosure (Elder, Morrow, & Brooks, 2015; Haldeman, 2006; Sánchez & Vilain, 2012).

## Application

Psychologists can take advantage of the numerous gender-based adaptations derived from theoretical work or clinical expertise to accommodate male clients of diverse backgrounds (Brooks & Good, 2005; Englar-Carlson, Evans, & Duffey, 2014; Englar-Carlson & Stevens, 2006; Kiselica et al., 2008; Pollack & Levant, 1998; Rabinowitz & Cochran, 2002; Rochlen & Rabinowitz, 2014; for a com-

plete list of clinical resources for working with boys and men, see [division51.net](http://division51.net)). Psychologists also may strive to identify ways that psychological services can be more adaptive to the ways men have been socialized (Englar-Carlson, 2014). Depending on the expectations, psychologists strive to correct erroneous assumptions about psychological interventions or change the structure of interventions to be more congruent for the male client (Rochlen & Rabinowitz, 2014). Psychologists also strive to find ways to increase the perception of normativeness for particular problems (e.g., depression), train professional helpers to recognize the ego-centrality of certain problems (e.g., unemployment for men who view their family role primarily as “provider”), and create alternative, nontraditional forums more congruent with masculine socialization (e.g., psychoeducational classes in work settings) (Addis & Mahalik, 2003).

Affirmative couples and family therapy can be utilized to assist family systems in exploring gendered values and the impact traditional masculine roles have on gender and sexual minority individuals. Clinicians can be instrumental in expanding masculine norms to help facilitate a more positive, affirming relational system that improves mental health outcomes for sexual and gender minority persons (Olson et al., 2016; Ryan et al., 2010). Couple and family therapy can facilitate discussions of how multiple identities work together, why some identities are more salient than others, and how various identities are enacted in different spaces (Budge, Thai, Tebbe, & Howard, 2016).

For boys and adolescents, shorter sessions, informal settings outside the office (e.g., playground), instrumental activities, using humor and self-disclosure, and psychoeducational groups may provide more congruent environments than traditional psychotherapy (Kiselica, Englar-Carlson, & Horne, 2008). Psychologists strive to provide supportive counseling and career guidance to men with histories of sporadic employment, job adjustment difficulties, and long-term unemployment. Such services would be aimed at addressing the personal issues that might have contributed to their work or retirement transition problems and the impact of those problems on

their self-esteem and mental health (Herr, Cramer, & Niles, 2003; J.B. James et al., 2016; Romo, Bellamy & Coleman, 2004). Psychologists are encouraged to advocate for public policy that supports and enhances teenage boys’ career prospects, especially in settings where there may not be a variety of career prospects (e.g., low socioeconomic status communities). These may include developmental career counseling and development in the schools, and GED, job training, and job placement services for adolescent and adult males who have dropped out of school or struggled with underemployment or unemployment (Romo et al., 2004).

Psychologists assessing boys and men strive to be aware of traditional masculine gender role characteristics that render underlying psychological states difficult to assess. Psychologists in clinical settings are encouraged to ask boys and men questions about mood and affect and to be willing to probe more extensively when faced with brief responses. Psychologists are also encouraged to note discrepancies between self-expression and the severity of precipitating factors, which might have resulted from many men’s relative emotional inexpressivity (Rabinowitz & Cochran, 2008). Psychologists work to accurately assess masculine socialization and ideology using the aforementioned gender-sensitive assessment tools and to learn specific assessment strategies for masculine depression (Cochran & Rabinowitz, 2003) and alexithymia (Levant, Hall, Williams, & Hasan, 2009). Additionally, psychologists are aware of the connections between mental health stigma and traditional masculinity ideologies, which may influence men’s responses to traditionally stigmatized mental health problems (e.g., depression, anxiety). Psychologists also strive to reduce mental health stigma for men by acknowledging and challenging socialized messages related to men’s mental health stigma (e.g., male stoicism, self-reliance).

Importantly, psychologists strive to attain a level of gender self-awareness that allows them to act with intentionality, resisting the imposition of their values and biases on male clients (Wisch & Mahalik, 1999). Gender self-awareness may help psychologists recognize when they may be framing a psychological problem from

a gendered lens. For instance, psychologists may overlook or discount important problems in men (e.g., depression, body image concerns) because those issues have historically been a focus among women. Thus, psychologists strive to recognize the relational style of many men and adapt by substituting other terms for psychotherapy such as consultation, meeting, coaching, or discussion; using less jargon; being more active and directive; and matching relational style to the client's needs (Englar-Carlson, 2014). Technology-oriented interventions (e.g. biofeedback, telemental health) can also be used to engage men who are uncomfortable with the intimacy of traditional psychotherapy approaches (McDermott, Smith, & Tsan, 2014). In addition, Wester and Lyubelsky (2005) have suggested the use of explicit goal-setting with men and straightforward cognitive interventions to reduce ambiguity and encourage engagement.

#### GUIDELINE 10

### **Psychologists understand and strive to change institutional, cultural, and systemic problems that affect boys and men through advocacy, prevention, and education.**

#### **Rationale**

Some men encounter institutional, cultural, or systemic barriers to their well-being, as evidenced by societal problems wherein men are disproportionately overrepresented. For instance, one of the major areas affecting boys and men is the high incarceration rate in the United States. Data obtained from the Federal Bureau of Prisons (2014) reveals the extent of the problem. For example, men account for 93% of all adults in federal prison to date, and although African American and Latino males constitute approximately 7% and 8% of the general population, respectively, they make up 37% and 34% of the federal prison population. Native American men are imprisoned at more than 4 times the rate of White men. These racial, ethnic,

and gender disparities may be the result of racial, ethnic, and gender stereotypes. Indeed, compared to White and higher income men, African American, Latino, and Native American men and low income men are more likely to be detained by law enforcement (Center for Constitutional Rights, 2013).

Men of color also have less access to addiction treatment, a significant cause of racial disparity in the criminal justice system, as more than 60% of federal inmates are incarcerated because of drug offenses (Federal Bureau of Prisons, 2014). Thus, African American men are many times more likely to go to prison for drug offenses (e.g., possession of marijuana or crack cocaine) than White men (Felner, 2009), even though they are less likely to use illegal drugs (Wu, Woody, Yang, Pan, & Blazer, 2011). Another population of focus due to social and political implications is undocumented boys and men, who are overrepresented in federal detention facilities (Carlson & Gallagher, 2015). For these males, the accumulation of risk factors (e.g., psychological, familial, socioeconomic, environmental), co-occurring within multiple contexts (i.e., dislocation from one's community, probability of physical and psychological trauma during the immigration journey and at border crossings, unpredictable reception and insecurity in detention centers) often negatively impact their lifespan development (Arbona et al., 2014; Henderson, & Bailey, 2013; McLeigh, 2010; Suarez-Orozco et al., 2011). Such institutional inequalities have a profound impact on the mental and physical health of minority men (Jones et al., 2012).

Another area disproportionately associated with boys and men is violence. Epidemiological research indicates that men of all races are at an increased risk for being either a victim or perpetrator of violence, especially during adolescence. The Centers for Disease Control and Prevention (2010) reported that violence is the second leading cause of death among people between the ages of 15 and 24, and reports from state and national surveys of youth behaviors suggest that young men are more likely than young women to engage in serious aggressive behaviors. For instance, findings from the National Youth Risk Behavior Survey

(Eaton et al., 2012) indicated that teenage boys were significantly more likely than teenage girls to report carrying a gun to school. Investigators have also noted that nearly every school shooter in the past 30 years has been an adolescent male (Kalish & Kimmel, 2010; Kaufman, Hall, & Zagura, 2012; Kimmel & Mahler, 2003). For adults, the National Center for Victims of Crime (2013) estimates that 90% of all homicides in the United States are committed by men, and men constitute 77% of all homicide victims. State and local data also indicate that men are far more likely than women to be arrested and charged with intimate partner violence (Hamby, 2014).

Although most violence is perpetrated by men, most men are not violent. Consequently, men are often stereotyped as aggressive and violent. These stereotypes can have negative consequences for heterosexual men who experience violence in intimate relationships from their female partners. Although abusive women, on average, may do less physical damage than abusive men (Archer, 2000), physical assaults from female partners have been shown to create myriad psychological problems for men (Randle & Graham, 2011). In addition, male victims of intimate partner violence (Randle & Graham, 2011) experience significant barriers to finding help because the domestic violence system has historically focused on helping battered women (Douglas & Hines, 2011). Likewise, men who have experienced sexual abuse from women or men may face significant personal and professional barriers to seeking help (Allen, Ridgeway, & Swan, 2015).

Housing is also a significant area of gender discrimination. Reports demonstrate that 20% of transgender people have experienced housing discrimination, another 20% have experienced homelessness, and 10% have been evicted specifically for their gender identity at some point throughout the lifespan (National Center for Transgender Equality, 2015b). Research has demonstrated the link between housing access and better health outcomes, including less sexual risk-taking (Sevelius, Reznick, Hart, & Schwartz, 2009), decreased intravenous drug use (Fletcher,

Kisler, & Reback, 2014), and reduced odds of suicide attempts (Marshall et al., 2016).

## **Application**

Psychologists strive to disseminate research findings to legislators and policymakers to inform public health policies and funding for research, prevention, and intervention efforts that can enhance the lives of boys, men, and their families. For example, psychologists strive to support public policy initiatives to ease problems associated with incarceration, such as humane treatment for prisoners, access to drug treatment and other rehabilitation, job training, accessible housing, and alternatives to incarceration. Likewise, psychologists aim to recognize that male violence affects everyone (men and women) and, concurrently, that men can also be victims of abusive relationships with women.

Psychologists also strive to increase awareness of the influence of gender role socialization practices associated with violence and problem behaviors for boys and men among public health officials, other mental health professionals, and policymakers. Work with public health officials to disseminate information regarding the destructive aspects of rigid notions of masculinity may result in inclusion of gender-sensitive public health initiatives for boys and men. Psychologists also are encouraged to advocate for more financial support for research studies aimed at boys and men with special attention to neglected areas of research, such as examining masculinity with other social identity-based experiences (e.g., racism, ability, socioeconomic status) in relation to social problems impacting boys and men. Indeed, despite the disproportionate number of men of color in the prison system for violent crimes, most popular theories of violence and aggression do not take into account men's gender role socialization and racial experiences (Kilmartin & McDermott, 2015). Such research may attend to the complexities of gender minority people's multicultural identities (APA, 2015; Singh, Hwahng, Chang, & White, 2017), and provide insight into mental health outcomes for those facing multiple layers of oppression (Budge et al., 2016).



## **EXPIRATION**

This document will expire as APA policy in 10 years (2028). Correspondence regarding the 2018 Guidelines for Psychological Practice with Boys and Men should be addressed to the American Psychological Association, Practice Directorate, 750 First Street, NE, Washington, 20002-4242.

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## REFERENCES

- Abbott, D., Jepson, M., & Hastie, J. (2016). Men living with long-term conditions: Exploring gender and improving social care. *Health & Social Care in the Community, 24*(4), 420–427. doi:10.1111/hsc.12222
- Adamsons, K., & Johnson, S. K. (2013). An updated and expanded meta-analysis of nonresident fathering and child well-being. *Journal of Family Psychology, 27*(4), 589–599. doi:10.1037/a0033786
- Addis, M. E. (2008). Gender and depression in men. *Clinical Psychology: Science and Practice, 15*(3), 153–168. doi:10.1111/j.1468-2850.2008.00125.x
- Addis, M. E. & Mahalik, J. R. (2003). Men, masculinity, and the contexts of help-seeking. *American Psychologist, 58*(1), 5–14. doi:10.1037/0003-066X.58.1.5
- Addis, M. E., Mansfield, A. K., & Syzdek, M. R. (2010). Is “masculinity” a problem?: Framing the effects of gendered social learning in men. *Psychology of Men & Masculinity, 11*(2), 77–90. doi:10.1037/a0018602
- Albarracín, D., Johnson, B. T., Fishbein, M., & Muellerleile, P. A. (2001). Theories of reasoned action and planned behavior as models of condom use: A meta-analysis. *Psychological Bulletin, 127*(1), 142–161. doi:10.1037/0033-2909.127.1.142
- Allen, C.T., Ridgeway, R., & Swan, S.C. (2015). College students’ beliefs regarding help seeking for male and female assault survivors: Even less support for male survivors. *Journal of Aggression, Maltreatment, and Trauma, 24*(1), 102–115. doi:10.1080/10926771.2015.982237
- Alvarez, A. N., Liang, C. T. H., & Neville, H. A. (2016). *The cost of racism for people of color: Contextualizing experiences of discrimination*. Washington, DC: American Psychological Association.
- American Cancer Society (2015). *Colorectal cancer facts & figures 2011-2013*. Retrieved from <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/colorectal-cancer-facts-and-figures/colorectal-cancer-facts-and-figures-2011-2013.pdf>
- American Cancer Society (2008). *Cancer facts and figures 2008*. Retrieved from <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2008/cancer-facts-and-figures-2008.pdf>
- American Council on Education (2006, July 11). *College enrollment gender gap widens for white and Hispanic students, but race and income disparities still most significant new ACE report finds*. Retrieved from <http://www.acenet.edu/AM/Template.cfm?Section=HENA&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=17251>
- American Foundation of Suicide Prevention (2015). *Facts and figures*. Retrieved from <https://www.afsp.org/understanding-suicide/facts-and-figures>
- American Psychological Association (2007). Guidelines for psychological practice with girls and women. *American Psychologist, 62*(9), 949–979. doi:10.1037/0003-066X.62.9.949
- American Psychological Association (2010). *Ethical principles of psychologists and code of conduct (including 2010 and 2016 amendments)*. Retrieved from <http://www.apa.org/ethics/code/index.aspx>
- American Psychological Association (2012). Guidelines for psychological practice with the lesbian, gay, and bisexual clients. *American Psychologist, 67*(1), 10–42. doi:10.1037/a0024659
- American Psychological Association (2013a). Guidelines for psychological practice in healthcare delivery systems. *American Psychologist, 68*(1), 1–6. doi:10.1037/a0029890
- American Psychological Association (2013b). Specialty guidelines for forensic psychology. *American Psychologist, 68*(1), 7–19. doi:10.1037/a0029889
- American Psychological Association (2013c). Guidelines for psychological evaluations in child protection matters. *American Psychologist, 68*(1), 20–31. doi:10.1037/a0029891
- American Psychological Association (2014). Guidelines for psychological practice with older adults. *American Psychologist, 69*(1), 34–65. doi:10.1037/a0035063
- American Psychological Association (2015a). Guidelines for psychological practice with transgender and gender nonconforming people. *American Psychologist, 70*(9), 832–864. doi:10.1037/a0039906
- American Psychological Association (2015b). Professional practice guidelines: Guidance for developers and users. *American Psychologist, 70*(9), 823–831. doi:10.1037/a0039644
- American Psychological Association (2017a). *Multicultural guidelines: An ecological approach to context, identity, and intersectionality*. Retrieved from <http://www.apa.org/about/policy/multicultural-guidelines.pdf>
- American Psychological Association (2017b). *Preliminary report from the working group on Health Disparities in Vulnerable Boys and Men*. Presented at the Cross Cutting Agenda Meeting. Washington, DC.
- Arbona, C., Olvera, N., Rodríguez, N., Hayan, J., Linares, A., & Wisener, M. (2014). Acculturative stress among documented and undocumented Latino immigrants in the United States. *Hispanic Journal of Behavioral Sciences, 32*, 362–384. doi:10.1177/0739986310373210
- Archer, J. (2000). Sex differences in aggression between heterosexual partners: A meta-analytic review. *Psychological Bulletin, 126*(5), 651–680. doi:10.1037/0033-2909.126.5.651
- Arellano-Morales, L., Liang, C. T., Ruiz, L., & Rios-Oropeza, E. (2016). Perceived racism, gender role conflict, and life satisfaction among Latino day laborers. *Journal of Latina/o Psychology, 4*(1), 32–42. doi:10.1037/lat0000049
- Arnett, A., Pennington, B., Willcutt, E., DeFries, J., & Olson, R. (2015). Sex differences in ADHD symptom severity. *Journal of Child Psychology and Psychiatry, 56*(6), 632–639. doi:10.1111/jcpp.12337
- Bagner, D. M., & Eyberg, S. M. (2003). Father involvement in parent training: When does it matter? *Journal of Clinical Child and Adolescent Psychology, 32*(4), 599–605. doi:10.1207/S15374424.JCCP3204\_13
- Bamia, C., Trichopoulou, A., & Trichopoulos, D. (2008). Age of retirement and mortality in a general population sample: The Greek EPIC study. *American Journal of Epidemiology, 167*(5), 561–569. doi:10.1093/aje/kwm337
- Banaji, M. R., & Prentice, D. A. (1994). The self in social contexts. *Annual Review of Psychology, 45*, 297–332. doi:10.1146/annurev.ps.45.020194.001501
- Basow, S. A. (2006). Gender role and gender identity development. In J. Worell, C. D. Goodheart (Eds.), *Handbook of girls' and women's psychological health: Gender and well-being across the lifespan* (pp. 242–251). New York, NY: Oxford University Press.
- Baumeister, R. F., & Sommer, K. L. (1997). What do men want? Gender differences and two spheres of belongingness: Comment on Cross and Madson (1997). *Psychological Bulletin, 122*, 38–44. doi:10.1037/0033-2909.122.1.38
- Beck, A. (2014). *Sexual victimization in prisons and jails reported by inmates 2011-2012*. Washington, DC: United States Department of Justice. Retrieved from [http://www.bjs.gov/content/pub/pdf/svpjri1112\\_st.pdf](http://www.bjs.gov/content/pub/pdf/svpjri1112_st.pdf)
- Becker, J. C., & Swim, J. K. (2012). Reducing endorsement of benevolent and modern sexist beliefs: Differential effects of addressing harm versus pervasiveness of benevolent sexism. *Social Psychology, 43*, 127–137. doi:10.1027/1864-9335/a000091
- Berg, R. (2010). Increasing clinical and contextual awareness when working with new fathers. In C. Z. Oren & D. C. Oren (Eds.), *Counseling fathers* (pp. 187–206). New York, NY: Routledge.
- Bianchi, S. M., Robinson, J. P., & Milkie, M. A. (2006). *Changing rhythms of American family life*. New York, NY: Russell Sage Foundation.
- Biederman, J., Kwon, A., Aleardi, M., Chouinard, V.-A., Marino, T., Cole, H., . . . Faraone, S. V. (2005). Absence of gender effects on attention deficit hyperactivity disorder: Findings in nonreferred subjects. *The American Journal of Psychiatry, 162*(6), 1083–1089. doi:10.1176/appi.ajp.162.6.1083
- Bockting, W., Benner, A., & Coleman, E. (2009). Gay and bisexual identity development among female-to-male transsexuals in North America: Emergence of a transgender sexuality. *Archives of Sexual Behavior, 38*(5), 688–701. doi:10.1007/s10508-009-9489-3
- Bogels, S., & Phares, V. (2007). Fathers’ role in the etiology, prevention and treatment of child anxiety: A review and new model. *Clinical Psychology Review, 28*(4), 539–558. doi:10.1016/j.cpr.2007.07.011
- Booth, A., Scott, M. E., & King, V. (2010). Father residence and adolescent problem behavior: Are youth always better off in two-parent families? *Journal of Family Issues, 31*(5), 585–605. doi:10.1177/0192513X09351507
- Boyle, C. A., Boulet, S., Schieve, L. A., Cohen, R. A., Blumberg, S. J., Yeargin-Allsopp, M., . . . Kogan, M. D. (2011). Trends in the prevalence of developmental disabilities in US children, 1997–2008. *Pediatrics, 127*(6), 1034–1042. doi:10.1542/peds.2010-2989

- Bradford, W., & Noble, C. (2000). *Getting it right for boys . . . and girls*. London, UK: Routledge.
- Brabeck, K. M., Lykes, M. B., & Hunter, C. (2014). The psychosocial impact of detention and deportation on U.S. migrant children and families. *American Journal of Orthopsychiatry*, 84(5), 496–505. doi:10.1037/ort0000011
- Breiding, M. J., Windle, C. R., & Smith, D. A. (2008). Interspousal criticism: A behavioral mediator between husbands' gender role conflict and wives' adjustment. *Sex Roles*, 59(11-12), 880–888. doi:10.1007/s11199-008-9491-6
- Bridge, J. A., Asti, L., Horowitz, L. M., Greenhouse, J. B., Fontanella, C. A., Sheftall, A. H., . . . Campo, J. V. (2015). Suicide trends among elementary school-aged children in the United States from 1993-2012. *JAMA Pediatrics*, 169(7), 673–677. doi:10.1001/jamapediatrics.2015.0465
- Brockman, H., Müller, R., & Helmert, U. (2009). Time to retire—time to die? A prospective cohort study of the effects of early retirement on long term survival. *Social Science Medicine*, 69(2), 160–164. doi:10.1016/j.socscimed.2009.04.009
- Bronte-Tinkew, J., Carrano, J., Horowitz, A., & Kinukawa, A. (2008). Involvement among resident fathers and links to infant cognitive outcomes. *Journal of Family Issues*, 29(9), 1211–1244. doi:10.1177/0192513X08318145
- Brooks, G. R. (1998). *A new psychotherapy for traditional men*. San Francisco, CA: Jossey-Bass.
- Brooks, G. R., & Good, G. E. (Eds.). (2005). *The new handbook of psychotherapy and counseling with men*. San Francisco, CA: Jossey-Bass.
- Broughton, T. L., & Rogers, H. (2007). Introduction: The empire of the father. In T. L. Broughton & H. Rogers (Eds.), *Gender and fatherhood in the nineteenth century* (pp. 1–42). New York, NY: Palgrave Macmillan.
- Bruchmüller, K., Margraf, J., & Schneider, S. (2012). Is ADHD diagnosed in accord with diagnostic criteria? Overdiagnosis and influence of client gender on diagnosis. *Journal of Consulting and Clinical Psychology*, 80(1), 128–138. doi:10.1037/a0026582
- Budge, S. L., Thai, J. L., Tebbe, E. A., & Howard, K. A. S. (2016). The intersection of race, sexual orientation, socioeconomic status, trans identity, and mental health outcomes. *The Counseling Psychologist*, 44(7), 1025–1049. doi:10.1177/0011000015609046
- Bureau of Labor Statistics (2008). *College enrollment and work activity of 2007 high school graduates*. Washington, DC: United States Department of Labor. Retrieved August 8, 2008, from <http://www.bls.gov/news.release/hsgsec.nr0.htm>
- Butler, J. (1990). *Gender trouble: Feminism and the subversion of identity*. New York, NY: Routledge.
- Byne, O., & Miller, E. (2012). *The flow of unaccompanied children through the immigration system: A resource for practitioners, policy makers, and researchers*. New York, NY: Vera Institute of Justice. Retrieved from [https://storage.googleapis.com/vera-web-assets/downloads/Publications/the-flow-of-unaccompanied-children-through-the-immigration-system-a-resource-for-practitioners-policy-makers-and-researchers/legacy\\_downloads/the-flow-of-unaccompanied-children-through-the-immigration-system.pdf](https://storage.googleapis.com/vera-web-assets/downloads/Publications/the-flow-of-unaccompanied-children-through-the-immigration-system-a-resource-for-practitioners-policy-makers-and-researchers/legacy_downloads/the-flow-of-unaccompanied-children-through-the-immigration-system.pdf)
- Cabrera, N. J., Cook, G. A., McFadden, K. E., & Bradley, R. H. (2012). Father residence and father-child relationship quality: Peer relationships and externalizing behavioral problems. *Family Science*, 2(2), 109–119. doi:10.1080/19424620.2011.639143
- Cabrera, N. J., Tamis-LeMonda, C. S., Bradley, R. H., Hofferth, S., & Lamb, M. E. (2000). Fatherhood in the twenty-first century. *Child Development*, 71(1), 127–136. doi:10.1111/1467-8624.00126
- Calasanti, T., Pietilä, I., Ojala, H., & King, N. (2013). Men, bodily control, and health behaviors: The importance of age. *Health Psychology*, 32(1), 15–23. doi:10.1037/a0029300
- Carlson, E., & Gallagher, A. M. (2015). Humanitarian protection for children fleeing gang-based violence in the Americas. *Journal on Migration and Human Security*, 3(2), 129–158. doi:10.14240/jmhs.v3i2.47
- Carroll, R. A., & Gilroy, P. J. (2002). Transgender issues in counselor preparation. *Counselor Education and Supervision*, 41(3), 233–242. doi:10.1002/j.1556-6978.2002.tb01286.x
- Carver, K., Joyner, K., & Udry, J. R. (2003). National estimates of adolescent romantic relationships. In P. Floresheim (Ed.), *Adolescent romantic relations and sexual behavior: Theory, research, and practical implications* (pp. 23–56). Mahwah, NJ: Lawrence Erlbaum Associates Publishers.
- Case, A., & Deaton, A. (2015). Rising morbidity and mortality in midlife among White non-Hispanic Americans in the 21st century. *Proceedings of the National Academy of Sciences*, 112(49), 15078–15083. doi:10.1073/pnas.1518393112
- Cashmore, J., & Shackel, R. (2013). The long term effects of child sexual abuse. *Australian Institute of Family Studies*, 11, 1–29. Retrieved from <http://www.aifs.gov.au/cfca/pubs/papers/a143161/cfca11.pdf>
- Center for Constitutional Rights (2013). *Summary of remedial opinion and order in Floyd et al. v. City of New York, 08-cv-1034 (SAS)*. Retrieved from <http://www.ccrjustice.org/files/Remedy%20Decision%20Summary%20-%20Final.pdf>
- Centers for Disease Control and Prevention (2010). *Leading cause of deaths in males United States 2010*. Retrieved from <https://www.cdc.gov/healthequity/lcod/men/2010/index.htm>
- Centers for Disease Control and Prevention (2012). *Understanding youth violence fact sheet 2012*. Retrieved from [https://www.cdc.gov/violenceprevention/pdf/yv\\_factsheet2012-a.pdf](https://www.cdc.gov/violenceprevention/pdf/yv_factsheet2012-a.pdf)
- Centers for Disease Control and Prevention (2015). *State-based prevalence data of parent reported ADHD diagnosis by health care provider*. Retrieved from <http://www.cdc.gov/ncbddd/adhd/prevalence.html>
- Cervantes, J. M. (2014). Manhood and spirit: Awareness, reflection, and life transitions. In M. Englar-Carlson, M. Evans, & T. Duffey (Eds.), *A counselor's guide to working with men* (pp. 179–198). Alexandria, VA: American Counseling Association.
- Chandra, A., Scott, M. M., Jaycox, L. H., Meredith, L. S., Tanielian, T., & Burnam, A. (2009). Racial/ethnic differences in teen and parent perspectives toward depression treatment. *Journal of Adolescent Health*, 44(6), 546–553. doi:10.1016/j.jadohealth.2008.10.137
- Cheng, H., McDermott, R. C., Wong, Y. J., & La, S. (2016). Drive for muscularity in Asian American men: Sociocultural and racial/ethnic factors as correlates. *Psychology of Men & Masculinity*, 17(3), 215–227. doi:10.1037/men0000019
- Chin, R., Hall, P., & Daiches, A. (2011). Fathers' experiences of their transition to fatherhood: A meta-synthesis. *Journal of Reproductive and Infant Psychology*, 29(1), 4–18. doi:10.1080/02646838.2010.513044
- Christiansen, S., & Palkovitz, R. (1998). Exploring Erikson's psychosocial theory of development: Generativity and its relationship to paternal intimacy, identity and involvement in child care. *Journal of Men's Studies*, 7(1), 133–156. doi:10.3149/jms.0701.133
- Clements-Nolle, K., Marx, R., & Katz, M. (2006). Attempted suicide among transgender persons: The influence of gender-based discrimination and victimization. *Journal Of Homosexuality*, 51(3), 53–69. doi:10.1300/J082v51n03\_04
- Coakley, T. M. (2013). An appraisal of fathers' perspectives on fatherhood and barriers to their child welfare involvement. *Journal of Human Behavior in the Social Environment*, 23(5), 627–639. doi:10.1080/10911359.2013.775935
- Cochran, S. V., & Rabinowitz, F. E. (2000). *Men and depression: Clinical and empirical perspectives*. San Diego, CA: Academic Press.
- Cochran, S. V., & Rabinowitz, F. E. (2003). Gender-sensitive recommendations for assessment and treatment of depression in men. *Professional Psychology*, 34(2), 132–140. doi:10.1037/0735-7028.34.2.132
- Cohen, K. M., & Savin-Williams, R. C. (2012). Coming out to self and others: Developmental milestones. In P. Levounis, J. Drescher, M. E. Barber (Eds.), *The LGBT casebook* (pp. 17–33). Arlington, VA: American Psychiatric Publishing.
- Connell, R. W., & Messerschmidt, J. W. (2005). Hegemonic masculinity: Rethinking the concept. *Gender & Society*, 19(6), 829–859. doi:10.1177/0891243205278639
- Cook, G. A., Roggman, L. A., & Boyce, L. K. (2012). Fathers' and mothers' cognitive stimulation in early play with toddlers: Predictors of 5th grade reading and math. *Family Science*, 2(2), 131–145. doi:10.1080/19424620.2011.640559
- Courtenay, W. H. (2000). Constructions of masculinity and their influence on men's well-being: A theory of gender and health. *Social Science & Medicine*, 50(10), 1385–1401. doi:10.1016/s0277-9536(99)00390-1
- Courtenay, W. H. (2011). *Dying to be men: Psychosocial, environmental and biobehavioral directions in promoting the health of men and boys*. New York, NY: Routledge.
- Cowan, P. A., Cowan, C. P., & Knox, V. (2010). Marriage and fatherhood programs. *The Future of Children*, 20(2), 205–230. doi:10.1353/foc.2010.0000
- Cross, S. E., & Madson, L. (1997). Models of the self: Self-construals and gender. *Psychological Bulletin*, 122(1), 5–37. doi:10.1037/0033-2909.122.1.5
- Dank, M., Lachman, P., Zweig, J. M., & Yahner, J. (2014). Dating violence experiences of lesbian, gay, bisexual, and transgender youth. *Journal of Youth And Adolescence*, 43(5), 846–857. doi:10.1007/s10964-013-9975-8
- David, B., Grace, D., & Ryan, M. (2006). The gender wars: A self-categorisation theory perspective on the development of gender identity. In M. Bennett & F. Sani (Eds.), *The development of the social self* (pp. 135–157). Hove, UK: Psychology Press.

- Day, R. D., & Padilla-Walker, L. M. (2009). Mother and father connectedness and involvement during early adolescence. *Journal of Family Psychology, 23*(6), 900–904. doi:10.1037/a0016438
- De Finney, S., & Ball, J. (2015). Traditions, tensions, and trends in participatory action research. In A. Devault, G. Forget, & D. Dubeau (Eds.), *Fathering: Promoting positive father involvement* (pp. 13–46). Toronto, Canada: University of Toronto Press.
- de Visser, R. O., & Smith, J. A. (2007). Alcohol consumption and masculine identity among young men. *Psychology & Health, 22*(5), 595–614. doi:10.1080/14768320600941772
- DeLeo, D., Draper, B.M., Snowdon, J., & Kolves, K. (2013). Contacts with health professionals before suicide: Missed opportunities for prevention. *Comprehensive Psychiatry, 54*(7), 1117–1123. doi:10.1016/j.comppsych.2013.05.007
- Department of Health and Human Services (2009). Deaths: Final data for 2006 (DHHS Publication No. [PHS] 2009-1120). *National Vital Statistics Reports, 57*(14). Hyattsville, MD: National Center for Health Statistics.
- Diamond, L. M., & Butterworth, M. (2008). Questioning gender and sexual identity: Dynamic links over time. *Sex Roles, 59*(5–6), 365–376. doi:10.1007/s11199-008-9425-3
- Diamond, L. M., & Dubé, E. M. (2002). Friendship and attachment among heterosexual and sexual-minority youths: Does the gender of your friend matter? *Journal of Youth and Adolescence, 31*(2), 155–166. doi:10.1023/A:1014026111486
- Dickey, I. m. (2017). Toward developing clinical competence: Improving health care of gender diverse people. *American Journal of Public Health, 107*(2), 222–223. doi:10.2105/AJPH.2016.303581
- Dickey, I. m., & Bower, K. L. (2017). Aging and TGNC identities: Working with older adults. In A. A. Singh & I. m. dickey (Eds.), *Affirmative counseling and psychological practice with transgender and gender nonconforming clients* (pp. 161–174). Washington, DC: American Psychological Association.
- Dickey, I. m., Reisner, S. L., & Juntunen, C. L. (2015). Non-suicidal self-injury in a large online sample of transgender adults. *Professional Psychology: Research & Practice, 46*(1), 3–11. doi:10.1037/a0038803
- Dickey, I. m., & Singh, A. A. (2017). Social justice and advocacy for transgender and gender diverse clients. *Psychiatric Clinics of North America, 40*(1), 1–13. doi:10.1016/j.psc.2016.10.009
- Dickey, I. m., Singh, A.A., Chang, S.C., & Rehrig, M. (2017). Advocacy and social justice: The next generation of counseling and psychological practice. In A. A. Singh & I. m. dickey (Eds.), *Affirmative counseling and psychological practice with transgender and gender nonconforming clients* (pp. 247–262). Washington, DC: American Psychological Association.
- Douglas, E. M., & Hines, D. A. (2011). The help-seeking experiences of men who sustain intimate partner violence: An overlooked population and implications for practice. *Journal of Family Violence, 26*(6), 473–485. doi:10.1007/s10896-011-9382-4
- Doyle, O., Magan, I., Cryer-Coupet, Q. R., Goldston, D. B., & Estroff, S. E. (2016). “Don’t wait for it to rain to buy an umbrella.” The transmission of values from African American fathers to sons. *Psychology of Men & Masculinity, 17*(4), 309–319. doi:10.1037/men0000028
- Eaton, D. K., Kann, L., Kinchen, S., Shanklin, S., Flint, K. H., Hawkins, J. H., . . . Weschler, H. (2012). Youth risk behavior surveillance—United States, 2011. *Surveillance Summaries, 61*(4), 2–45. Retrieved from <https://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf>
- Eisler, R. M. (1995). The relationship between masculine gender role stress and men’s health risk: The validation of a construct. In R. F. Levant and W. S. Pollack (Eds.), *A new psychology of men* (pp. 207–228). New York, NY: Basic Books.
- Eisler, R. M., & Skidmore, J. R. (1987). Masculine gender role stress: Scale development and component factors in the appraisal of stressful situations. *Behavior Modification, 11*(2), 123–136. doi:10.1177/01454455870112001
- Elder, W. B., Domino, J. L., Mata-Galán, E. L., & Kilmartin, C. (2017). Masculinity as a symptom of posttraumatic stress. *Psychology of Men and Masculinity, 18*(3), 198–207. doi:10.1037/men0000123
- Elder, W. B., Morrow, S. L., Brooks, G. R. (2015). Sexual self-schemas of gay men: A qualitative investigation. *The Counseling Psychologist, 43*(7), 942–969. doi:10.1177/0011000015606222
- Eliot, L. (2009). *Pink brain, blue brain: How small differences grow into troublesome gaps—and what we can do about it*. Boston: Houghton Mifflin Harcourt.
- Eiischberger, H. B., Glazier, J. J., Hill, E. D., & Verduzco-Baker, L. (2016). “Boys don’t cry”—or do they? Adult attitudes toward and beliefs about transgender youth. *Sex Roles, 75*(5–6), 197–214. doi:10.1007/s11199-016-0609-y
- Englar-Carlson, M. (2014). A primer on counseling men. In M. Englar-Carlson, M. Evans, & T. Duffey (Eds.), *A counselor’s guide to working with men* (pp. 1–34). Alexandria, VA: American Counseling Association.
- Englar-Carlson, M., Evans, M., & Duffey, T. (Eds.). (2014). *A counselor’s guide to working with men*. Alexandria, VA: American Counseling Association.
- Englar-Carlson, M., & Stevens, M. (Eds.). (2006). *In the room with men: A casebook of therapeutic change*. Washington, DC: American Psychological Association.
- Erlandsson, K., Dsilna, A., Fagerberg, I., & Christensson, K. (2007). Skin-to-skin care with the father after Cesarean birth and its effect on newborn crying and pre-feeding behavior. *Birth, 34*(2), 105–114. doi:10.1111/j.1523-536X.2007.00162.x
- Fagan, J., & Iglesias, A. (1999). Father involvement program effects on fathers, father figures, and their Head Start children: A quasi-experimental study. *Early Childhood Research Quarterly, 14*(2), 243–269. doi:10.1016/S0885-2006(99)00008-3
- Fagan, J., & Stevenson, H. C. (2002). An experimental study of an empowerment-based intervention for African American Head Start fathers. *Family Relations, 51*(3), 191–198. doi:10.1111/j.1741-3729.2002.00191.x
- Federal Bureau of Investigation (2015). *Crime in the United States 2013*. Retrieved from <http://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2013/crime-in-the-u.s.-2013/offenses-known-to-law-enforcement/expanded-offense/expandedoffensefinal>
- Federal Bureau of Prisons (2014). *Inmate statistics*. Retrieved from [http://www.bop.gov/about/statistics/statistics\\_inmate\\_age.jsp](http://www.bop.gov/about/statistics/statistics_inmate_age.jsp)
- Felner, J. (2009). *Decades of disparity: Drug arrests and race in the United States*. New York, NY: Human Rights Watch. Retrieved from [http://www.hrw.org/sites/default/files/reports/us0309web\\_1.pdf#sthash.lZXHd9yh.dpuf](http://www.hrw.org/sites/default/files/reports/us0309web_1.pdf#sthash.lZXHd9yh.dpuf)
- Fergus, E., Noguera, P., & Martin, M. (2014). *Schooling for resilience: Improving the life trajectory of Black and Latino boys*. Cambridge, MA: Harvard Education Press.
- Fischer, A. R. (2007). Parental relationship quality and masculine gender-role strain in young men: Mediating effects of personality. *Counseling Psychologist, 35*(2), 328–358. doi:10.1177/0011000005283394
- Fleming, M. C., & Englar-Carlson, M. (2008). Examining depression and suicidality in boys and male adolescents: An overview and clinical considerations. In M. S. Kiselica, M. Englar-Carlson, & A. M. Horne (Eds.), *Counseling troubled boys: A guidebook for professionals* (pp. 125–162). New York, NY: Routledge.
- Fletcher, J. B., Kisler, K. A., & Reback, C. J. (2014). Housing status and HIV risk behaviors among transgender women in Los Angeles. *Archives of Sexual Behavior, 43*(8), 1651–1661. doi:10.1007/s10508-014-0368-1
- Fletcher, R., Morgan, P. J., May, C., Lubans, D. R., & St. George, J. (2011). Fathers’ perceptions of rough-and-tumble play: Implications for early childhood services. *Australasian Journal of Early Childhood, 36*(4), 131–138. Retrieved from <http://hdl.handle.net/1959.13/1037762>
- Flood, M. (2008). Men, sex, and homosociality: How bonds between men shape their sexual relations with women. *Men and Masculinities, 10*(3), 339–359. doi:10.1177/1097184X06287761
- Flood, M. (2015). Work with men to end violence against women: A critical stocktake. *Culture, Health & Sexuality, 17*(Suppl. 2), 159–176. doi:10.1080/13691058.2015.1070435
- Flood, M., & Pease, B. (2005). Undoing men’s privilege and advancing gender equality in public sector institutions. *Policy and Society, 24*(4), 119–138. doi:10.1016/S1449-4035(05)70123-5
- Fouad, N. A., Whiston, S. C., & Feldwisch, R. (2016). Men and men’s careers. In Y. J. Wong, & S. R. Wester (Eds.), *APA handbook of men and masculinities* (pp. 503–524). Washington, DC: American Psychological Association. doi:10.1037/14594-023
- Fox, S. P., Baker, S. B., & Gerler, E. R., Jr. (2017). *School counseling in the 21st century (6th ed.)*. New York, NY: Routledge.
- Franklin, A. J. (2004). *From brotherhood to manhood: How Black men rescue their relationships and dreams from the invisibility syndrome*. New York, NY: Wiley.
- Franklin, K. (2004). Enacting masculinity: Antigay violence and group rape as participatory theater. *Sexuality Research & Social Policy, 1*(2), 25–40. doi:10.1525/srsp.2004.1.2.25

- Freeman, K. J., & Steidl, C. R. (2016). Distribution, composition and exclusion: How school segregation impacts racist disciplinary patterns. *Race and Social Problems*, 8(2), 171-185. doi:10.1007/s12552-016-9174-9
- Gallardo, M. E., & McNeill, B. W. (2009). *Intersections of multiple identities: A casebook of evidence-based practices with diverse populations*. New York, NY: Routledge.
- Garfield, C. F., & Isacco, A. J. (2012). Urban fathers' involvement in their child's health and healthcare. *Psychology of Men & Masculinity*, 13(1), 32-48. doi:10.1037/a0025696
- Garfield, R. (2015). *Breaking the male code: Unlocking the power of friendship*. New York, NY: Gotham.
- Genesoni, L., & Tallandini, M. A. (2009). Men's psychological transition to fatherhood: An analysis of the literature, 1989-2008. *Birth*, 36(4), 305-317. doi:10.1111/j.1523-536X.2009.00358.x
- Goff, P. A., Jackson, M. C., Di Leone, B. A. L., Culotta, C. M., & DiTomasso, N. A. (2014). The essence of innocence: Consequences of dehumanizing Black children. *Journal of Personality and Social Psychology*, 106(4), 526-545. doi:10.1037/a0035663
- Good, G. E., & Robertson, J. M. (2010). To accept a pilot? Addressing men's ambivalence and altering their expectancies about therapy. *Psychotherapy: Theory, Research, Practice, Training*, 47(3), 306-315. doi:10.1037/a0021162
- Good, G. E., & Wood, P. (1995). Male gender role conflict, depression, and help seeking: Do college men face double jeopardy? *Journal of Counseling and Development*, 74(1), 70-75. doi:10.1002/j.1556-6676.1995.tb01825.x
- Gonzalez, R. (2011). Learning to be illegal: Undocumented youth and shifting legal contexts in the transition to adulthood. *American Sociological Review*, 76(4), 602-619. doi:10.1177/0003122411411901
- Gough, B., & Robertson, S. (2017). A review of research on men's health. In R. F. Levant & Y. G. Wong (Eds.), *The psychology of men and masculinities* (pp. 197-228). Washington, DC: American Psychological Association.
- Green, E. R. (2006). Debating trans inclusion in the feminist movement: A trans-positive analysis. *Journal of Lesbian Studies*, 10(1-2), 231-248. doi:10.1300/J155v10n01\_12
- Green, J. (2005). Part of the package: Ideas of masculinity among male-identified transpeople. *Men and Masculinities*, 7(3), 291-299. doi:10.1177/1097184X04272116
- Griffith, D. M., & Thorpe, R. J. J. (2016). Men's physical health and health behaviors. In Y. J. Wong, S. R. Wester (Eds.), *APA handbook of men and masculinities*. (pp. 709-730). Washington, DC, US: American Psychological Association. doi:10.1037/14594-032
- Gunther, A. C., Bolt, D., Borzekowski, D. G., Liebhart, J. L., & Dillard, J. P. (2006). Presumed influence on peer norms: How mass media indirectly affect adolescent smoking. *Journal of Communication*, 56(1), 52-68. doi:10.1111/j.1460-2466.2006.00002.x
- Habib, C., & Lancaster, S. (2006). The transition to fatherhood: Identity and bonding in early pregnancy. *Fathering: A Journal of Theory, Research, and Practice about Men as Fathers*, 4(3), 235-253. doi:10.3149/ft.0403.235
- Haldeman, D. C. (2006). The village people: Identity and development in the gay male community. In K. Bieschke, R. Perez & K. DeBord (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, bisexual and transgender clients* (pp. 71-90). Washington, D.C.: APA Books.
- Halim, A., Hasking, P., & Allen, F. (2012). The role of social drinking motives in the relationship between social norms and alcohol consumption. *Addictive Behaviors*, 37(12), 1335-1341. doi:10.1016/j.addbeh.2012.07.004
- Hamby, S. (2014). Intimate partner and sexual violence research: Scientific progress, scientific challenges, and gender. *Trauma, Violence, & Abuse*, 15(3), 149-158. doi:10.1177/1524838014520723
- Hammer, J. H., Vogel, D. L., & Heimerdinger-Edwards, S. R. (2013). Men's help seeking: Examination of differences across community size, education, and income. *Psychology of Men & Masculinity*, 14(1), 65-75. doi:10.1037/a0026813
- Hammond, W. P. (2012). Taking it like a man: Masculine role norms as moderators of the racial discrimination-depressive symptoms association among African American men. *American Journal of Public Health*, 102(Suppl. 2), S232-S241. doi:10.2105/AJPH.2011.300485
- Hammond, W. P., Fleming, P. J., & Villa-Torres, L. (2016). Everyday racism as a threat to the masculine social self: Framing investigations of African American male health disparities. In Y. J. Wong, S. R. Wester (Eds.), *APA handbook of men and masculinities*. (pp. 259-283). Washington, DC: American Psychological Association. doi:10.1037/14594-012
- Hammond, W. P., Matthews, D., Mohottige, D., Agyemang, A., & Corbie-Smith, G. (2010). Masculinity, medical mistrust, and preventive health services delays among community-dwelling African American men. *Journal of General Internal Medicine*, 25(12), 1300-1308. doi:10.1007/s11606-010-1481-z
- Hayes, E., & Sherwood, K. (2000). *The responsible fatherhood curriculum*. New York, NY: Manpower Demonstration Research Corporation.
- Heiman, T., & Olenik-Shemesh, D. (2015). Cyberbullying experience and gender differences among adolescents in different educational settings. *Journal of Learning Disabilities*, 48(2), 146-155. doi:10.1177/0022219413492855
- Helms, J. E., Jernigan, M., & Mascher, J. (2005). The meaning of race in psychology and how to change it: A methodological perspective. *American Psychologist*, 60(1), 27-36. doi:10.1037/0003-066X.60.1.27
- Henderson, S. W., & Bailey, C. D. (2013). Parental deportation, families, and mental health. *Journal of the American Academy of Child and Adolescent Psychiatry*, 52(5), 451-453. doi:10.1016/j.jaac.2013.01.007
- Herr, E. L., Cramer, S. H., & Niles, S. G. (2004). *Career guidance and counseling through the lifespan* (6th ed.). Boston, MA: Allyn & Bacon.
- Hill, D. B., & Menvielle, E. (2009). "You have to give them a place where they feel protected and safe and loved": The views of parents who have gender-variant children and adolescents. *Journal of LGBT Youth*, 6(2-3), 243-271. doi:10.1080/19361650903013527
- Holden, K., McGregor, B., Blanks, S., & Mahaffey, C. (2012). Psychosocial, socio-cultural, and environmental influences on mental health help-seeking among African American men. *Journal of Men's Health*, 9(2), 63-69. doi:10.1016/j.jomh.2012.03.002
- Hoyart, D. L., & Xu, J. (2012). Deaths: Preliminary data for 2011. *National Vital Statistics Reports*, 61, 1-52. Retrieved from [http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61\\_06.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_06.pdf)
- Hurt, B. (Producer & Director) & Gordon, S. S. (Director). (2007). *Hip-Hop: Beyond beats & rhymes* [motion picture]. Northampton, MA: Media Education Foundation.
- Isacco, A. J., Garfield, C. F., & Rogers, T. E. (2010). Correlates of coparental support among married and nonmarried fathers. *Psychology of Men & Masculinity*, 11(4), 262-278. doi:10.1037/a0020686
- Iwamoto, D. K., Cheng, A., Lee, C. S., Takamatsu, S., & Gordon, D. (2011). "Man-ing" up and getting drunk: The role of masculine norms, alcohol intoxication and alcohol-related problems among college men. *Addictive Behaviors*, 36(9), 906-911. doi:10.1016/j.addbeh.2011.04.005
- Iwamoto, D. K., & Liu, W. M. (2009). Asian American men and Asianized attribution. In N. Tewari & A. N. Alvarez (Eds.), *Asian American psychology: Current perspectives* (pp. 211-232). New York, NY: Routledge.
- Jackson, J. S., & Knight, K. M. (2006). Race and self-regulatory health behaviors: The role of the stress response and HPA axis in physical and mental health disparities. In L. L. Carstensen & K. W. Schaie (Eds.), *Social structure, aging and self-regulation in the elderly* (pp. 189-207). New York, NY: Springer.
- Jakupcak, M., Primack, J. M., & Solimeo, S. L. (2017). Introduction to the special issue examining the implications of masculinity within military and veteran populations. *Psychology of Men & Masculinity*, 18(3), 191-192. doi:10.1037/men0000126
- James, J. B., Matz-Costa, C., & Smyer, M. A. (2016). Retirement security: It's not just about the money. *American Psychologist*, 71(4), 334-344. doi:10.1037/a0040220
- James, S. E., Herman, J. L., Rankin, S., Keisling, M. Mottet, L., & Anafi, M. (2016). *Executive summary of the report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality. Retrieved from <https://transequality.org/sites/default/files/docs/usts/USTS-Executive-Summary-Dec17.pdf>
- Jemal, A., Thun, M. J., Ries, L. A., Howe, H. L., Weir, H. K., Center, M. M., . . . Edwards, B. K. (2008). Annual report to the nation on the status of cancer, 1975-2005: Featuring trends in lung cancer, tobacco use, and tobacco control. *Journal of the National Cancer Institute*, 100(23), 1672-1694. doi:10.1093/jnci/djn389
- Jennings, W. G., Piquero, A. R., & Reingle, J. M. (2012). On the overlap between victimization and offending: A review of the literature. *Aggression and Violent Behavior*, 17(1), 16-26. doi:10.1016/j.avb.2011.09.003
- Jimenez-Castellanos, O., & Gonzalez, G. (2012). Understanding the impact of micro-aggressions on the engagement of undocumented Latino fathers:

- Debunking deficit thinking. *Journal of Latinos and Education*, 11(4), 204–217. doi:10.1080/15348431.2012.715492
- Jones, D. J., Crump, A. D., & Lloyd, J. J. (2012). Health disparities in boys and men of color. *American Journal of Public Health*, 102(Suppl. 2), S170–S172. doi:10.2105/AJPH.2011.300646
- Jones, J., & Mosher, W. D. (2013). Fathers' involvement with their children: United States, 2006–2010. *National Health Statistics Reports*, 71, 2–21. Retrieved from <http://www.cdc.gov/nchs/data/nhsr/nhsr071.pdf>
- Juvonen, J., Wang, Y., & Espinoza, G. (2011). Bullying experiences and compromised academic performance across middle school grades. *The Journal of Early Adolescence*, 31(1), 152–173. doi:10.1177/0272431610379415
- Kalish, R., & Kimmel, M. S. (2010). Suicide by mass murder: Masculinity, aggrieved entitlement, and rampage school shootings. *Health Sociology Review*, 19(4), 451–464. doi:10.5172/hesr.2010.19.4.451
- Kapalka, G. M. (2008). Improving self-control: Counseling boys with attention deficit activity disorder. In M. S. Kiselica, M. Englar-Carlson, & A. M. Horne (Eds.), *Counseling troubled boys* (pp. 163–190). New York, NY: Routledge.
- Kaplan, M. S., McFarland, B. H., Huguet, N., Conner, K., Giesbrecht, N., & Nolte, K. B. (2013). Acute alcohol intoxication and suicide: A gendered stratified analysis of the National Violent Death Reporting System. *Injury Prevention*, 19(1), 38–43. doi:10.1136/injuryprev-2012:040317
- Katz, J., & Earp, J. (Writers). (2013). *Tough guise 2: Violence, manhood & American culture*. Northampton, MA: Media Education Foundation.
- Kaufman, J. M., Hall, J. E., & Zagura, M. (2012). Sex, race/ethnicity, and context in school-associated student homicides. *Journal of Interpersonal Violence*, 27(12), 2373–2390. doi:10.1177/0886260511433516
- Keddie, A. (2003). Little boys: Tomorrow's macho lads. *Discourse: Studies in the Cultural politics of Education*, 24(3), 289–306. doi:10.1080/0159630032000172498
- Kelley, K., & Gruenewald, J. (2014). Accomplishing masculinity through anti-lesbian, gay, bisexual, and transgender homicide. *Men and Masculinities*, 18(1), 3–29. doi:10.1177/1097184X14551204.
- Kena, G., Aud, S., Johnson, F., Wang, X., Zhang, J., Rathbun, A., . . . Kristapovich, P. (2014). *The condition of education 2014* (NCES 2014-083). Washington, DC: United States Department of Education, National Center for Education Statistics. Retrieved from <https://nces.ed.gov/pubs2014/2014083.pdf>
- Kerr, D. C. R., Capaldi, D. M., Owen, L. D., Wiesner, M., & Pears, K. C. (2011). Changes in at-risk American men's crime and substance use trajectories following fatherhood. *Journal of Marriage and Family*, 73(5), 1101–1116. doi:10.1111/j.1741-3737.2011.00864.x
- Kilmartin, C., Addis, M. E., Mahalik, J. R., & O'Neil, J. M. (2013). Teaching the psychology of men: Four experienced professors describe their courses. *Psychology of Men & Masculinity*, 14(3), 240–247. doi:10.1037/a0033254
- Kilmartin, C., & McDermott, R. C. (2015). Men's violence and masculinities. In Y. J. Wong & S. R. Wester (Eds.), *APA handbook of men and masculinities* (pp. 615–636). Washington, DC: American Psychological Association. doi:10.1037/14594-028
- Kilmartin, C., & Smiler, A. P. (2015). *The masculine self* (4th ed.). Cornwall-on-Hudson, NY: Sloan.
- Kilmartin, C., Smith, T., Green, A., Heinzen, H., Kuchler, M., & Kolar, D. (2008). A real time social norms intervention to reduce male sexism. *Sex Roles*, 59(3), 264–273. doi:10.1007/s11199-008-9446-y
- Kim, S. Y., Chen, Q., Li, J., Huang, X., & Moon, U. J. (2009). Parent-child acculturation, parenting, and adolescent depressive symptoms in Chinese immigrant families. *Journal of Family Psychology*, 23(3), 426–437. doi:10.1037/a0016019
- Kimmel, M. S. (2008). *Guyland: The perilous world where boys become men*. New York, NY: Harper Perennial.
- Kimmel, M. S. (2012). *The gender of desire: Essays on male sexuality*. Albany, NY: SUNY Press.
- Kimmel, M. S., & Mahler, M. (2003). Adolescent masculinity, homophobia, and violence: Random school shootings, 1982–2001. *American Behavioral Scientist*, 46(10), 1439–1458. doi:10.1177/0002764203046010010
- Kimmel, M. S., & Messner, M. A. (2012). *Men's lives* (9th ed.). New York, NY: Pearson.
- Kiselica, M. S., Benton-Wright, S., & Englar-Carlson, M. (2016). Accentuating positive masculinity: A new foundation for the psychology of boys, men, and masculinity. In Y. J. Wong & S. R. Wester (Eds.), *APA handbook of men and masculinities* (pp. 123–143). Washington, DC: American Psychological Association. doi:10.1037/14594-006
- Kiselica, M. S., Englar-Carlson, M., & Horne, A. M. (Eds.) (2008). *Counseling troubled boys: A guidebook for professionals*. New York, NY: Routledge.
- Kiselica, M. S., Englar-Carlson, M., Horne, A. M., & Fisher, M. (2008). A positive psychology perspective on helping boys. In M. S. Kiselica, M. Englar-Carlson, & A. M. Horne (Eds.), *Counseling troubled boys: A guidebook for professionals* (pp. 31–48). New York, NY: Routledge.
- Kiselica, M. S., & Kiselica, A. M. (2014). The complicated worlds of adolescent fathers: Implications for clinical practice, public policy, and research. *Psychology of Men & Masculinity*, 15(3), 260–274. doi:10.1037/a0037043
- Kiselica, M. S., Mulé, M., & Haldeman, D. C. (2008). Finding inner peace in a homophobic world: Counseling gay boys and boys who are questioning their sexual identity. In M. S. Kiselica, M. Englar-Carlson, & A. M. Horne (Eds.), *Counseling troubled boys: A guidebook for professionals* (pp. 243–271). New York, NY: Routledge.
- Kiselica, M. S., Rotzien, A., & Doms, J. (1994). Preparing teenage fathers for parenthood: A group psychoeducational approach. *Journal for Specialists in Group Work*, 19(2), 83–94. doi:10.1080/01933929408413767
- Klein, J. (2006). Cultural capital and high school bullies: How social inequality impacts school violence. *Men and Masculinities*, 9(1), 53–75. doi:10.1177/1097184X04271387
- Knafo, A., Iervolino, A. C., & Plomin, R. (2005). Masculine girls and feminine boys: Genetic and environmental contributions to atypical gender development in early childhood. *Journal of Personality And Social Psychology*, 88(2), 400–412. doi:10.1037/0022-3514.88.2.400
- Knoester, C., & Eggebeen, D. J. (2006). The effects of the transition to parenthood and subsequent children on men's well-being and social participation. *Journal of Family Issues*, 27(11), 1532–1560. doi:10.1177/0192513X06290802
- Knoester, C., Petts, R. J., & Eggebeen, D. J. (2007). Commitments to fathering and well-being and social participation of new, disadvantaged fathers. *Journal of Marriage and Family*, 69(4), 991–1004. doi:10.1111/j.1741-3737.2007.00426.x
- Knopf, D., Park, M. J., & Mulye, T. P. (2008). *The mental health of adolescents: A national profile, 2008*. San Diego, CA: National Adolescent Health Information Center. Retrieved from <http://nahic.ucsf.edu/downloads/MentalHealthBrief.pdf>
- Korcuska, J. S., & Thombs, D. L. (2003). Gender role conflict and sex-specific drinking norms: Relationships to alcohol use in undergraduate women and men. *Journal of College Student Development*, 44(2), 204–216. doi:10.1353/csd.2003.0017
- Kosciw, J.R., Greytak, E. A., Giga, N. M., Villenas, C., & Danischewski, D. J. (2016). *The 2015 National School Climate Survey: The experiences of lesbian, gay, bisexual and transgender youth in our nation's schools*. New York, NY: GLSEN. Retrieved from [https://www.glsen.org/sites/default/files/2015%20National%20GLSEN%202015%20National%20School%20Climate%20Survey%20%28NSCS%29%20-%20Full%20Report\\_0.pdf](https://www.glsen.org/sites/default/files/2015%20National%20GLSEN%202015%20National%20School%20Climate%20Survey%20%28NSCS%29%20-%20Full%20Report_0.pdf)
- Lacey, A., & Cornell, D. (2013). The impact of teasing and bullying on schoolwide academic performance. *Journal of Applied School Psychology*, 29(3), 262–283. doi:10.1080/15377903.2013.806883
- Leone, R. M., & Parrott, D. J. (2015). Dormant masculinity: Moderating effects of acute alcohol intoxication on the relation between male role norms and antigay aggression. *Psychology of Men & Masculinity*, 16(2), 183–194. doi:10.1037/a0036427
- Leppma, M., Taylor, J., Spero, R., Leonard, J., Foster, M., Daniels, J., & Brown, R. T. (2016). Working with veterans and military families: An assessment of professional competencies. *Professional Psychology: Research and Practice*, 47(1), 84–92. doi:10.1037/pro0000059
- Levant, R. F. (1996). The male code and parenting: A psychoeducational approach. In M. Andronico (Ed.), *Men in groups: Insights, interventions, and psychoeducational work* (pp. 229–242). Washington, D.C.: American Psychological Association. doi:10.1037/10284-015
- Levant, R. F., Good, G. E., Cook, S. W., O'Neil, J. M., Smalley, K. B., Owen, K., & Richmond, K. (2006). The Normative Male Alexithymia Scale: Measurement of a gender-linked syndrome. *Psychology of Men & Masculinity*, 7(4), 212–224. doi:10.1037/1524-9220.7.4.212

- Levant, R. F., Hall, R. J., & Rankin, T. J. (2013). Male Role Norms Inventory–Short Form (MRNI-SF): Development, confirmatory factor analytic investigation of structure, and measurement invariance across gender. *Journal of Counseling Psychology, 60*(2), 228–238. doi:10.1037/a0031545
- Levant, R. F., Hall, R. J., Williams, C. M., & Hasan, N. T. (2009). Gender differences in alexithymia. *Psychology of Men & Masculinity, 10*(3), 190–203. doi:10.1037/a0015652
- Levant, R. F. & Pollack, W. S. (Eds.). (1995). *The new psychology of men*. New York, NY: Basic Books.
- Levant, R. F., & Richmond, K. (2007). A review of research on masculinity ideologies using the Male Role Norms Inventory. *The Journal of Men's Studies, 15*(2), 130–146. doi:10.3149/jms.1502.130
- Levant, R. F. & Silverstein, L. B. (2005). How well do empirically supported therapies and “treatment as usual” address gender as a dimension of diversity? In J. C. Norcross, L. E. Beutler, & R. F. Levant (Eds.), *Evidence-based practices in mental health: Debate and dialogue on the fundamental questions* (pp. 338–345). Washington, DC: American Psychological Association.
- Levitt, H. M., Horne, S. G., Puckett, J. C., Sweeney, K. K. & Hampton, M. (2015). Gay families: Challenging racial and sexual/gender minority stressors through social support. *Journal of GLBT Family Studies, 11*(2), 173–202. doi:10.1080/1550428X.2014.958266
- Liang, C. T. H., Molenaar, C. M., & Heard, S. (2016). President Obama's influence on Black men. In L. A. Barker (Ed.), *Obama on our minds: The impact of Obama on the psyche of America* (pp. 169–186). New York, NY: Oxford University Press.
- Liang, C. T. H., & Rivera, L. (in press). *Psychological approaches to working with vulnerable children*. In F. Beachum & F. Obeakor (Eds.), *Improving Educational Outcomes of Vulnerable Children: Starting from the Bottom*. Svedala, Sweden: Oakleaf Books.
- Liang, C. T. H., Rivera, A., Nathwani, A., Dang, P., & Douroux, A. (2010). Dealing with gendered racism and racial identity among Asian American men. In W. M. Liu, D. Iwamoto, & M. Chae (Eds.), *Culturally responsive counseling with Asian American men* (pp. 63–82). New York, NY: Routledge.
- Liang, C. T. H., Salcedo, J., & Miller, H. (2011). Perceived racism, masculinity ideologies, and gender role conflict among Latino men. *Psychology of Men & Masculinity, 12*(3), 201–215. doi:10.1037/a0020479
- Lick, D. J., Durso, L. E., & Johnson, K. L. (2013). Minority stress and physical health among sexual minorities. *Perspectives on Psychological Science, 8*(5), 521–548. doi:10.1177/1745691613497965
- Lisak, D. (2001). Male survivors of trauma. In G. R. Brooks & G. E. Good (Eds.), *The new handbook of psychotherapy and counseling with men* (pp. 263–277). San Francisco, CA: Jossey-Bass.
- Lisak, D. & Beszterczey, S. (2007). The cycle of violence: The life history of 43 death row inmates. *Psychology of Men & Masculinity, 8*(2), 118–128. doi:10.1037/1524-9220.8.2.118
- Liu, W. M. (2005). The study of men and masculinity as an important multicultural competency consideration. *Journal of Clinical Psychology, 61*(6), 685–697. doi:10.1002/jclp.20103
- Liu, W. M. (2017). White male power and privilege: The relationship between White supremacy and social class. *Journal of Counseling Psychology, 64*(4), 349–358. doi:10.1037/cou0000227
- Liu, W. M., & Ali, S. R. (2005). Addressing social class and classism in vocational theory and practice: Extending the emancipatory communitarian approach. *The Counseling Psychologist, 33*(2), 189–196. doi:10.1177/0011000004272269
- Liu, W. M., Colbow, A. J., & Rice, A. J. (2016). Social class and masculinity. In Y. J. Wong, S. R. Wester (Eds.), *APA handbook of men and masculinities* (pp. 413–432). Washington, DC: American Psychological Association. doi:10.1037/14594-019
- Liu, W. M., & Concepcion, W. R. (2010). Redefining Asian American identity and masculinity. In W. M. Liu, D. K. Iwamoto & M. Chae (Eds.), *Culturally responsive counseling interventions with Asian American men* (pp. 127–144). New York, NY: Routledge.
- Liu, Y., Englar-Carlson, M., & Minichiello, V. (2012). The socio-psychological impact of midlife career transitions for male technical professionals: A qualitative study of narratives. *Career Development Quarterly, 60*(3), 273–288. doi:10.1002/j.2161-0045.2012.00023.x
- Lombardi, K. S. (2012). *The mama's boy myth: Why keeping our sons close makes them stronger*. New York, NY: Avery.
- Lorenzo-Blanco, E., Unger, I., Baezconde-Garbanati, J., Ritt-Olson, B., & Soto, L. (2012). Acculturation, enculturation, and symptoms of depression in Hispanic youth: The roles of gender, Hispanic cultural values, and family functioning. *Journal of Youth and Adolescence, 41*(10), 1350–1365. doi: 10.1007/s10964-012-9774-7
- Loukas, A., & Prelow, H. M. (2004). Externalizing and internalizing problems in low-income Latino early adolescents' risk, resource, and protective factors. *The Journal of Early Adolescence, 24*(3), 250–273. doi:10.1177/0272431604265675
- Lundahl, B. W., Tollefson, D., Risser, H., & Lovejoy, M. C. (2008). A meta-analysis of father involvement in parent training. *Research on Social Work Practice, 18*(2), 97–106. doi: 10.1177/1049731507309828
- Lynch, J., & Kilmartin, C. (2013). *The pain behind the mask: Overcoming masculine depression* (2nd ed.). New York, NY: Routledge.
- Mackenzie, C. S., Gekoski, W. L., & Knox, V. J. (2006). Age, gender, and the underutilization of mental health services: the influence of help-seeking attitudes. *Aging and Mental Health, 10*, 574–582. doi: 10.1080/13607860600641200
- Mahalik, J. R., Aldarondo, E., Gilbert-Gokhale, S., & Shore, E. (2005). The role of insecure attachment and gender role stress in predicting controlling behaviors in men who batter. *Journal of Interpersonal Violence, 20*(5), 617–631. doi:10.1177/0886260504269688
- Mahalik, J. R., & Burns, S. (2011). Predicting health behaviors in young men that put them at risk for heart disease. *Psychology of Men & Masculinity, 12*(1), 1–12. doi:10.1037/a0021416
- Mahalik, J. R., Burns, S. M., & Syzdek, M. (2007). Masculinity and perceived normative health behaviors as predictors of men's health behaviors. *Social Science Medicine, 64*(11), 2201–2209. doi:10.1016/j.socscimed.2007.02.035
- Mahalik, J. R., Coley, R. L., Lombardi, C., Lynch, A., Markowitz, A., & Jaffee, S. R. (2013). Changes in health risk behaviors for males and females from early adolescence through early adulthood. *Health Psychology, 32*(6), 685–694. doi:10.1037/a0031658
- Mahalik, J. R., Good, G. E., & Englar-Carlson, M. (2003). Masculinity scripts, presenting concerns, and help seeking: Implications for practice and training. *Professional Psychology: Research and Practice, 34*(2), 123–131. doi:10.1037/0735-7028.34.2.123
- Mahalik, J. R., Good, G. E., Tager, D., Levant, R. F., & Mackowiak, C. (2012). Developing a taxonomy of helpful and harmful practices for clinical work with boys and men. *Journal of Counseling Psychology, 59*(4), 591–603. doi:10.1037/a0030130
- Mahalik, J. R., Locke, B. D., Ludlow, L. H., Diemer, M. A., Scott, R. J., Gottfried, M., & Freitas, G. (2003). Development of the Conformity to Masculine Norms Inventory. *Psychology of Men & Masculinity, 4*(1), 3–25. doi:10.1037/1524-9220.4.1.3
- Mahalik, J. R., Talmadge, W. T., Locke, B. D., & Scott, R. P. (2005). Using the Conformity to Masculine Norms Inventory to work with men in a clinical setting. *Journal of Clinical Psychology, 61*(6), 661–674. doi:10.1002/jclp.20101
- Majors, R., & Billson, J. M. (1993). *Cool pose: The dilemmas of Black manhood in America*. New York, NY: Touchstone Books/Simon & Schuster.
- Mankowski, E. S., & Maton, K. I. (2010). A community psychology of men and masculinity: Historical and conceptual review. *American Journal of Community Psychology, 45*(1-2), 73–86. doi:10.1007/s10464-009-9288-y
- Marecek, J. (2002). Unfinished business: Postmodern feminism in personality psychology. In M. Ballou & L. S. Brown (Eds.), *Rethinking mental health and disorder: Feminist perspectives* (pp. 3–28). New York, NY: Guilford Press.
- Marks, L., & Palkovitz, R. (2004). American fatherhood types: The good, the bad, and the uninterested. *Fathering, 2*(2), 113–129. doi:10.3149/fth.0202.113
- Marshall, B. D., Socias, M. E., Kerr, T., Zalazar, V., Sued, O., & Aristegui, I. (2016). Prevalence and correlates of lifetime suicide attempts among transgender persons in Argentina. *Journal of Homosexuality, 63*(7), 1–13. doi:10.1080/00918369.2015.1117898
- Marsiglio, W., Amato, P., Day, R. D., & Lamb, M. E. (2000). Scholarship on fatherhood in the 1990's and beyond. *Journal of Marriage and the Family, 62*(4), 1173–1191. doi:10.1111/j.1741-3737.2000.01173.x
- Martin, L. A., Neighbor, H. W., & Griffith, D. M. (2013). The experience of symptoms of depression in men vs women: Analysis of the National Comorbidity Survey Replication. *JAMA Psychiatry, 70*(10), 1100–1106. doi:10.1001/jamapsychiatry.2013.1985
- Matthews, D. D., Hammond, W. P., Nuru-Jeter, A., Cole-Lewis, Y., & Melvin, T. (2013). Racial discrimination and depressive symptoms among African American men: The mediating and moderating roles of masculine self-reliance and John Henryism. *Psychology of Men & Masculinity, 14*(1), 35–46. doi:10.1037/a0028436

- Maume, D. J. (2011). Reconsidering the temporal increase in fathers' time with children. *Journal of Family and Economic Issues*, 32(3), 411-423. doi:10.1007/s10834-010-9227-y
- Maurer, T. W., & Pleck, J. H. (2006). Fathers' caregiving and breadwinning: A gender congruence analysis. *Psychology of Men and Masculinity*, 7(2), 101-112. doi:10.1037/1524-9220.7.2.101
- McDermott, R. C., Kilmartin, C., McKelvey, D. K., & Kridel, M. M. (2015). College male sexual assault of women and the psychology of men: Past, present, and future directions for research. *Psychology of Men & Masculinity*, 16(4), 355-366. doi:10.1037/a0039544
- McDermott, R. C., Levant, R. F., Hammer, J. H., Hall, R. J., McKelvey, D. K., & Jones, Z. (2017). Further examination of the factor structure of the Male Role Norms Inventory-Short Form (MRNI-SF): Measurement considerations for women, men of color, and gay men. *Journal of Counseling Psychology*, 64(6), 724-738. doi:10.1037/cou0000225
- McDermott, R. C., & Lopez, F. G. (2013). College men's intimate partner violence attitudes: Contributions of attachment dimensions and gender role stress. *Journal of Counseling Psychology*, 60(1), 127-136. doi:10.1037/a0030353
- McDermott, R. C., & Schwartz, J. P. (2013). Toward a better understanding of emerging adult men's gender role journeys: Differences in age, education, race, relationship status, and sexual orientation. *Psychology of Men & Masculinity*, 14(2), 202-210. doi:10.1037/a0028538
- McDermott, R. C., Schwartz, J. P., & Rislin, J. L. (2016). Men's mental health: A biopsychosocial critique. In Y. J. Wong, S. R. Wester. (Eds.), *APA handbook of men and masculinities* (pp. 751-731). Washington, DC: American Psychological Association. doi:033-14594/10.1037
- McDermott, R. C., Schwartz, J. P., & Trevathan-Minnis, M. (2012). Predicting men's anger management: Relationships with gender role journey and entitlement. *Psychology of Men & Masculinity*, 13(1), 49-64. doi:10.1037/a0022689
- McDermott, R. C., Smith, C., & Tsan, J. (2014). Getting wired: Connecting with men through technology. In A. B. Rochlen, & F. E. Rabinowitz, (Eds.), *Breaking barriers in counseling men: Insights and innovations* (pp. 99-109). New York, NY: Routledge.
- McEwen, B. S. (2004). How sex and stress hormones regulate the structural and functional plasticity of the hippocampus. In M. S. Gazzaniga (Ed.), *The cognitive neurosciences* (3rd ed., pp. 171-181). Cambridge, MA: MIT Press.
- McGill, B. S. (2014). Navigating new norms of involved fatherhood: Employment, fathering attitudes, and father involvement. *Journal of Family Issues*, 35(8), 1089-1106. doi:10.1177/0192513X14522247
- McIntosh, P. (2008). White privilege and male privilege: A personal account of coming to see correspondences through work in women's studies. In M. McGoldrick, & K. V. Hardy (Eds.), *Re-visioning family therapy: Race, culture, and gender in clinical practice* (2nd ed., pp. 238-249). New York, NY: Guilford Press.
- McKechnie, M., Bavinton, B., & Zablotska, I. (2013). Understanding of norms regarding sexual practices among gay men: Literature review. *AIDS and Behavior*, 17(4), 1245-1254. doi:10.1007/s10461-012-0309-8
- McLeigh, J. D. (2010). How do immigration and customs enforcement (ICE) practices affect the mental health of children? *American Journal of Orthopsychiatry*, 80(1), 96-100. doi:10.1111/j.1939-0025.2010.01011.x
- Mellinger, T. N., & Liu, W. M. (2006). Men's issues in doctoral training: A survey of counseling psychology programs. *Professional Psychology: Research and Practice*, 37(2), 196. doi:10.1037/0735-7028.37.2.196
- Miller, L. R., & Grollman, E. A. (2015). The social costs of gender nonconformity for transgender adults: Implications for discrimination and health. *Sociological Forum*, 30(3), 809-831. doi:10.1111/socf.12193
- Mojtabai, R., Olfson, M., Sampson, N. A., Jin, R., Druss, B., Wang, P. S., . . . Kessler, R. C. (2011). Barriers to mental health treatment: Results from the National Comorbidity Survey Replication. *Psychological Medicine*, 41(8), 1751-1761. doi:10.1017/S0033291710002291
- Moller-Leimkuhler, A. M. (2002). Barriers to help-seeking by men: A review of sociocultural and clinical literature with particular reference to depression. *Journal of Affective Disorders*, 71(1-3), 1-9. doi:10.1016/S0165-0327(01)00379-2
- Moore, T. M., & Stuart, G. L. (2005). A review of the literature on masculinity and partner violence. *Psychology of Men & Masculinity*, 6(1), 46-61. doi:10.1037/1524-9220.6.1.46
- Mortola, P., Hiton, H., & Grant, S. (2007). *BAM! Boys advocacy and mentoring: A leader's guide to facilitating strengths-based groups for boys—helping boys make better contact by making better contact with them*. New York, NY: Routledge.
- Nadal, K. L. (2008). Preventing microaggressions: Recommendations for promoting positive mental health. *Prevention in Counseling Psychology: Theory, Research, Practice, and Training*, 2, 22-27.
- Nagoshi, J. L., & Brzuzy, S. (2010). Transgender theory: Embodying research and practice. *Affilia: Journal of Women and Social Work*, 25(4), 431-443. doi:10.1177/0886109910384068
- Nagoshi, J. L., Brzuzy, S., & Terrell, H. K. (2012). Deconstructing the complex perceptions of gender roles, gender identity, and sexual orientation among transgender individuals. *Feminism & Psychology*, 22(4), 405-422. doi:10.1177/0959353512461929
- National Center for PTSD. (2014). *Community provider toolkit*. Retrieved from <http://www.mentalhealth.va.gov/communityproviders/>
- National Center for Transgender Equality (2015a). Reducing incarceration and ending abuse in prisons. In *NCTE A Blueprint for Equality: Federal Agenda for Transgender People*.
- National Center for Transgender Equality (2015b). *Issues: Housing & homelessness*. Retrieved from <http://www.transequality.org/issues/housing-homelessness>
- National Center for Veterans Analysis and Statistics (2014). *Unique veterans user report, FY 2013*. Washington, DC: United States Department of Veterans Affairs. Retrieved from [http://www.va.gov/vetdata/docs/SpecialReports/Profile\\_of\\_Unique\\_Veteran\\_Users.pdf](http://www.va.gov/vetdata/docs/SpecialReports/Profile_of_Unique_Veteran_Users.pdf)
- National Center for Victims of Crime (2013). *2013 National crime victims' rights week resource guide*. Retrieved from [http://www.ncdsv.org/images/OVC\\_NCVRWResourceGuide\\_2013.pdf](http://www.ncdsv.org/images/OVC_NCVRWResourceGuide_2013.pdf)
- National Family Involvement Network (n.d.). *Father involvement*. Retrieved from <http://www.nfpn.org/father-involvement>
- National Fatherhood Initiative (2007). *Community-based fatherhood programs*. Retrieved from <http://www.fatherhood.org/fatherhood-program-community-based>
- National Institute of Mental Health (2008). *Real men, real depression: It takes courage to ask for help, these men did*.
- O'Brien, M. (2004). *Fathers and family support: Promoting involvement and evaluating impact*. London: NFPI.
- Oliffe, J. (2007). Health behaviors, prostate cancer, and masculinities: A life course perspective. *Men and Masculinities*, 11(3), 346-366. doi:10.1177/1097184x06298777
- Olson, K. R., Durwood, L., DeMeules, M., & McLaughlin, K. A. (2016). Mental health of transgender children who are supported in their identities. *Pediatrics*, 137(3). doi:10.1542/peds.2015-3223
- Olweus, D., & Limber, S. P. (2010). The Olweus Bullying Prevention Program: Implementation and evaluation over two decades. In S. R. Jimerson, S. M. Swearer, D. L. Espelage (Eds.), *Handbook of bullying in schools: An international perspective* (pp. 377-401). New York, NY: Routledge.
- O'Neil, J. M. (1990). Assessing men's gender role conflict. In D. Moore, & F. Leafgren (Eds.), *Problem solving strategies and interventions for men in conflict* (pp. 23-38). Alexandria, VA: American Counseling Association.
- O'Neil, J. M. (2008). Summarizing 25 years of research on men's gender role conflict using the Gender Role Conflict Scale: New research paradigms and clinical implications. *The Counseling Psychologist*, 36(3), 358-445. doi:10.1177/0011000008317057
- O'Neil, J. M. (2013). Gender role conflict research 30 years later: An evidence based diagnostic schema to assess boys and men in counseling. *Journal of Counseling and Development*, 91(4), 490-498. doi:1002/j.1556-6676.2013.00122.x
- O'Neil, J. M. (2015). *Men's gender role conflict: Psychological costs, consequences, and a agenda for change*. Washington, DC: American Psychological Association.
- O'Neil, J. M., Egan, J., Owen, S. V., & Murry, V. M. (1993). The Gender Role Journey Measure: Scale development and psychometric evaluation. *Sex Roles*, 28(3-4), 167-185. doi:10.1007/BF00299279
- O'Neil, J. M., Helms, B., Gable, R., David, L., & Wrightsman, L. (1986). Gender Role Conflict Scale: College men's fear of femininity. *Sex Roles*, 14(5), 335-350. doi:10.1007/BF00287583
- O'Neil, J. M., & Luján, M. L. (2009). Preventing boys' problems in schools through psychoeducational programming: A call to action. *Psychology in the Schools*, 46(3), 257-266. doi:10.1002/pits.20371
- O'Neil, J. M., & Renzulli, S. (2013). Introduction to the special section: Teaching the psychology of men: A call to action. *Psychology of Men & Masculinity*, 14(3), 221-229. doi:10.1037/a0033258



- Orpinas, P., & Horne, A. M. (2010). Creating a positive school climate and developing social competence. In S. R. Jimerson, S. M. Swearer, & D. L. Espelage (Eds.), *Handbook of bullying in schools: An international perspective* (pp. 49–59). New York, NY: Routledge.
- Palkovitz, R. (2002). *Involved fathering and men's adult development: Provisional balances*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Palkovitz, R. & Palm, G. (2009). Transitions within fatherhood. *Fathering*, 7(1), 3–22. doi:10.3149/fth.0701.3
- Pancsofar, N., & Vernon-Feagans, L. (2006). Mother and father language input to young children: Contributions to later language development. *Journal of Applied Developmental Psychology*, 27(6), 571–587. doi:10.1016/j.appdev.2006.08.003
- Parent, J., Jones, D. J., Forehand, R., Cuellar, J., & Shoulberg, E. K. (2013). The role of coparents in African American single-mother families: The indirect effect of coparent identity on youth psychosocial adjustment. *Journal of Family Psychology*, 27(2), 252–262. doi:10.1037/a0031477
- Parrott, D. J., Zeichner, A., & Hoover, R. (2006). Sexual prejudice and anger network activation: The mediating role of negative affect. *Aggressive Behavior*, 32(1), 7–16. doi:10.1002/ab.20101
- Paulson, J. F. (2006). Individual and combined effects of postpartum depression in mothers and fathers on parenting behavior. *Pediatrics*, 118(2), 658–668. doi:10.1542/peds.2005-2948
- Paulson, J. F. (2010). Prenatal and postpartum depression in fathers and its association with maternal depression: A meta-analysis. *Journal of the American Medical Association*, 303(19), 1961–1969. doi:10.1001/jama.2010.605
- Pelletier, M. G., & Tschurtz, B. (2012). Meeting the health care needs of LGBT patients. *Journal of Nursing Care Quality*, 27(2), 95–98. doi:10.1097/NCQ.0b013e-31824911ac
- Pence, E., & Paymar, M. (1993). *Education groups for men who batter: The Duluth Model*. New York, NY: Springer Publishing Company.
- Peralta, R. L. (2007). College alcohol use and the embodiment of hegemonic masculinity among European American men. *Sex Roles*, 56(11–12), 741–756. doi:10.1007/s11199-007-9233-1
- Perkins, H. W., Linkenbach, J. W., Lewis, M. A., & Neighbors, C. (2010). Effectiveness of social norms media marketing in reducing drinking and driving: A statewide campaign. *Addictive Behaviors*, 35(10), 866–874. doi:10.1016/j.addbeh.2010.05.004
- Pleck, J. H. (1981). *The myth of masculinity*. Cambridge, MA: MIT Press.
- Pleck, J. H. (1995). The gender role strain paradigm: An update. In R. F. Levant & W. S. Pollack (Eds.), *A new psychology of men* (pp. 11–32). New York, NY: Basic Books.
- Pleck, J. H. (1997). Paternal involvement: Levels, origins, and consequences. In M. E. Lamb (Ed.), *The role of the father in child development* (3rd ed., pp. 66–103). New York, NY: Wiley.
- Pleck, J. H. (2007). Why could father involvement benefit children? Theoretical perspectives. *Applied Developmental Science*, 17(4), 196–202. doi:10.1080/10888690701762068
- Pleck, J. H. (2010). Paternal involvement: Revised conceptualization and theoretical linkages with child outcomes. In M. E. Lamb (Ed.), *The role of the father in child development* (5th ed., pp. 67–107). New York, NY: Wiley.
- Pleck, J. H., Sonenstein, F. L., & Ku, L. (2004). Adolescent boys' heterosexual behavior. In N. Way & J. Y. Chu (Eds.), *Adolescent boys: Exploring diverse cultures of boyhood* (pp. 256–270). New York, NY: New York University Press.
- Pleck, J. H., Sonenstein, F. L., & Ku, L. C. (1994). Attitudes toward male roles among adolescent males: A discriminant validity analysis. *Sex Roles*, 30(7–8), 481–501. doi:10.1007/BF01420798
- Pollack, W. S. (1995). No man is an island: Toward a new psychoanalytic psychology of men. In R. F. Levant & W. S. Pollack (Eds.), *A new psychology of men* (pp. 33–67). New York, NY: Basic Books.
- Pollack, W. S. (1998). Mourning, melancholia, and masculinity: Recognizing and treating depression in men. In W. S. Pollack & R. F. Levant (Eds.), *New psychotherapy with men* (pp. 147–166). New York, NY: Wiley.
- Pollack, W. S., & Levant, R. F. (Eds.). (1998). *New psychotherapy for men*. New York, NY: Wiley.
- Pompilli, M., Serafini, G., Innamorati, M., Dominici, G., Ferracuti, S., Kotzilidas, G., . . . Lester, D. (2010). Suicidal behavior and alcohol abuse. *International Journal of Environmental Research and Public Health*, 7(4), 1392–1431. doi:10.3390/ijerph7041392
- Porter, K. E., Brennan-Ing, M., Chang, S. C., Dickey, I. M., Singh, A. A., Bower, K. L., & Witten, T. M. (2016). Providing competent and affirming services for transgender and gender nonconforming older adults. *Clinical Gerontologist*, 39(5), 366–388. doi:10.1080/07317115.2016.1203383
- Poungnet, E., Serbin, L. A., Stack, D. M., & Schwartzman, A. E. (2011). Fathers' influence on children's cognitive and behavioral functioning: A longitudinal study of Canadian families. *Canadian Journal of Behavioral Science*, 43(3), 173–182. doi:10.1037/a0023948
- Pudrovska, T., & Carr, D. (2009). Age at first birth and fathers' subsequent health: Evidence from sibling and twin models. *American Journal of Men's Health*, 3(2), 104–115. doi:10.1177/1557988307306424
- Purdie-Vaughns, V., Stelle, C. M., Davies, P. G., Dittmann, R., & Crosby, J. R. (2008). Social identity contingencies: How diversity cues signal threat or safety for African Americans in mainstream institutions. *Journal of Personality and Social Psychology*, 94(4), 615–630. doi:10.1037/0022-3514.94.4.615
- Rabinowitz, F. E., & Cochran, S. V. (2002). *Deepening psychotherapy with men*. Washington, DC: American Psychological Association. doi:10.1037/10418-000
- Rabinowitz, F. E. & Cochran, S. V. (2008). Men and therapy: A case of masked male depression. *Clinical Case Studies*, 7(6), 575–591. doi:10.1177/1534650108319917
- Randle, A. A., & Graham, C. A. (2011). A review of the evidence on the effects of intimate partner violence on men. *Psychology of Men & Masculinity*, 12(2), 97–111. doi:10.1037/a0021944
- Reel, J., & Bucciere, R. (2010). Ableism and body image: Conceptualizing how individuals are marginalized. *Women in Sport & Physical Activity Journal*, 19(1), 91–97. doi:10.1123/wspaj.19.1.91
- Reese, L. E., Horne, A. M., Bell, C. D., & Wingfield, J. H. (2008). Counseling aggressive boys and adolescent males. In M. S. Kiselica, M. Englar-Carlson, A. M. Horne (Eds.), *Counseling troubled boys: A guidebook for professionals* (pp. 191–217). New York, NY: Routledge.
- Reidy, D. E., Shirk, S. D., Sloan, C. A., & Zeichner, A. (2009). Men who aggress against women: Effects of feminine gender role violation on physical aggression in hypermasculine men. *Psychology of Men & Masculinity*, 10(1), 1–12. doi:10.1037/a0014794
- Reigeluth, C. S., & Addis, M. E. (2016). Adolescent boys' experiences with policing of masculinity: Forms, functions, and consequences. *Psychology of Men & Masculinity*, 17(1), 74–83. doi:10.1037/a0039342
- Renner, L. M. & Whitney, S. D. (2012). Risk factors for unidirectional and bidirectional intimate partner violence among young adults. *Child Abuse & Neglect*, 36(1), 40–52. doi:10.1016/j.chiabu.2011.07.007
- Reynolds, A. L., & Hanjorgiris, W. F. (2000). Coming out: Lesbian, gay, and bisexual identity development. In R. M. Perez, K. A. DeBord, & K. J. Bieschke (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, and bisexual clients* (pp. 35–55). Washington, DC: American Psychological Association.
- Richmond, K., Burnes, T. R., Singh, A. A., & Ferrara, M. (2017). Assessment and treatment of trauma with TGNC clients: A feminist approach. In A. A. Singh & I. M. Dickey (Eds.), *Affirmative counseling and psychological practice with transgender and gender nonconforming clients* (pp. 191–212). Washington, DC: American Psychological Association.
- Rinehart, M., & Kiselica, M. S. (2010). Helping men with the trauma of miscarriage. *Psychotherapy: Theory, Research, Practice, Training*, 47(3), 288–295. doi:10.1037/a0021160
- Rio, V. (2011). *Punished: Policing the lives of Black and Latino boys*. New York, NY: NYU Press.
- Robinson, T. L. (2012). *The convergence of race, ethnicity, and gender: Multiple identities in counseling* (4th ed.). Upper Saddle River, NJ: Merrill.
- Rochlen, A. B. & Rabinowitz, F. E. (Eds.). (2014). *Breaking barriers in counseling men: Insights and innovations*. New York, NY: Routledge.
- Rochlen, A. B., Suizzo, M., McKelley, R., & Scaringi, V. (2008). "I'm just providing for my family:" A qualitative study of stay-at-home fathers. *Psychology of Men and Masculinity*, 9(4), 193–206. doi:10.1037/a0012510
- Rochlen, A. B., Whilde, M. R., & Hoyer, W. D. (2005). The Real Men, Real Depression campaign: Overview, theoretical considerations, and research implications. *Psychology of Men and Masculinity*, 6(3), 186–194. doi:10.1037/1524-9220.6.3.186
- Romo, C., Bellamy, J., & Coleman, M. T. (2004). *TFF final evaluation report*. Austin, TX: Texas Fragile Families Initiative.
- Rucklidge, J. (2010). Gender differences in attention-deficit/hyperactivity disorder. *Psychiatric Clinics of North America*, 33(2), 357–373. doi:10.1016/j.psc.2010.01.006

- Ryan, C., Russell, S. T., Huebner, D., Diaz, R., & Sánchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing*, 23(4), 205–213. doi:10.1111/j.1744-6171.2010.00246.x
- Salamon, G. (2009). Humiliation and transgender regulation: Commentary on paper by Ken Corbett. *Psychoanalytic Dialogues*, 19(4), 376–384. doi:10.1080/10481880903088559
- Sánchez, F. J. (2016). Masculinity issues among gay, bisexual, and transgender men. In Y. J. Wong & S. R. Wester (Eds.), *APA handbook of men and masculinities* (pp. 339–365). doi:10.1037/14594-016
- Sánchez, F. J., & Vilain, E. (2012). "Straight-acting gays": The relationship between masculine consciousness, anti-effeminacy, and negative gay identity. *Archives of Sexual Behavior*, 41(1), 111–119. doi:10.1007/s10508-012-9912-z
- Sánchez, F. J., Vilain, E., Westefeld, J. S., & Liu, W. M. (2010). Masculine gender role conflict and negative feelings about being gay. *Professional Psychology: Research and Practice*, 41(2), 104–111. doi:10.1037/a0015805
- Sarkadi, A., Kristiansson, R., Oberklaid, F., & Bremberg, S. (2008). Fathers' involvement and children's developmental outcomes: A systematic review of longitudinal studies. *Acta Paediatrica*, 97(2), 153–158. doi:10.1111/j.1651-2227.2007.00572.x
- Schindler, H. S. (2010). The importance of parenting and financial contributions in promoting fathers' psychological health. *Journal of Marriage and Family*, 72(2), 318–332. doi:10.1111/j.1741-3737.2010.00702.x
- Schwartz, J. P., Magee, M. M., Griffin, L. D., & Dupuis, C. W. (2004). Effects of a group prevention intervention on risk and protective factors related to dating violence. *Group Dynamics: Theory, Research, And Practice*, 8(3), 221–231. doi:10.1037/1089-2699.8.3.221
- Schwartz, J. P., Waldo, M., & Higgins, A. J. (2004). Attachment styles: Relationships to masculine gender role conflict in college men. *Psychology of Men & Masculinity*, 5(2), 143–146. doi:10.1037/1524-9220.5.2.143
- Schwartz, S. J., Unger, J. B., Zamboanga, B. L., & Szapocznik, J. (2010). Rethinking the concept of acculturation: Implications for theory and research. *American Psychologist*, 65(4), 237–251. doi:10.1037/a0019330
- Schwartzberg, S., & Rosenberg, L. G. (1998). Being gay and being male: Psychotherapy with gay and bisexual men. In W. S. Pollack & R. F. Levant (Eds.), *New psychotherapy for men* (pp. 259–281). Hoboken, NJ: Wiley.
- Schwartzman, G. (2006). The subjectivity of the mother in the mother–son relationship. Attachment, separation, and autonomy. *International Forum of Psychoanalysis*, 15(4), 226–232. doi:10.1080/08037060601082252
- Schwing, A. E., Wong, Y. J., & Fann, M. D. (2013). Development and validation of the African American Men's Gendered Racism Stress Inventory. *Psychology of Men & Masculinity*, 14(1), 16–24. doi:10.1037/a0028272
- Serano, J. (2006). *Whipping girl: A transsexual woman on sexism and the scapegoating of femininity*. Emeryville, CA: Seal Press.
- Sevelius, J. M., Reznick, O. G., Hart, S. L., & Schwarcz, S. (2009). Informing interventions: The importance of contextual factors in the prediction of sexual risk behaviors among transgender women. *AIDS Education and Prevention*, 21(2), 113–127. doi:10.1521/aeap.2009.21.2.113
- Shepard, D. S., & Rabinowitz, F. E. (2013). The power of shame in men who are depressed: Implications for counselors. *Journal of Counseling and Development*, 91(4), 451–457. doi:10.1002/j.1556-6676.2013.00117.x
- Sherman, M., Larsen, J., Borden, L., & Brown, R. T. (2015). Broadening the focus in supporting reintegrating Iraq and Afghanistan veterans: Six key domains of functioning. *Professional Psychology: Research and Practice*, 46(5), 355–365. doi:10.1037/pro0000043
- Shields, S. A. (2008). Gender: An intersectionality perspective. *Sex Roles*, 59(5–6), 301–311. doi:10.1007/s11199-008-9501-8
- Simpson, C. G., Rose, C. A., & Ellis, S. K. (2016). Gender discrepancies and victimization of students with disabilities. *Remedial and Special Education*, 37(5), 296–307. doi:10.1177/0741932516646082
- Singh, A. A., Boyd, C. J., & Whitman, J. S. (2010). Counseling competency with transgender and intersex persons. In J. A. Erickson Cornish, B. A. Schreier, L. I. Nadkarni, L. H. Metzger, E. R. Rodolfa (Eds.), *Handbook of multicultural counseling competencies* (pp. 415–441). Hoboken, NJ: Wiley.
- Singh, A. A., Hwahng, S. J., Chang, S. C., & White, B. (2017). Affirmative counseling with trans/gender-variant people of color. In A. A. Singh & I. m. dickey (Eds.), *Affirmative counseling and psychological practice with transgender and gender nonconforming clients* (pp. 41–68). Washington, DC: American Psychological Association.
- Sinn, J. S. (1997). The predictive and discriminant validity of masculinity ideology. *Journal of Research in Personality*, 31(1), 117–135. doi:10.1006/jrpe.1997.2172
- Skiba, R. J., Michael, R. S., Nardo, A. C., & Peterson, R. L. (2002). The color of discipline: Sources of racial and gender disproportionality in school punishment. *The Urban Review*, 34(4), 317–342. doi:10.1023/A:1021320817372
- Skidmore, W. C., Linsenmeier, J. A. W., & Bailey, J. M. (2006). Gender nonconformity and psychological distress in lesbians and gay men. *Archives of Sexual Behavior*, 35(6), 685–697. doi:10.1007/s10508-006-9108-5
- Smiler, A. P. (2004). Thirty years after the discovery of gender: Psychological concepts and measures of masculinity. *Sex Roles*, 50(1–2), 15–26. doi:10.1023/B: SERS.0000011069.02279.4c
- Smiler, A. P. (2013). *Challenging Casanova: Beyond the stereotype of promiscuous young male sexuality*. San Francisco: Jossey-Bass.
- Smiler, A. P. (2016). *Dating and sex: A guide for the 21st century teen boy*. Washington, DC: Magination Press.
- Smiler, A. P., & Epstein, M. (2010). Measuring gender: Options and issues. In J. C. Chrisler, D. R. McCreary (Eds.), *Handbook of gender research in psychology, Vol 1: Gender research in general and experimental psychology* (pp. 133–157). New York, NY: Springer Science.
- Smiler, A. P., & Heasley, R. (2016). Boys and men's intimate relationships: Friendships and romantic relationships. In Y. J. Wong & S. R. Wester (Eds.), *APA handbook of men and masculinities* (pp. 569–589). Washington, DC: American Psychological Association.
- Smith, T., & Kimmel, M. S. (2005). The hidden discourse of masculinity in gender discrimination law. *Signs*, 30(3), 1827–1849. doi:10.1086/427524
- Spack, N. P., Edwards-Leeper, L., Feldman, H. A., Leibowitz, S., Mandel, F., Diamond, D. A., & Vance, S. R. (2012). Children and adolescents with gender identity disorder referred to a pediatric medical center. *Pediatrics*, 129(3), 418–425. doi:10.1542/peds.2011-0907
- Springer, K. W., & Mouzon, D. (2009, August). *Masculinity and healthcare seeking among midlife men: Variation by adult socioeconomic status*. Paper presented at the American Sociological Association Annual Meeting, San Francisco, CA.
- Stamps Mitchell, K., Booth, A., & King, V. (2009). Adolescents with nonresident fathers: Are daughters more disadvantaged than sons? *Journal of Marriage & Family*, 71(3), 650–662. doi:10.1111/j.1741-3737.2009.00624.x
- Steinfeldt, J. A., Vaughan, E. L., LaFollette, J. R., & Steinfeldt, M. C. (2012). Bullying among adolescent football players: Role of masculinity and moral atmosphere. *Psychology of Men & Masculinity*, 13(4), 340–353. doi:10.1037/a0026645
- Stewart, S. D., & Menning, C. L. (2009). Family structure, nonresident father involvement, and adolescent eating patterns. *Journal of Adolescent Health*, 45(2), 193–201. doi:10.1016/j.jadohealth.2009.01.005
- Suarez-Orozco, C., Todorova, I., & Louie, J. (2002). Making up for lost time: The experience of separation and reunification among immigrant families. *Family Process*, 41(4), 625–643. doi:10.1111/j.1545-5300.2002.00625.x
- Suarez-Orozco, C., Yoshikawa, H., Teranishi, R., & Suarez-Orozco, M. (2011). Growing up in the shadows: The developmental implications of unauthorized status. *Harvard Educational Review*, 81(3), 438–473. doi:10.17763/haer.81.3.g23x203763783m75
- Sue, D. W., & Sue, D. (2012). *Counseling the culturally diverse: Theory and practice* (5th ed.). Hoboken, NJ: Wiley.
- Summers, J., Boller, K., Schiffman, R., & Raikes, H. (2006). The meaning of "good fatherhood": Low-income fathers' social constructions of their roles. *Parenting: Science and Practice*, 6(2–3), 145–165. doi:10.1207/s15327922par0602&3\_2
- Takeuchi, D., Alegria, M., Jackson, J., & Williams, D. (2007). Immigration and mental health: Diverse findings in Asian, Black, and Latino populations. *American Journal of Public Health*, 97(1), 11–12. doi:10.2105/AJPH.2006.103911
- Tebbe, E. N., & Moradi, B. (2012). Anti-transgender prejudice: A structural equation model of associated constructs. *Journal of Counseling Psychology*, 59(2), 251–261. doi:10.1037/a0026990
- Tichenor, V., McQuillan, J., Greil, A., Contreras, R., & Shreffler, K. (2011). The importance of fatherhood to U.S. married and cohabiting men. *Fathering*, 9(3), 232–251. doi:10.3149/fth.0903.232
- Toppo, G., & DeBarros, A. (2007, September 12). Women feed the jump in college enrollment. *USA Today*. Retrieved August 8, 2008, from [http://www.usatoday.com/news/education/2007-09-12-census-college-enrollment\\_N.htm](http://www.usatoday.com/news/education/2007-09-12-census-college-enrollment_N.htm)

- Toth, J. F., & Xu, X. (1999). Ethnic and cultural diversity in father's involvement: A racial/ethnic comparison of African American, Hispanic, and White fathers. *Youth & Society, 31*(1), 76–99. doi:10.1177/0044118X99031001004
- Trautmann-Villalba, P., Gschwendt, M., Schmidt, M. H., & Laucht, M. (2006). Father-infant interaction patterns as precursors of children's later externalizing behavior problems: A longitudinal study over 11 years. *European Archives of Psychiatry and Clinical Neuroscience, 256*(6), 344–349. doi:10.1007/s00406-006-0642-x
- Tyler, K. A., Johnson, K. A., & Brownridge, D. A. (2008). A longitudinal study of the effects of child maltreatment on later outcomes among high-risk adolescents. *Journal of Youth and Adolescence, 37*(5), 506–521. doi:10.1007/s10964-007-9250-y
- Unger, J. B., Ritt-Olson, A., Wagner, K. D., Soto, D. W., & Baezconde-Garbanati, L. (2009). Parent-child acculturation patterns and substance use among Hispanic adolescents: A longitudinal analysis. *The Journal of Primary Prevention, 30*(3-4), 293–313. doi:10.1007/s10935-009-0178-8
- United States Census Bureau (2014). *Profile America: Facts for features*. Retrieved from [http://www.census.gov/newsroom/releases/archives/facts\\_for\\_features\\_special\\_editions/cb12-ff11.html](http://www.census.gov/newsroom/releases/archives/facts_for_features_special_editions/cb12-ff11.html)
- United States Department of Education, National Center for Education Statistics (n.d.). *Integrated Postsecondary Education Data System (IPEDS)*. Retrieved from <http://nces.ed.gov/ipeds/>
- United States Department of Education, National Center for Education Statistics. (2012). *The Condition of Education 2012 (NCES 2012-045), Table A-47-2*. Washington, DC: Author. Retrieved from <https://nces.ed.gov/pubs2012/2012045.pdf>
- United States Department of Justice (2011). *Homicide trends in the United States, 1980-2008: Annual rates for 2009 and 2010*. Washington, DC: Bureau of Justice Statistics. Retrieved from <http://www.bjs.gov/content/pub/pdf/htus8008.pdf>
- United States Department of Labor Statistics (2018). *Unemployment rates for adult men, adult women, and teenagers*. Retrieved from [https://www.bls.gov/web/empsit/cps\\_charts.pdf](https://www.bls.gov/web/empsit/cps_charts.pdf)
- Vacha-Haase, T., Wester, S. R., & Christianson, H. F. (2010). *Psychotherapy with older men*. New York, NY: Routledge.
- Vaillant, G. E. (2012). *Triumphs of experience: The men of the Harvard Grant Study*. Cambridge, MA: Belknap Press of Harvard University Press. doi:10.4159/harvard.9780674067424
- Vaughns, K.C. & Spielberg, W. (2014). *The psychology of Black boys and adolescents*. Santa Barbara, CA: Praeger.
- Vegter, V. (2013). Conceptualizing masculinity in female-to-male trans-identified individuals: A qualitative inquiry. *Canadian Journal of Counselling and Psychotherapy, 47*(1), 88–108.
- Vogel, D. L., Bitman, R., Hammer, J. H., & Wade, N. G. (2013). Is stigma internalized? The longitudinal impact of public stigma on self-stigma. *Journal of Counseling Psychology, 60*(2), 311–316. doi:10.1037/a0031889
- Vogel, D. L., Heimerdinger-Edwards, S., Hammer, J. H., & Hubbard, A. (2011). "Boys don't cry": Examination of the links between endorsement of masculine norms, self-stigma, and help-seeking attitudes for men from diverse backgrounds. *Journal of Counseling Psychology, 58*(3), 368–382. doi:10.1037/a0023688
- Vogel, D. L., Wade, N. G., & Hackler, A. H. (2007). Perceived public stigma and the willingness to seek counseling: The mediating roles of self-stigma and attitudes towards counseling. *Journal of Counseling Psychology, 54*(1), 40–50. doi:10.1037/0022-0167.54.1.40
- Wade, J. C. (2008). Masculinity ideology, male reference group identity dependence, and African American men's health-related attitudes and behaviors. *Psychology of Men & Masculinity, 9*(1), 5–16. doi:10.1037/1524-9220.9.1.5
- Watkins, P. L., Eisler, R. M., Carpenter, L., Schechtman, K. B., & Fisher, E. B. (1991). Psychosocial and physiological correlates of male gender role stress among employed adults. *Behavioral Medicine, 17*(2), 86–90. doi:10.1080/08964289.1991.9935163
- Way, N. (2011). *Deep secrets: Boys' friendships and the crisis of connection*. Cambridge, MA: Harvard University Press. doi:10.4159/harvard.9780674061361
- Wester, S. R., & Lyubelsky, J. (2005). Supporting the thin blue line: Gender sensitive therapy with male police officers. *Professional Psychology: Research and Practice, 36*(1), 51–58. doi:10.1037/0735-7028.36.1.51
- Wester, S. R., & Vogel, D. L. (2012). The psychology of men: Historical developments, current research, and future directions. In Fouad, N.A., Carter, J.A., & Subich, L. M. (Eds.), *Handbook of counseling psychology, Vol. 1: Theories, research, and methods* (pp. 371–396). Washington, DC: American Psychological Association.
- Westwood, S., & Price, E. (Eds.) (2016). *Lesbian, gay, bisexual and trans\* individuals living with dementia: Concepts, practice and rights*. Baltimore, MD: Routledge.
- White, A. M. (2006). Racial and gender attitudes as predictors of feminist activism among self-identified African American feminists. *Journal of Black Psychology, 32*(4), 455–478. doi: 10.1177/0095798406292469
- White, A., & Witty, K. (2009). Men's under use of health services—finding alternative approaches. *Journal of Men's Health, 6*(2), 95–97. doi:10.1016/j.jomh.2009.03.001
- Whitehead, A. (2005). Man to man violence: How masculinity may work as a dynamic risk factor. *The Howard Journal of Criminal Justice, 44*(4), 411–422. doi:10.1111/j.1468-2311.2005.00385.x
- Willcutt, E. G. (2012). The prevalence of DSM-IV attention deficit/hyperactivity disorder: A meta-analytic review. *Neurotherapeutics, 9*(3), 490–499. doi:10.1007/s13311-012-0135-8
- Willyard, C. (2011, January). Men: A growing minority? *gradPSYCH, 9*(1), 40. Retrieved November 13, 2016, from <http://www.apa.org/gradpsych/2011/01/cover-men.aspx>
- Wilmoth, J. M., London, A. S., & Parker, W. M. (2010). Military service and men's health trajectories in later life. *The Journal of Gerontology, Psychological Sciences & Social Sciences, 65B*(6), 744–755. doi:10.1093/geronb/gbq072
- Wilson, G. (2006). *Breaking through barriers to boys' development: Developing a caring masculinity*. London: Network Continuum Education.
- Wisch, A. F. & Mahalik, J. R. (1999). Male therapists' clinical bias: Influence of client gender roles and therapist gender role conflict. *Journal of Counseling Psychology, 46*(1), 51–60. doi:10.1037/0022-0167.46.1.51
- Witten, T. M., & Eyler, A. E. (2015). Care of aging transgender and gender non-conforming patients. In R. Ettner, S. Monstrey, & A. E. Eyler (Eds.), *Principles of transgender medicine and surgery* (pp. 343–372). New York, NY: Routledge.
- Wong, Y. J., Ho, M.-H. R., Wang, S.-Y., & Miller, I. S. K. (2017). Meta-analyses of the relationship between conformity to masculine norms and mental health-related outcomes. *Journal of Counseling Psychology, 64*(1), 80–93. doi:10.1037/cou0000176
- Wong, Y. J., Horn, A. J., & Chen, S. (2013). Perceived masculinity: The potential influence of race, racial essentialist beliefs, and stereotypes. *Psychology of Men and Masculinity, 14*(4), 452–464. doi:10.1037/a0030100
- Wong, Y. J., Owen, J., & Shea, M. (2012). A latent class regression analysis of men's conformity to masculine norms and psychological distress. *Journal of Counseling Psychology, 59*(1), 176–183. doi:10.1037/a0026206
- Wong, Y. J., Owen, J., Tran, K. K., Collins, D. L., & Higgins, C. E. (2012). Asian American male college students' perceptions of people's stereotypes about Asian American men. *Psychology of Men & Masculinity, 13*(1), 75–88. doi:10.1037/a0022800
- Wong, Y. J., & Wester, S. R. (Eds.). (2016). *APA handbook of men and masculinities*. Washington, DC: American Psychological Association. doi:10.1037/14594-000
- Worell, J., & Remer, P. (2003). *Feminist perspectives in therapy: Empowering diverse women* (2nd ed.). Hoboken, NJ: Wiley.
- World Health Organization (2014). *Preventing suicide: A global imperative*. Luxembourg: Author. Retrieved from [http://www.who.int/mental\\_health/suicide-prevention/world\\_report\\_2014/en/](http://www.who.int/mental_health/suicide-prevention/world_report_2014/en/)
- Wu, L., Woody, G. E., Yang, C., Pan, J., & Blazer, D. G. (2011). Racial/ethnic variations in substance-related disorders among adolescents in the United States. *Archives of General Psychiatry, 68*(11), 1176–1185. doi:10.1001/archgenpsychiatry.2011.120
- Yousaf, O., Popat, A., & Hunter, M. S. (2015). An investigation of masculinity attitudes, gender, and attitudes toward psychological help-seeking. *Psychology of Men & Masculinity, 16*(2), 234–237. doi:10.1037/a0036241
- Zayas, L. (2015). *Forgotten citizens: Deportation, children, and the making of American exiles and orphans*. New York, NY: Oxford University Press.
- Zeglin, R. J. (2015). Assessing the role of masculinity in the transmission of HIV: A systematic review to inform HIV risk reduction counseling interventions for men who have sex with men. *Archives of Sexual Behavior, 44*(7), 1979–1990. doi:10.1007/s10508-015-0501-9



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