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**PROTOTYPICAL ASSESSMENT OF SAME-SEX AND OPPOSITE-SEX
INTIMATE PARTNER VIOLENCE USING A CONTROL-BASED TYPOLOGY**

A Dissertation in

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by

Kelly A. Blasko

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The dissertation of Kelly A. Blasko was reviewed and approved* by the following:

Kathleen J. Bieschke
Professor of Counseling Psychology
Dissertation Adviser
Chair of Committee

Elizabeth A. Skowron
Associate Professor of Counseling Psychology

Ben D. Locke
Affiliate Faculty of Counseling Psychology

Michael P. Johnson
Associate Professor Emeritus of Sociology, Women's Studies,
and African and African-American Studies

Spencer G. Niles
Professor of Counselor Education
Head of the Department of Counselor Education, Counseling Psychology,
and Rehabilitation Services

*Signatures are on file in the Graduate School.

ABSTRACT

This study sought to extend findings of Blasko, Winek and Bieschke (2007) and Blasko and Bieschke (2005) by identifying same-sex and opposite-sex prototypes for a random sample of psychologists as they assess intimate partner violence situations. Intimate terrorism and situational couple violence, defined by Johnson (1995)'s control-based typology, were used to elicit prototypical assessment responses. The influence of participant characteristics (i.e., biological sex, personal abuse history, and attitudes towards intimate partner violence) on assessment was investigated. Using an analogue methodology, intimate terrorism and situation couple violence were depicted in scenarios where the number of control tactics varied between the violence types. A violence-type by couple-type between subjects multivariate analysis was utilized to study the differences in psychologists' assessment responses. An exploratory analysis of differences in treatment recommendations for violence types and couple types was performed. Opposite-sex intimate terrorism (OS-IT) was assumed to be the baseline prototypical response for assessment in this study. Three groupings of dependent variables (i.e., control, victim and perpetrator assignment, and perceived outcome) were used to test whether the OS-IT prototype emerged.

The results of the two previous studies were not replicated in these studies' findings. Except for specific instances, biased assessment due to sexual orientation of the couple was not apparent in the assessments. The only biases in assessment between same-sex and opposite-sex couples resulted for male psychologists and psychologists without an abuse history for one perceived outcome variable (i.e., the likelihood the non-initiator of the violence suffers physically and/or psychologically).

The results indicate that this sample of psychologists is assessing intimate partner violence situations using a control-based typology. This means that psychologists appear able to distinguish between SCV and IT based on the number of control tactics presented in the scenarios. An inconsistency between the assessment data and the intervention data was observed. The assessment data shows that psychologists are consistent in assigning victim and perpetrator for both violence types and couple types. The intervention results show differences in recommendations between IT and SCV scenarios and between same-sex and opposite-sex couples. Recommendations are made for further research directions. Implications for practitioners are described.

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CHAPTER 1

Introduction

This proposal builds on the Blasko, Winek, and Bieschke (2007) study by incorporating control-based typology and applying social psychology research methods to further understand prototypical assessment for opposite-sex and same-sex intimate partner violence. This dissertation research has two major goals. First, this study will identify and empirically validate the prototypical perceptions by therapists during assessment of intimate partner violence situations for same-sex couples and opposite-sex couples. Second, the influence of three variables (i.e., therapist biological sex, therapist's personal history of abuse, and therapist's attitudes towards intimate partner violence) on therapists' assessment of intimate partner violence situations will be investigated. The overarching research question is "What are the prototypical intimate partner violence assessment models for same-sex couples, how do these models differ from the opposite-sex models, and which of the identified three variables account for any of the differences in assessment?" The following paragraphs will provide background information concerning intimate partner violence, limitations in current studies investigating assessment of intimate partner violence, and an overview of the proposed methodology.

Traditional theories of "wife-beating" are being replaced by new typologies that make distinctions among types of intimate partner violence (Johnson, 1995). Specifically, Johnson has defined a control-based typology that defines intimate partner violence in terms of not only physical abuse but also the types of control tactics present in the relationship. These distinctions separate the more traditional "intimate terrorism" model where the perpetrator has the majority of control in the relationship from a model

(i.e., situational couple violence) where neither partner holds the majority of the control. Evidence for Johnson's (1995) control-based typology has emerged through various quantitative and qualitative studies (Graham-Kevan & Archer, 2003; Johnson & Leone, 2005; Milardo, 1998; Olson, 2002; Rosen, Stith, Few, Daley, & Tritt, 2005).

Therapists are likely to encounter clients experiencing situational couple violence in their relationships (Greene & Bogo, 2002). Although prevalence rates in same-sex intimate partner violence have not been adequately established, there is some evidence that same-sex intimate partner violence is a growing concern for this population (Brand & Kidd, 1986; Tjaden, Thoennes, & Allison, 1999). Coupling this emerging therapeutic issue with the evidence of high utilization of mental health services by lesbians and gay men (Cochran, Sullivan, & Mays, 2003) makes it important for therapists to be able to accurately assess and intervene in cases of same-sex intimate partner violence. Studies of help-seeking behaviors of lesbian women and gay males experiencing partner violence show that therapists are frequently called upon for support during instances of intimate partner violence (Merrill & Wolfe, 2000; Renzetti, 1989). A similar study on help-seeking for heterosexual women experiencing intimate partner violence, shows less reliance on therapists when dealing with the partner violence (Shannon, Logan, Cole, & Medley, 2006). Understanding therapists' prototypical perceptions of cases of same-sex intimate partner violence and the factors that influence these will provide insight into how to minimize biases that may enter into the therapeutic relationship.

A prototypical view refers to our perceptions of bias based on our most typical images of whom we are most likely to identify as perpetrators and victims (e.g., in regard to sexism, a man discriminating against a woman). In cases of high prototypicality,

stereotypic effects in cognition are likely to occur (Inman & Baron, 1996). If we extend this theory to the context of therapy, the therapists' prototypical perceptions could have an effect on the therapeutic process with clients in terms of assessment and intervention. To date research has not been focused specifically on investigating how therapists' perceptions of prototypes influence their perceptions of particular clinical issues for different client populations. This proposal focuses on understanding the prototypes that emerge for therapists as they assess intimate terrorism and situational couple violence situations for same-sex and opposite-sex couples.

Two studies of therapists' assessment practices with regard to heterosexual domestic violence point to a growing concern that "intimate terrorism-like" situations are not being accurately assessed and may result in no therapeutic action taken (Hansen, Harway, & Cervantes, 1991; Harway, Hansen, & Cervantes, 1997). In both studies, psychologists were significantly less likely to address the conflict in intimate partner violence situations compared to other types of mental health professionals such as marriage and family therapists and social workers. In a recent study by Blasko et al. (2007), where participants were asked to assess a situational couple violence situation, evidence was found to suggest that same-sex and opposite-sex couples experiencing intimate partner violence were being assessed differently. One important finding that emerged is that prototypical perceptions of gender of the perpetrator and victim could be influencing the assessment practices of therapists.

Just knowing that there are differences in assessment between same-sex and opposite-sex intimate partner violence situations is not sufficient to understand what factors contribute to these differences and the impact these differences might have on

perceptions of outcome. The factors in this proposal that will be considered to contribute to differences in assessment will be therapists' gender, personal history of abuse, and attitudes towards intimate partner violence. Therapists' gender was selected given previous studies that showed no variation in assessment based on the gender of the therapist (Follingstad, DeHart, & Green, 2004; Hansen et al., 1991; Harway et al., 1997) versus studies that did show a variation (Harris & Cook, 1994; Seelau & Seelau, 2005; Wandrei & Rupert, 2000). A few studies have shown some evidence that a personal history of abuse could influence the therapists' effectiveness in providing therapeutic treatment (Pope & Feldman-Summers, 1992; Ambuel, Butler, Hamberger, Laurence, & Guse, 2003; Sugg & Inui, 1992), but, none of these studies tested for differences in assessment based on this variable. Attitudes toward intimate partner violence have typically been difficult to capture given the lack of gender-inclusive attitudinal measures (Smith, Thompson, Tomaka, & Buchanan, 2005). Psychologists' attitudes towards intimate partner violence could be a factor that is important to the acceptance of such behaviors by clients and perhaps result in minimization or overlooking of the violence in a couple's relationship (Harris & Cook, 1994).

The limitations of the studies so far with regards to assessment have made it difficult to adequately understand the issue of assessment for intimate partner violence. First, only one study with psychologists (Seelau & Seelau, 2005) as a sample has included all possible gender pairings of victim and perpetrator (i.e., male/female, female/male, female/female, and male/male). Second, survey methods have been utilized with limited use of reliable and valid measures. Third, the sample size in these studies has typically been small and results then lack generalizability to the psychologist

population. Fourth, the analogue methodologies have utilized “incidents” as stimulus with little background information included about the couple. Thus, these scenarios did not provide a means for comparing intimate terrorism and situational couple violence scenarios. Fifth, the robustness of the analysis has been limited by the data collection methodology. For example, dichotomous variables have been used for victim and perpetrator identification and thus only chi-square analyses could be performed. Finally, although differences in therapists’ assessment have been found in some studies, the reason for those differences has not been investigated. Each of these limitations will be addressed in this dissertation.

An analogue methodology will be used to present 400 licensed psychologists (200 males, 200 females) with one of eight scenarios representing one of two types of intimate partner violence (i.e., intimate terrorism and situational couple violence) and one of four types of gender pairings of victim and perpetrator (i.e., male-female, female-male, male-male, female-female). Participants will be asked to assess for the extent to which each partner has control in the relationship, and the extent to which each partner is a victim or perpetrator in the given scenario. In addition, they will be asked to rank three treatment interventions for the presenting client in the scenario and indicate their perceived outcome based on the implementation of those interventions.

Before I close, as a therapist I have seen clients with histories of intimate partner violence and have known the struggles these clients experienced in their relationships. On a more personal note, I never imagined that I would have received a call one night from a friend reporting that she was being beaten by her lesbian partner and locked out of the house in the freezing weather. In trying to help her, I called the police and in

revealing the fact that both were women, received the comments “We cannot respond unless there is a victim,” and “Are they not both adults?” This incident coupled with the fact that intimate partner violence is a growing social concern for both same-sex and opposite-sex couples (National Coalition Against Domestic Violence, 2002) has inspired me to investigate specifically what happens when therapists assess and intervene for a client reporting an incident of intimate partner violence.

CHAPTER 2

Literature Review

This chapter synthesizes the theoretical and empirical literature on psychologists' assessment bias of same-sex and opposite-sex couples in intimate partner violence situations, beginning with a justification for looking more closely at psychologists' assessment of lesbian, gay, and bisexual (LGB) issues in therapy and how subtle bias might be involved in the process. Next, a review of the theoretical underpinnings of social psychology that are the basis for looking at bias in psychologists' assessment of intimate partner violence situations is included. The chapter will then cover an overview of the theoretical perspectives prevalent in the study of intimate partner violence, with a focus on a control-based typology of intimate partner violence provided by Johnson (1995) and Kelly and Johnson (2008). In addition, empirical literature is reviewed specific to the assessment of heterosexual and same-sex intimate partner violence situations by mental health professionals and, in some cases, laypersons. Finally, support for the factors (i.e., biological sex, personal history of abuse, and intimate partner violence attitudes and gender) will be incorporated into the analysis to investigate differences in assessment. The chapter will conclude with a statement of the problem and research questions for this study.

The empirical literature will be described and critiqued in terms of individual studies' hypotheses, methodology, findings, and implications. This review attempts to encompass all qualitative and quantitative empirical studies since the late 1980s when research on intimate partner violence assessment in the mental health field emerged

(Hansen et al., 1991) and same-sex domestic violence became recognized as a social concern (Renzetti, 1988, 1989). This literature review will demonstrate the gap in the empirical research with regard to understanding factors that contribute to prototypical assessment by psychologists of same-sex and opposite-sex intimate partner violence situations.

Lesbian, Gay, and Bisexual Population As Therapy Clients

This section highlights research findings that indicate that therapists are likely to encounter LGB clients in their clinical practice (Cochran et al., 2003) for a variety of mental health concerns including intimate partner violence (Merrill & Wolfe, 2000; Renzetti, 1989). A brief summary of the research on attitudes of therapists towards LGB clients is presented to emphasize that subtle bias is often present in practice and could influence treatment of these clients. As will be noted later, this bias could be critically influential in cases where intimate partner violence is presented in therapy with LGB clients.

Cochran et al. (2003) found evidence of sexual orientation differences in patterns of mental health morbidity and treatment use among adults. These authors hypothesized that the social stress and high incidence of histories of victimization and discrimination reported by gay and bisexual men and women may contribute to the experience of higher rates of psychological distress and some mental disorders. Using the MacArthur Foundation National Survey of Midlife Development (MIDUS; Brim et al. 1996) data set, the authors found differences in the prevalence of mental disorders among gay, bisexual and heterosexual men and women. In particular, gay and bisexual men were more likely to be diagnosed than heterosexual men (49% versus 30%) with at least two or more of the

five mental health disorders (i.e., major depression, generalized anxiety disorder, panic disorder, alcohol dependency, and drug dependency). Similarly, lesbian and bisexual women were more likely to be diagnosed than heterosexual women with two or more of the five disorders (54% versus 30%). Over half of the gay-bisexual men and two-thirds of the lesbian-bisexual women reported using at least one of four types of mental health services (i.e., mental health provider, general physician for mental/emotional complaint, self-help group, and psychiatric medicines). These findings suggest that providers of mental health services will likely encounter a gay, lesbian or bisexual client during the course of their practice.

The likelihood that lesbian and gay clients will bring the issue of intimate partner violence into therapy had not been investigated until Renzetti (1989) first examined help-seeking behaviors of battered lesbians. Renzetti (1989) completed an empirical study on third party responses to victims of lesbian partner abuse. In her survey study of 100 physically abused lesbians, Renzetti found that 58 percent of the respondents consulted a counselor (e.g., psychologist or social worker) for help when they experienced physical abuse. This source of help-seeking by lesbians was second only to friends. Also, of the lesbians that sought counseling, 66% found the counselor's help to be somewhat to very helpful and 34% found the help to be not at all helpful to a little helpful. Merrill and Wolfe (2000) completed a similar survey study to Renzetti's (1989) for battered gay men ($N = 52$). In this study, 75% of the respondents sought help from an individual counselor and 90% of those seeking help found it to be somewhat to extremely helpful. Keep in mind it is unclear whether the type of violence in these studies are intimate terrorism or situational couple violence situations.

Shannon et al. (2006) investigated the help-seeking behaviors of rural and urban heterosexual women ($N = 757$) experiencing intimate partner violence and who had filed a protective order within the past 6 years and found a smaller percentage of women relying on counselors for help (18%) with respondents giving mean ratings of helpfulness of 0.9 to 1.03 where “0” indicated not at all helpful and “4” indicated extremely helpful. It is difficult to make a direct comparison between help-seeking between heterosexual and same-sex physical abuse because the samples are not comparable without knowing more specifics about the type of violence experienced.

Attitudes of therapists toward lesbian and gay clients become important as these clients rely on therapists for support for such difficulties as intimate partner violence. In 2000, the American Psychological Association issued Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual Clients. These guidelines called for affirmative treatment practices by all psychologists. Two reviews of articles on attitudes towards LGB clients (Bieschke, McClanahan, Tozer, Grzegorek, & Park, 2000; Bieschke, Paul, & Blasko, 2006) concluded that even therapists who claim to be affirmative in their therapeutic approach could often demonstrate subtle bias in practice. Originally, attitudinal studies relied on single homosexuality attitude measures such as the Attitudes Towards Lesbians and Gay Men scale (Herek, 1998) and the Index of Homophobia (Hudson & Ricketts, 1980) to assess attitudes. Most recently, attitudinal studies combine attitudinal measures with analogue methods such as assessing for clinical outcomes (e.g., Bowers-Eberz & Bieschke, 2005; Hayes & Erkis, 2000; Mohr, Israel, & Sedlacek, 2001) to discern if subtle bias is entering into the therapy process. This proposal utilizes an analogue

methodology with scenarios to assess for subtle bias in the form of a prototypical assessment of intimate partner violence of same-sex couples.

Knowing that psychologists tend to be affirmative and are thought to be helpful in the case of same-sex intimate partner violence (Merrill & Wolfe, 2000; Renzetti, 1989), it will be important to understand if sexual orientation of the couple affects the assessment process. This proposal assumes that prototypical perceptions will enter into the therapeutic process at an initial assessment when the psychologist has had the least amount of contact with the client. The next section reviews how prototypical perceptions can emerge within the context of therapy and sets the stage for understanding prototypes in assessment of same-sex and opposite-sex intimate partner violence.

Prototypicality Research

Determining the factors influencing the perceptions of prejudice has recently been the focus of a number of social psychology research investigations (Baron, Burgess, & Kao, 1991; Inman & Baron, 1996; Marti, Bobier, & Baron, 2000). The results of Inman and Baron's (1996) research on racial and gender discrimination suggest that one's perceptions are biased by specific expectations regarding prototypical perpetrators and victims of prejudice. A prototypical view refers to our perceptions of bias based on our most typical images of whom we are most likely to identify as perpetrators and victims (e.g., in regard to sexism, a man discriminating against a woman). In cases of high prototypicality, stereotypic effects in cognition are likely to occur (Inman & Baron, 1996). This section reviews two social psychology studies that have investigated prototypical behaviors with regard to the labeling of victims and perpetrators in cases of sexism and racial discrimination (Baron et al., 1991; Inman & Baron, 1996). The

purpose of this section is to highlight ways of testing for prototypical behavior that can then be used as part of the research methodology for this project.

Two studies have investigated ways of detecting and labeling prototypes in terms of prejudice (Baron et al., 1991; Inman & Baron, 1996). Baron et al. (1991) investigated whether the sexist actions by a male perpetrator towards a female are more recognized by participants than if a female perpetrator did the same sexist actions. In this study, college students ($N = 196$) were asked to read twelve vignettes (embedded in seven additional filler vignettes) describing sexist actions of either a male or female toward a female. Block 1 of the twelve vignettes portrayed a male perpetrator and Block 2 of the twelve vignettes portrayed a female perpetrator. Each participant was asked to identify the three strongest qualities or traits of the male or female perpetrating the sexist action and to rate each trait in terms of the strength of that trait. This methodology was used to avoid the experimental demand involved in asking outright the question “How sexist was...”. Using an ANOVA, the prototype of male perpetration of sexist actions towards females [$F(1,192) = 101.79, p < .0001$ for Block 1], was more recognized than female perpetration towards females, [$F(1,192) = 14.65, p < .001$ for Block 2]. This finding suggests that bias may go undetected if the perpetrator is not the prototypical agent of bias (i.e., in this case female perpetrator). Also, the presumed prototypical agent of bias (in this case a male perpetrator) may be incorrectly identified as the perpetrator of prejudice.

Inman and Baron (1996) investigated racial bias by examining the influence of cultural stereotypes and personal factors on perceptions of racial discrimination. The hypothesis for this study is based on the assumption that a person’s perceptions are

affected primarily by his or her prototypic conceptions of prejudice and discrimination and that prototypes regarding bias would emerge if ambiguous situations were presented to participants. In this study, college students ($N = 119$) were asked to read fifteen vignettes (eight critical vignettes and seven filler vignettes). The critical vignettes were designed to contain a level of ambiguity regarding the motivation for prejudice and elements of racial prejudice by manipulating the perpetrator/victim race (Black/White, White/Black, White/White, and Black/Black). This study used a similar methodology (i.e., open-ended trait identification with ratings) as Baron et al. (1991) to assess perceptions of prejudice. Using a between-subjects ANOVA, the White as perpetrator and Black as victim prototype was significant for two replications of the data $F(1,97) = 7.4, p < .01$ and $F(1,97) = 4.4, p < .04$. The use of an ambiguous vignette while manipulating race perpetrator/victim pairing facilitated the emergence of a traditional discrimination prototype of Whites as perpetrators of racism.

These two studies specify two possible ways for testing for prototypical behavior. First, the use of trait identification in the Baron et al. (1991) study is a research technique that avoids priming the participant to socially acceptable ways of responding. For example, rather than explicitly asking “Is the actor in this scenario sexist?”, the trait analysis would facilitate sexist versus nonsexist labeling based on assumptions related to sexism inherent to the participant. Second, the use of an ambiguous scenario in the Inman and Baron (1996) study would also test for prototypical behavior because again, participants would label “victims” and “perpetrators” based on their own preconceived assumptions. Also in both cases, hypothesis guessing can be minimized. Both of these techniques were considered for incorporation into the methodology of this research. A

preliminary study (see Appendix N; Blasko & Bieschke, 2008) was conducted to see whether both or either methodologies were appropriate to use in this study.

If we apply prototype theory to the context of therapy, the prototypical perceptions therapists hold may have an effect on the therapeutic process with clients in terms of assessment and intervention. The purpose of this proposed study is to begin to develop an understanding of how prototypes might affect therapists' assessments of intimate partner violence using research methodologies employed by social psychologists. The next section describes in detail the current prevalence and theory associated with intimate partner violence and what prototypes theoretically exist in the conceptualization of intimate partner violence as a social concern.

Intimate Partner Violence

In this section, intimate partner violence is defined for this proposed study and the current prevalence statistics are presented to set the context for its importance as an issue to investigate. Next, perspectives are presented on how intimate partner violence has been conceptualized by family violence and traditional feminist researchers in terms of prototypical perceptions of victimization and perpetration. Johnson's (1995) control-based typology is introduced as an alternative to these two perspectives and described in detail in terms of how it has been empirically validated and operationalized. Finally, a link is made between the types of violence that therapists can expect to see in their practices and why accurate assessment in these cases is essential.

The National Coalition Against Domestic Violence (2002) defines domestic violence as "a pattern of behaviors utilized by one partner (the abuser or batterer) to exert and maintain control over another person (the survivor or victim) where there exists an

intimate, loving and dependent relationship” (p. 4). Intimate partner violence is often a broadened definition of domestic violence and can include cohabitating and dating couples and is inclusive of same-sex couples (Rhatigan, Moore, & Street, 2005). For the purposes of this study, the terms “domestic violence” and “intimate partner violence” will be used interchangeably because the literature reviewed is not consistent in defining each. For example, sometimes the term “domestic violence” is used in cases of same-sex couples and other times it is referred to as “intimate partner violence.” For each study reviewed, domestic violence or intimate partner violence will be used as it is referred to in that particular study. When there is a choice of terms, the preferred term is “intimate partner violence.”

Intimate partner violence is acknowledged as a significant social concern for both opposite-sex and same-sex couples. In a study based on the National Violence Against Women Survey data, Tjaden et al. (1999) compared the intimate partner violence prevalence rates for same-sex cohabitants with those of opposite-sex cohabitants. Specifically, 18.3 percent of opposite-sex cohabiting women reported a history of physical assault compared to 11.4 percent of women cohabiting with female partners. Also, 7.7 percent of opposite-sex cohabiting men reported a history of physical assault compared to 13.8 percent of men cohabiting with male partners.

This National Violence Against Women study prevalence data requires careful interpretation since respondents were primed in the beginning and throughout the survey to elicit incidents of crime rather than family conflict in general (Straus, 1999). Straus (1999) has been able to show that in opposite-sex couples the annual assault rate for family conflict studies is 16 percent and for crime studies the annual assault rate ranges

from 0.2 percent to 1.1 percent. Given this comparison and the trend that same-sex couple IPV has comparable prevalence rates to opposite-sex couples, one would expect the actual same-sex prevalence rates to be higher than reported in the National Violence Against Women Survey.

These prevalence rates show that intimate partner violence for same-sex couples is an issue requiring further investigation. In the context of this study, what is important is not only the mere prevalence of this type of violence, but also how intimate partner violence is conceptualized by researchers in the field. These conceptualizations will provide us with an understanding of the context for possible prototypical perspectives by therapists. In the next section, the traditional and emerging conceptualizations will be described.

Intimate Partner Violence Conceptualizations

Critiques of the social science literature highlight the controversy within the intimate partner violence field in terms how influential patriarchy is in the etiology of domestic violence (Anderson, 1997; Lenton, 1995; Johnson, 1995). Before 1995, the two predominant theories on the origin of domestic abuse were the family violence perspective and the feminist perspective (Kurz, 1989). Both of the perspectives describe intimate partner violence from a predominantly heterosexual and wife abuse context. An understanding of the specific assignment of biological sex to victims and perpetrators from both these theories is important to this study because it provides the basis for defining a prototypical framework relative to this variable for therapists around intimate partner violence.

Family violence theory. The family violence theory, most frequently associated with the work of Murray Straus and his colleagues, is grounded in the assumptions of inequality and the balance of power in the family. In this perspective, victimization and perpetration is explained as a result of symmetrical power relations between wife and husband within the family context rather than a greater societal context. This theory does not automatically assume a prototype of male perpetration and female victimization but research conducted by Straus and colleagues has shown that husband-dominant marriages have the highest rate of abuse (e.g., Straus, Gelles, & Steinmetz, 1980; Coleman & Straus, 1986).

Feminist perspective. Feminist theorists challenge the family violence perspective by criticizing it as being myopic as it does not acknowledge the context of the patriarchal society in which the violence occurs (Lenton, 1995). The feminist perspective differs from the family violence perspective in that it assumes that broader societal factors may influence the balance of power within the family. The feminist perspective assumes that male domination is the underlying cause of wife abuse (Bowker, 1983; Dobash & Dobash, 1979, 1988). A variety of evidence has supported the feminist perspective by establishing relationships between wife abuse and such variables as adherence to ideology of patriarchy or structured gender inequality (Bowker, 1983; Dobash & Dobash, 1988; Yllo, 1983). In this perspective the prototype is assumed to be male perpetration and female victimization.

Broadening the conceptualization. Johnson (1995) investigated these two perspectives and found that research grounded in these two different schools of thought was actually analyzing two different types of data. He identified that researchers from

the family violence perspective were relying primarily on interview data from random samples of the adult population in the United States and feminist researchers were relying on data collection from battered women at domestic violence agencies as well from courts, police, and hospitals. Johnson's proposed control-based typology of intimate partner violence broadened the conceptualization of domestic violence by making distinctions among several types of domestic violence: intimate terrorism, violent resistance, and situational couple violence (Johnson, 1995; Johnson & Ferraro, 2000; Johnson & Leone, 2005). Intimate terrorism and violent resistance are grounded in the feminist perspective of domestic violence and situational couple violence is grounded in the family violence perspective.

The reason for creating these new categories of violence rests on the assumption that each involves a different pattern of control. Intimate terrorism is violence that "is motivated by a wish to exert general control over one's partner" (Johnson & Ferraro, 2000, p. 949). Violent resistance is violence that is in response to a control attempt by a partner. Situational couple violence is violence that is more gender symmetric, not connected to this general pattern of power and control, and often manifests as specific arguments that escalate into violence. In Johnson's control-based typology of intimate partner violence there is a less prescribed notion of who perpetrates and who is victimized in a relationship. Male perpetration and female victimization is assumed to be more likely in the case of intimate terrorism but not necessarily in situational couple violence (Greene & Bogo, 2002; Johnson & Ferraro, 2000; Johnson & Leone, 2005). In violent resistance, the female is most likely the "perpetrator" in response to the control by the male (Johnson & Ferraro, 2000). My dissertation study used only intimate terrorism

and situational couple violence because these two violence types are assumed to be most common.

Testing and Operationalizing the Control-based Typology

Several empirical studies have attempted to operationalize the definition of the control-based typology in order to better understand the distinctions and differential effects of intimate terrorism and situational couple violence (Graham-Kevan & Archer, 2003; Johnson & Leone, 2005; Olson, 2002; Rosen et al., 2005). Each of the studies reviewed in this section uses a different research methodology to find measurable ways to confirm the distinctions between intimate terrorism and situational couple violence. The importance of this section is to understand ways to make operational distinctions in intimate partner violence so that these distinctions can be incorporated into the vignette development for this proposal.

Olson (2002) questioned Johnson's (1995) hypothesis that situational couple violence is a unitary phenomenon. To test this hypothesis, Olson (2002) conducted a qualitative study to explore the profile of situational couple violence in terms of communications patterns. An initial pool of participants recruited via referrals from acquaintances/colleagues, and communication classes from three colleges were identified using the Conflict Tactics Questionnaire designed for the study. The sampling strategy for participants was one of maximum variation based on the varying degree to which a participant had experienced acts of aggression. Employing a constant comparative thematic analysis, Olson analyzed in-depth interviews with 31 heterosexual individuals currently in a relationship who had experienced minor aggression during their conflicts. This analysis resulted in Olson identifying differences in the study's sample and

validating Johnson's (1995) definition of situational couple violence. The differences were related to power and control dynamics reported during the interviews. Three types of relationships emerged from this analysis: abusive, violent, and aggressive. Abusive relationships were asymmetrical in nature with an imbalance in power and control. Violent relationships exhibited a high amount of violence in the relationship but most often in a gender symmetric way to maintain individual rather than dyadic control. Aggressive relationships were the most similar to Johnson's situational couple violence definition. These findings suggest that even within a sample of participants reporting minor acts of aggression, there are distinctions in types of relationships that lead to violence.

The results of this study imply that situational couple violence is not a uni-dimensional concept but rather there may be further distinctions within its definition. One limitation of the study may be its method for obtaining a sample, which resulted in too broad of a screening procedure. Additionally, the sample was heavily weighted with female participants and only one of the partners in a relationship rather than both partners was interviewed. Because only one partner was interviewed, there was no way to obtain a check and balance on the self-reported aggression. This study contributes to the operationalizing of situational couple violence by defining communication patterns within the context of a minor aggressive relationship. This study highlights the importance of including communication patterns in describing violence within any vignette used to portray distinctions in intimate partner violence.

A quantitative study by Graham-Kevan and Archer (2003) sought to confirm that Johnson's (1995) distinction between intimate terrorism and situational couple violence

was indeed replicable in a diverse British sample. Participants included women residing in a domestic violence shelter ($n=86$), male and female students ($n=208$), men attending male batterer treatment programs and their partners ($n=8$), and male prisoners and their partners ($n=192$). Several measures including a Controlling Behaviors Scale and a version of the Conflict Tactics Scales were used to collect data on controlling behaviors and physical aggression frequency, escalation, and severity. A K – means cluster analysis was performed and resulted in broad support for Johnson’s control-based typology by identifying two clusters: high controllers ($n=69$; identifiable as intimate terrorism) and low controllers ($n=405$; identifiable as situational couple violence). A two-cluster solution was selected based on using Euclidean distance as a measure of dissimilarity. Contrasting the value from the cluster centers for both clusters on each of the five types of controlling behaviors, the meaning of the two clusters is apparent. Overall, high controllers ($M = 2.41, SD= 1.11$) were 3.5 times more likely to use economic control than low controllers ($M = 0.65, SD= 0.66$), high controllers ($M = 1.67, SD= 0.90$) use threats five times more than low controllers ($M = 0.73, SD= 0.99$), high controllers ($M = 2.42, SD= 0.91$) use intimidation almost six times more than low controllers ($M = 0.40, SD= 0.44$), high controllers ($M = 2.81, SD= 0.91$) use emotional abuse five times more than low controllers ($M = 0.58, SD= 0.61$), and high controllers ($M = 3.16, SD= 0.93$) use isolation tactics nearly five times more than low controllers ($M = 0.74, SD= 0.70$).

Johnson and Leone (2005) investigated the differential effects on victims of intimate partner violence within the control-based typology framework. This study’s hypothesis was that intimate terrorism would have more negative effects on its victims than the case of situational couple violence. The study used data from the National

Violence Against Women Survey conducted in 1995 and 1996. The results of this study indicated that intimate terrorism did involve more frequent and severe physical violence than situational couple violence ($F(1,228) = 10.21, p < .01$). A logistic regression analysis indicated that the odds of victims of intimate terrorism being physically injured were two and a half times higher than victims of situational couple violence ($\exp(B) = 1.34, p < .01$). Also, using a hierarchical Ordinal Least Squares regression, intimate terrorism was found to result in more damage to the psychological health of the victims as compared to the situational couple violence cases with regards to posttraumatic stress disorder (PTSD) symptoms ($t = 6.49, p < .01$) but not for depressive symptoms ($t = .96, p = .34$).

The importance of this study to this literature review is the way that intimate terrorism and situational couple violence were distinguished in terms of actual data collected from a sample of 4,967 married women. To operationalize the distinction between intimate terrorism and situational couple violence, a cutoff point was derived to distinguish between high and low control. This cutoff point was derived based on a *k*-means cluster analysis to identify natural clusters of controlling versus noncontrolling husbands. Based on that analysis, high control was considered to be when three or more of the seven control tactics were used and low control was considered to be when two or fewer of the control tactics were used. Each participant was then categorized as experiencing intimate terrorism (i.e., high control) or situational couple violence (i.e., low control).

High and low violence situations were determined through the use of both a continuous and dichotomous variable. Each participant responded to a 12-item, yes-no

version of the physical violence items of the Conflict Tactics Scales. The continuous variable was the number of violent behaviors indicated by the participant. Each participant was then categorized as either nonviolent (i.e., no acts of physical violence) or violent (i.e., one or more acts of physical violence). There was also a severe violence scale that indicated the severity of the violence for those participants categorized as violent. Nonviolent control, defined as those control tactics that do not involve physical aggression (e.g., isolation, jealousy and possessiveness, and emotional abuse, economic abuse), was measured using a 7-item, yes-no Control scale adopted from the Canadian Violence Against Women Survey and similar to items included in the Psychological Maltreatment of Women Survey (Tolman, 1989). The Cronbach's alpha for the Control scale was .70 in the Johnson and Leone (2005) study.

The measures utilized in the study by Johnson and Leone (2005) suggest a possible means for distinguishing between intimate terrorism and situational couple violence in scenario development. The Conflict Tactics Scale and Control scale both provide ways for distinguishing between intimate terrorism and situational couple violence by specifying the number of control tactics used and the amount of physical violence in each type of scenario. One limitation of the study was that only women were used as participants and partners were not asked to corroborate the findings.

To address this common limitation of only collecting data from one partner in a couple, Rosen et al. (2005) conducted a qualitative investigation of the typology defined in Johnson and Ferraro (2000). The purpose of the study was to categorize 15 bidirectionally violent couples in terms of the control-based typology by interviewing both partners in the relationship. The couples were selected based on whether they both

indicated they were either emotionally abusive or physically violent on the revised Conflict Tactics Scale (Straus, Hamby, Boney-McCoy, & Sugarman, 1996) A modified analytic induction methodology was utilized to analyze the data. The data were coded according to preselected concepts of intimate partner violence defined by Johnson and Ferraro (2000). Eleven of the couples were classified as “common couple” violence or situational couple violence, two were classified as “violent resistance,” one as “mutual violent control,” and one couple defined in a new category of “pseudo-intimate terrorism.”

Of most importance to this proposal are the findings related to the categorization of the situational couple violence since this will be one of the scenarios portrayed in the methodology. The couples’ relationships categorized as experiencing situational couple violence could be described as being full of unresolved conflict, anger, resentment, and hurt feelings. The motives for abuse by these couples included reactivity, retaliation, control or manipulation, and communication in a way to influence their partner. The impact of the violence for these couples varied and did not include fear but rather diminished trust and respect in the relationship and resulted in anger, frustration, or resentment.

In summary, these reviewed studies have found measurable ways to distinguish intimate terrorism and situational couple violence whether it be investigating abuse and communication patterns (Olson, 2002; Rosen et al., 2005), or control-based tactics present in an abusive relationship (Graham-Kevan & Archer, 2003; Johnson & Leone, 2005). None of the studies incorporated same-sex intimate partners in the sample and all were from the perspective of proving the distinctions by categorizing opposite-sex

couples into the control-based typology. The control-based tactics indicated within these studies to distinguish intimate terrorism from situational couple violence will be important to include in the development of the analogue scenarios for this study.

Therapists and Situational Couple Violence

The link between therapists and Johnson's control-based typology is important to consider at this time. The question is, "How likely are therapists to assess the distinctions between intimate terrorism and situational couple violence?" Although this question has not been empirically studied, Greene and Bogo (2002) present evidence based on several studies that suggest that therapists are highly likely to see couples experiencing situational couple violence. For example, 50-65% of couples that seek couples therapy report some level of physical violence, yet 90% of these couples do not identify physical aggression as a major relationship problem (Ehrensaft & Vivian, 1996; O'Leary, Vivian, & Malone, 1992). This prevalence suggests that therapists are in the unique position of having to differentiate between intimate terrorism and situational couple violence to make effective therapeutic decisions to treat the victim, perpetrator, or both. Often, a therapist's conceptualization of intimate partner violence during assessment could dictate treatment. In this next section the empirical literature on therapists' assessment of intimate partner violence situations will be described. First, studies are reviewed that focus exclusively on assessment of heterosexual intimate partner violence by therapists. Second, a review of the studies of assessment of same-sex intimate partner violence situations is covered.

Intimate Partner Violence Assessment

Common research topics of intimate partner violence assessment include establishing prevalence rates (Tjaden & Thoennes, 2000), developing screening tools and procedures (e.g., Straus, 1979; Straus et al., 1996.), describing typologies of both victims and perpetrators (Holtzworth-Munroe & Stuart, 1994; Waltz, Babcock, Jacobson, & Gottman, 2000), and determining treatment/prevention effectiveness (Stith, Rosen, & McCollum, 2003; Stith, Rosen, McCollum, & Thomson, 2004). There has been, however, little empirical research completed that investigates prototypical assessment models of intimate partner violence within the mental health profession for both opposite-sex and same-sex couples. This section focuses on reviewing the research with regard to mental health professionals' assessment of intimate partner violence. A few studies are included with a sample of laypersons to show between-group comparisons of same-sex and opposite-sex couples.

Intimate partner violence screening and intervention in the medical and mental healthcare settings plays an important role in prevention of continued abuse for victims (Hamberger & Phelan, 2004; McCloskey & Grigsby, 2005). Many studies have investigated the screening practices of medical professionals in a variety of settings such as emergency rooms or primary care (Stayton & Duncan, 2005; Waalen, Goodwin, Spitz, Petersen, & Saltzman, 2000; Witting, Furuno, Hirshon, Krugman, Perisse, & Limcangco, 2006) but literature is sparse regarding such practices in mental health settings (Samuelson & Campbell, 2005). Given that victims of intimate partner violence are likely to experience psychological trauma to varying degrees, it is highly likely that mental health professionals will be called upon to assess for violence as part of a routine

intake process (Greene & Bogo, 2002; Hamberger & Phelan, 2004; McCloskey & Grigsby, 2005; Renzetti, 1989). For therapists, often a qualitative assessment during an intake is employed without screening tools (Samuelson & Campbell, 2005). This suggests the question of what happens when psychologists are presented with an intimate partner violence cases in terms of assessment. For example, do they assess the situation at all or if they do, how accurately do they assess intimate partner violence situations? Given the possible inaccuracies in assessment, how does that affect the selection of treatment interventions and their standard of care for clients?

Assessment by Mental Health Professionals

In February 1999, the American Psychological Association adopted the *Resolution on Male Violence against Women*, making it clear that psychologists have a duty to assist victims of domestic violence. Part of this duty requires that psychologists accurately assess for domestic violence in their practice. In a study by Samuelson and Campbell (2005), 128 licensed psychologists responded to a survey assessing how and when they screen for domestic violence. The most endorsed preferred method of screening (26.6%) was to “Screen during the course of treatment if suspect that it could be an issue.” Only 18.7% of the respondents indicated that they would screen all adult female clients during the intake interview. The top concerns regarding screening female clients at intake in rank order were 1) the client might be unwilling to disclose information, 2) the psychologist lacked training in domestic violence issues, 3) screening might be overwhelming to the client, and 4) there is too little time during the intake process to screen. The implications for practice of this study is that many clients are not being assessed for domestic violence and may be placed at risk for further harm if in fact

they are in an abusive relationship. Also, given that few female clients are actually being screened for domestic violence, a question remains regarding how accurate psychologists are at assessing for domestic violence when they do. It is also important to note that this study does not include screening of male clients.

Whether intimate partner violence screening occurs during intake is one concern but another concern is whether assessments are being made accurately for both heterosexual and same-sex couples. Three studies have investigated the accuracy of mental health professionals' assessment of intimate partner violence of heterosexual couples where the man is portrayed as perpetrator (Hansen et al., 1991; Harway et al., 1997; Wandrei & Rupert, 2000). In the earlier studies by Hansen et al. (1991) and Harway et al. (1997), mental health professionals underestimate the severity of the violence even in cases where obvious violent consequences are conveyed. Wandrei and Rupert (2000) investigated factors that influence psychologists' case conceptualizations of intimate partner violence. In a recent study by Follingstad et al. (2004) psychologists' judgments of intimate partner violence were examined in cases where the husband versus the wife perpetrated the violent situation. Each of these studies will be reviewed and critiqued in this section. Following the review of these studies will be a complementary review and critique of the literature concerning the assessment of same-sex intimate partner violence situations.

Hansen et al. (1991), in their seminal article on therapists' perceptions of severity in cases of family violence, investigated how therapists conceptualized family violence in terms of seriousness of the violence. Members of the American Association of Marriage and Family Therapy (N= 362) responded to a mail questionnaire that consisted of one or

two family violence case examples of a rather extreme incident of domestic violence. The therapists were asked in a series of open-ended questions to specify what they saw as the problem being experienced by the family, to indicate how they would intervene, to identify what outcomes they would expect if there was no intervention in place, and to specify any legal or ethical issues the case raised. Surprisingly, forty percent of the respondents did not address the seriousness of the conflict between family members ($\chi^2 = 17.42, p < .001$). Of those that identified the conflict, 91% considered it to be mild to moderate. Fifty-five percent of the respondents would not intervene to help in this case. Psychologists in the sample (N=48) were significantly less likely, in general, to address the conflict in their case conceptualization compared to marriage and family therapists and social workers ($\chi^2 = 17.42, p < .001, df = 1$). Psychologists were also significantly less likely to identify the family conflict as violence than were all other mental health professionals ($\chi^2 = 15.58, p < .001, df = 1$). Male and female respondents addressed the conflict similarly. The main critique of this study is that it may be limited in its generalizability to all family therapists due to the possible nonrespondent bias (20% response rate to survey). The lack of use of reliable and valid measures to assess the analogue situation presented may have limited the analysis in that coders had to interpret the open-ended responses. This study is important, as it was the first to identify the seriousness of the problem in terms of the accuracy of assessment by mental health professionals and opened the door to questions of how trained or prepared are therapists to deal with domestic violence cases.

In a follow-up investigation by the previous authors, Harway et al. (1997), using an analogue design, examined in two separate studies how mental health professionals

assessed and conceptualized cases differently involving violent couples. Each of these studies will be described and then critiqued together. In the first study, members of the American Association of Marriage and Family Therapists ($N = 362$) were given one of two brief one-paragraph cases from actual domestic violence situations to assess using open-ended questions such as “What is going on in the family?”, “How would you intervene?”, “What outcome would you expect from this intervention?”, and “What outcome would you expect without any intervention at all?” The responses were coded into one of five categories: violence addressed, family-of-origin issues addressed, other specific problems, further assessment needed, and not able to answer. Severity ratings were given by raters if violence was addressed in any fashion. Forty-percent of the participants failed to address the issue of violence and 55% did not suggest interventions focusing on the crisis nature of the violence. Participants who did not address the issue of violence were significantly less likely to recommend an intervention ($\chi^2 = 51.1, p < .01, df = 1$). There were no significant differences between male and female therapists in assessment. However, participants self-identifying as psychologists (14% of the sample) were significantly less likely to address the conflict than marriage and family therapists and social workers ($\chi^2 = 17.4, p < .001, df = 1$).

In Study 2 of Harway et al. (1997), the results from Study 1 were further explored in a sample of psychologists. The researchers used a sample of 405 psychologists from the American Psychological Association to examine whether the indicators for violence are identified and whether appropriate interventions are generated. In Study 2, all participants responded to the same incident rather than different incidents. After reading the incident, they were first asked to apply a DSM III-R diagnosis and then were

informed that the husband in the incident had murdered his wife. Again, open-ended questions were asked to assess what intervention they might have used, what they considered the underlying dynamics to be in the incident, what the goals of an intervention might be and what outcome they would have expected. Thirty-six percent reported that they would not be able to make a diagnosis given the information in the described incident. After being informed of the homicide, only 50% specified that if they provided counseling prior to knowing about the homicide, the intervention of choice would have been to seek protection for the wife. Twenty-seven percent indicated that they wanted to assess the couple further to determine the seriousness of the violence and 11% stated they would focus entirely on the problem as a couple's problem (e.g., communication).

There are several key critiques for both Study 1 and Study 2. The generalizability of Study 1 to psychologists and Study 2 to marriage and family therapists is not clear since neither study was replicated with the opposite sample. In both studies the use of open-ended questions limited the analysis in terms of being able to find significant quantifiable differences between samples. The short vignette utilized in both studies captures only a "snapshot" in time of a relationship and may be missing some contextual information helpful for assessment purposes. The findings across both studies, however, point to a general conclusion, that psychotherapists of different disciplines and professional affiliations generally do not know how to intervene even when told outright that the case is a violent case with a lethal outcome. A high percentage of the sample was not even willing to give a diagnosis or to outline the underlying dynamics of the case.

In this next study to be reviewed, factors were investigated that may contribute to why psychologists seem to underestimate violence in case conceptualizations and treatment interventions. Wandrei and Rupert (2000) investigated how practicing psychologists formulated intimate partner violence cases in terms of causal attributions and expected outcomes with and without intervention when controlling for gender differences in assessment. In this analogue study, respondents ($N=321$) were presented with one of four short vignettes that described a husband's physical violence towards his wife. Each of the four vignettes varied on two dimensions: severity of violence (low, high) and the wife's history of abuse in previous romantic relationships (abuse history, no abuse history). Respondents were asked to use a 7-point Likert scale to rate the degree to which they attributed each of 16 possible factors for the violence incident. The factors were separated into two dimensions of causal attributions: locus of cause (causes related to the wife, husband, couple, and environment) and stability (how ongoing and consistent the cause was). Respondents also indicated their expectation of the outcome of the scenario for two conditions (with and without intervention) with five items: the violence would get worse, the violence will lessen, the wife will suffer psychological or physical injury, the husband will suffer psychological or physical injury, and the couple will separate.

Total years in practice was the covariate in the 2 (gender) x 2 (scenario severity) x 2 (abuse history) x 4 (locus of cause) x 2 (stability of cause) MANCOVA for causal attributions. The results revealed several important findings. In reviewing the F values reported below keep in mind that the Greenhouse-Geisser epsilon averaged F 's are reported for all MANCOVA results since the Mauchly W sphericity test for results

involving attribution locus was significant at $p < .001$. First, the results suggest that psychologists attach more responsibility for the incident to the husband as perpetrator based on the severity of the incident. There was a main effect for locus of cause $F(2.7, 876) = 549.61, p < .001$ with husband-related causes being rated significantly higher than wife- and environment-related causes but rated equal to couple-related causes. The interaction between scenario severity and locus of cause was significant $F(2.7, 876) = 9.10, p < .001$, with husband-related causes being rated higher in high-severity scenarios ($M = 4.69$) than in low-severity scenarios ($M = 4.29$). Second, wife-related causes were rated significantly higher for the abuse history condition ($M = 2.91$) compared to the no abuse history condition ($M = 2.02$), resulting in a simple effect of abuse history for wife-related causes, $F(1, 292) = 66.05, p < .001$. This finding suggests that abuse history of the wife has implications in how psychologists' conceptualize cases knowing the victim's previous abuse history.

Results of a MANCOVA analysis indicated no participant gender differences in attributions related to the husband and wife loci but there was a significant interaction between gender and locus of cause, $F(2.7, 876) = 7.48, p < .001$. There was a significant simple effect of gender for the locus of the environment, $F(1, 292) = 23.66, p < .001$, with female respondents rating environmental causes as contributing more to the violence ($M=2.82$) than did males ($M=2.28$). This means that at least in an analogue situation, a psychologists' gender has some influence on the causal attribution in conceptualizing an intimate partner violence case where the husband is the depicted as the primary perpetrator.

Respondents perceived a more severe violent incident as predictive of a more harmful prognosis for the woman compared to a less severe incident. Contrary to Hansen et al. (1991), psychologists demonstrated awareness of severity of an intimate partner violence situation. More negative outcomes were expected when there was no intervention ($M = 5.54$) than when there was a therapeutic intervention expected ($M = 2.80$) with a significant main effect of intervention on expectations of negative outcomes, $F(1, 293) = 1841.60, p < .001$. These results suggest that psychologists believe that a therapeutic intervention could make a difference in the perpetuation of violence in the future.

The Wandrei and Rupert (2000) study was one of the first studies that looked at specific factors that influenced psychologists' case conceptualization of a scenario of a husband physically abusing a wife. One concern with the study was the low return rate of 32% that suggests that care must be taken when generalizing the findings to all psychologists. Another concern is that it investigated only the prototypical scenario of a husband abusing a wife and did not really take into account distinctions of intimate terrorism and situational couple violence as specified by Johnson (1995). Only a short incident was used as stimulus material and a broader description may have provided the psychologist with more of a context to make causal attributions.

These three previously reviewed studies all presented mental health professionals with the prototypical incident of "man as perpetrator and woman as victim." In the next two studies to be reviewed, the possibility of gender symmetry (i.e., either husband or wife could be perpetrator) is explored. In the first study, Follingstad and DeHart (2000) designed a study to develop a list of psychologically abusive behaviors agreed on by a

sample of psychologists (N=449) assuming male perpetration and female victimization. A list of 102 psychologically abusive behaviors was used to develop two surveys (Form A and Form B) of 51 items each with behaviors described in terms of a husband initiating the behavior towards his wife. The demographics of the practicing psychologists (N=449) responding to Form A (n=238) and Form B (n=211) were equivalent. Using a cluster analysis, items were grouped in categories identified as 1) threats to physical health, 2) control physical freedom, 3) general destabilization, 4) controlling, and 5) ineptitude. The outcome of this study was a survey of items that defines psychological abuse. Data were collected on each item with regards to abusiveness, frequency, intent, perception, and severity. This survey and the collected data from the psychologist sample was then used in the follow-up study by Follingstad et al. (2004).

In a follow-up study using empirical data from Follingstad and DeHart (2000), Follingstad et al. (2004) assessed practicing psychologists' judgments of psychologically aggressive actions when perpetrated by a husband versus a wife. The purpose of Follingstad et al. (2004) was to see if a husband's psychologically abusive behavior would be rated as more pathological and dangerous than similar behaviors if perpetrated by the wife (i.e., an assumed prototypical response). In Follingstad et al. a similar list of behaviors was used to the Follingstad and DeHart (2000) study, however, the behaviors were described in terms of a wife initiating the behavior towards her husband. Two items were eliminated because they were unable to be reversed. The same original sample of 1000 practicing psychologists was mailed the updated survey but in this follow-up study there was only a 26% (n=263) return rate compared to 44% from the original Follingstad and DeHart (2000) study.

Each behavior was rated twice by a participant along five dimensions: whether it was psychological abuse, the degree to which it was frequent/duration, the intention of the perpetrator, the perception of the recipient, and the severity of the action. Based on these five dependent variables, the overall MANOVA was significant, $F(1, 206) = 6.00, p < .02$). How frequently behaviors were labeled “abusive” was significant in a follow-up univariate test, $t(206) = 3.85, p < .0001$) indicating that the same actions by husbands were more likely to be perceived as psychologically abusive compared to those by wives. Significantly higher ratings of severity for behaviors labeled “abusive” resulted for behaviors perpetrated by the husband compared to the wife, $t(206) = 3.81, p < .0001$). This comparison study resulted in a stereotypical association between psychological abuse and males similar to the association between physical aggression and males (Coontz, Lidz, & Mulvey, 1994). No demographic factors (i.e., gender, ethnicity, prior history of psychological abuse) of the participants significantly influenced the results. Limitations in the study included using an unsystematic way for measuring psychological abuse and a low return rate resulting in nonrespondent bias. This study did not answer the question about what factors may be influencing the clinical judgment of psychologists when faced with similar psychological abusive behaviors in men versus women.

In summary, three of the reviewed studies have employed an analogue methodology and two used a checklist of behaviors to discern assessment differences of mental health professionals. In the analogue studies, each of the presented vignettes appeared to be “intimate terrorism incidents” with opposite-sex couples and with limited background information presented to the participants. The responses tend to be prototypical responses (i.e., man assumed to be more of a perpetrator than the woman).

However, if psychologists assess an intimate partner violence situation, they often tend to miss the seriousness of the incident and thus may not intervene appropriately. There were not consistent participant gender effects but when there were effects, female participants tended to assess the intimate partner situations more seriously than male participants. Overall, these studies demonstrate that mental health professionals have varied assessment responses even to the most serious type of intimate partner violence.

Assessment of Heterosexual vs. Same-Sex Domestic Violence

The literature reviewed thus far has been focused on mental health care professionals' assessment of heterosexual domestic violence situations. Given the growing concern about same-sex intimate partner violence it is also important to understand the assessment practices for these couples. In this section, assessment studies of laypersons and mental health professionals of intimate partner violence inclusive of same-sex and heterosexual couples will be reviewed. The purpose of this review of empirical literature is to see if differences in assessment exist and to understand what, if any, prototypical perceptions emerge for same-sex couples experiencing intimate partner violence. Several studies have been conducted to investigate differences between heterosexual and same-sex domestic violence assessment (Blasko & Bieschke, 2006; Blasko et al., 2007; Harris & Cook, 1994; Seelau & Seelau, 2005; Wise & Bowman, 1997). Not all of these studies are exclusively focused on assessment by psychologists but the outcomes of the studies are important to the development of this proposal for understanding prototypes in assessment.

To better understand the reactions of laypersons to male-to-female, female-to-male, and gay male-to-gay male battering situations, Harris and Cook (1994) conducted a

study with college students ($N = 372$). Although this study does not use therapists as participants, it does help understand assessment in general regarding domestic violence by giving insights into possible prototypical reactions to each battering situation. The respondents were asked to read a vignette of a severe physically abusive incident and assess who was responsible for the abuse. Participants were not asked to identify the victim or perpetrator. In heterosexual scenarios, the battered male was held responsible for the assault more often than the battered female $F(2, 360) = 10.20, p < .01$. There were several main effects of participant gender in that women participants found the incident more violent $F(1, 360) = 9.80, p < .01$; were more likely to call police if they had seen the event $F(1, 360) = 20.85, p < .01$; and found the batterer more responsible for the incident $F(1, 360) = 7.23, p < .01$. Responsibility for the abuse was less obvious in responses to the gay male-to-gay male scenario and not significantly different when compared to the women as perpetrator and man as perpetrator scenarios. The authors hypothesize that perhaps this is a result of the perception that such battering situations cannot be judged solely on the basis of the sex of either the batterer or the victim. The importance of this study is that a prototypical assessment emerged in terms of men being perceived more responsible as a perpetrator in the heterosexual scenario. The limitations of the study are that it did not include a lesbian battering scenario and that other than controlling for participant gender, it did not investigate other factors that contribute to the differences in assessment. Additionally, this is a study of undergraduate students who are not clinically trained and caution should be taken when generalizing these results to psychologists.

A study by Wise and Bowman (1997) compared beginning counselors' assessment responses to lesbian versus heterosexual partner abuse. Master and doctoral level students in counseling psychology ($N = 71$) read one of two identical two-paragraph descriptions of a battering incident. In one case, the vignette portrayed a heterosexual couple and in the other, a lesbian couple. Respondents were asked to assess the level of violence in the incident via open-ended questions and eight 8-point Likert-scale questions, rank order options for treatment, and complete the Attitudes Toward Women Scale (Spence & Helmreich, 1972) and Homosexual Attitude Scale (Kite & Deaux, 1986). ANOVA results indicated that respondents perceived heterosexual domestic violence ($M = 6.06$) as more violent than lesbian violence, ($M = 5.56$), $F(1, 70) = 7.20$, $p < .05$. No significant difference occurred by gender of participant. A Friedman two-way analysis of variance showed a significant difference in treatment recommendations between heterosexual (i.e., individual counseling) and lesbian (i.e., couples counseling) scenarios. Based on the reported results, it is unclear how the attitude scales were used in the analysis of assessment differences. Although this study is one of the first of its kind to show a difference between assessment of a heterosexual and lesbian couple battering incident, its generalizability is limited to a small sample of trainees and may not be representative of practicing psychologists. Further, the sample was also not selected randomly. Additionally, the study revealed little in terms of why differences may exist between the assessment results. A short vignette was utilized and it did not include all possible combinations of heterosexual and same-sex scenarios for comparison.

Seelau and Seelau (2005) conducted an analogue study to examine gender-role stereotypes and perceptions of heterosexual, gay, and lesbian domestic violence with a

sample of undergraduates ($N = 192$). Similar to all the research on intimate partner violence assessment reviewed thus far, participants were asked to respond to a description of one of four intimate partner violence incidents. In a between-subjects design, 2 (Perpetrator sex) x 2 (Victim sex) x 2 (Participant sex), each participant was asked to indicate their perceptions of the abuse incident. In an ANOVA analysis, the significant findings support a prototypical response of stronger negative reactions to abuse committed against female victims ($M = 5.19$, $SD = 1.13$) relative to male victims ($M = 4.71$, $SD = 1.19$) in terms of incident seriousness, $F(1,184) = 8.20$, $p < .01$. In all cases, the participants judged the perpetrator ($M = 5.20$, $SD = 1.10$) to be more responsible for the incident than the victim ($M = 3.55$, $SD = 1.31$), $t(191) = 11.15$, $p < .001$. Male-female domestic violence was judged as more serious than female-male, male-male, or female-female violence as indicated by the perceptions of injury seriousness, $F(1,184) = 15.83$, $p < .001$. In most of the analyses, participant sex did not result in statistical differences in perceptions of the victim and perpetrator except in the case of injury seriousness where women believed that the victims' injuries were more serious than did men, $M = 4.12$, $SD = 1.24$, versus $M = 3.47$, $SD = 1.28$, respectively; $F(1,184) = 12.94$, $p < .001$. This is consistent with findings across studies reviewed thus far. This study suggests a prototypical response to domestic violence based on gender-role stereotypes. However, participants were undergraduate students not trained or exposed to assessment strategies for intimate partner violence cases. The generalizability of the results is limited to a layperson's perceptions of intimate partner violence and may not be assumed to apply to a mental health professional's perspective.

Blasko et al. (2007) conducted an empirical study that extended the Wise and Bowman (1997) investigation to understand how prototypes could affect practicing marriage and family therapists' assessment of heterosexual and same-sex domestic violence situations. Participants ($N = 347$) evaluated one of three randomly assigned domestic violence scenarios that were identical in dynamics but different in terms of sexual orientation of the couple (i.e., heterosexual, gay, or lesbian). The scenario was an example of situational couple violence that was intentionally ambiguous in terms of who was perpetrating the violence in order to extract prototypical responses (Inman & Baron, 1996). Participants were asked to indicate whether or not either partner was a victim and/or perpetrator, to identify using a 5-point Likert scale the type of abuse present, and to assess who they thought had more power in the incident. In addition, the Homosexuality Attitude Scale (Kite & Deaux, 1986) was administered to see if attitudes influenced any assessment differences.

The most significant results were related to how the victim and perpetrator were identified between scenarios. There were statistically significant differences in assessment of the scenarios when assigning the label of victim [$\chi^2(6, N=345)=22.083, p = .001$] and the label of perpetrator [$\chi^2(6, N=344)=27.280, p < .0001$]. In the heterosexual scenario, the woman was most frequently indicated as victim (66.4%) and the man was most frequently identified as perpetrator (77.6%). There were statistically significant differences in identification of the victim for the heterosexual scenario compared to the lesbian scenario [$\chi^2(2, N=222) = 19.562, p < .0001$] and gay scenario [$\chi^2(3, N=239)=9.624, p = .02$] with "both" partners indicated as victim in the same-sex scenarios. Likewise, there were statistically significant differences in identification of the

perpetrator of the heterosexual scenario compared to the lesbian [$\chi^2(2, N=222)=21.341, p < .0001$] and gay [$\chi^2(3, N=239)=17.559, p = .001$] scenarios with “both” partners indicated more frequently as perpetrator in the same-sex scenarios. When comparing the same-sex scenarios there were no significant differences in assessment between the lesbian and gay male scenarios in terms of both victim and perpetrator identification.

The power attribution to the initiator (i.e., the man in the case of the heterosexual scenario) and the non-initiator (i.e., the woman in the case of the heterosexual scenario) were significantly different from that in the same-sex scenarios. More power was attributed to the initiator in the heterosexual scenario than the same-sex scenarios, $F(2,335)=3.837, p = .02$, and less power was attributed to the non-initiator in the heterosexual scenario than in the same-sex scenarios, $F(2,334)=4.93, p = .008$. A one-way between-groups ANOVA showed a significant difference in the level of agreement between the attitude scores based on sexual orientation $F(2,334)=3.6, p = .03$. A follow-up Tukey HSD test indicated significant differences only between the respondents of the heterosexual and gay male scenarios. Overall, the respondents to the heterosexual scenario had significantly more negative attitudes toward homosexuality than respondents of the gay male and lesbian scenarios. The inclusion of this Homosexuality Attitude Scale measure may have primed respondents receiving the lesbian or gay scenarios to answer in a more socially desirable way resulting in more affirmative responses.

The results of the study suggest that the “man as perpetrator, woman as victim” intimate terrorism paradigm may be applied by marriage and family therapists in heterosexual domestic violence assessment. The sex cues of the same-sex scenarios shift

the paradigm to the more accurately assessed situational couple violence scenario. Different assumptions seemed to be used in the assessment strategies for heterosexual versus same-sex scenarios. Although this study provided insights into differences in assessment, there were limitations with regards to the measurement strategy. Because the identification of victim and perpetrator were dichotomous variables, the ability to analyze the strength of relationships between factors that could have contributed to assessment differences was limited. Also, the inclusion of the Homosexuality Attitude Scale may have informed participants of study questions.

In a mixed-method follow-up pilot study to Blasko et al. (2007), Blasko and Bieschke (2005) attempted to replicate the previous empirical findings with a sample of licensed psychologists and also conducted a phenomenological qualitative study to assess the factors that might contribute to the perceived prototypical assessments. In the quantitative study, the same analysis as Blasko et al. (2007) was utilized with 30 licensed psychologists. Using a chi-square analysis, there were statistically significant differences in assessment of the scenario when assigning the label of victim [$\chi^2(2, N=30)=8.43, p = .02$] and the perpetrator [$\chi^2(2, N=30)=5.89, p = .05$]. A follow-up chi-square analysis showed there were statistically significant differences in assessment of the heterosexual scenario for victim compared to the lesbian scenario [$\chi^2(1, N=19)=5.43, p = .02$] and gay male scenario [$\chi^2(1, N=23)=7.74, p = .005$] but only a statistically significant difference in assessment of the heterosexual scenario for perpetrator compared to the gay male scenario [$\chi^2(1, N=23)=5.79, p = .02$] but not for the lesbian scenario [$\chi^2(1, N=19)=3.17, p = .08$]. These results closely replicated the findings of Blasko et al. (2007) with a sample

of licensed psychologists in that the prototype of “man as perpetrator, woman as victim” emerged.

In the qualitative study, five interviewees were selected from the survey respondents who indicated that they were willing to be interviewed for a half-hour and a \$75 stipend. The interviewees were selected based on whether they evaluated a same-sex scenario and how they answered the perpetrator question for the same-sex scenario. Four interviews (i.e., two for the lesbian scenario, two for the gay male scenario) were selected where the respondents indicated “both partners” as perpetrator. One interview was conducted with a respondent who specified the initiator of the violence as the perpetrator in the lesbian scenario. In this part of the study the authors were interested in the “lived experience” of psychologists as they responded to a same-sex domestic violence stimulus that is assumed to elicit prototypical assessment responses. The description that best portrays the assessment experience can be summarized as follows:

Participants perceived the stimulus as a believable scenario and approached the assessment as a clinically relevant domestic violence case. Participants expressed discomfort with the ambiguity of the same-sex scenario and articulated assumptions (e.g., physical appearance) for assessment drawing on past experiences with heterosexual domestic violence and facts presented in the stimulus. Participants struggled with applying their conceptual definitions of victim and perpetrator to the specific same-sex scenario (Blasko & Bieschke, 2005).

Although these are merely pilot findings, the importance of these findings to this proposal is that because ambiguity in the presented incident likely helped to elicit

prototypical responses, the interviewees wanted more contextual information to do an assessment. The perceived descriptions or definition of a victim varied by interviewee. The current proposal addresses these limitations by presenting a more thorough intimate partner violence case (i.e., scenario versus incident) by including relationship background information. Further, the scenarios were validated for violence type (intimate terrorism and situational couple violence).

In summary, there have been limited studies of assessment with mental health professionals inclusive of all possible combinations of sex of perpetrator and victim (i.e., male-to-female, female-to-male, female-to-female, and male-to-male). In addition, most of the studies have utilized study-specific measures to tease out the possible prototypical assessments. Not all the studies have tested for gender of participant effects or other factors that might contribute to differences in assessment. Most of what is known is that there are differences in assessment based on sex of the perpetrator and victim for such variables as severity of the violence, attribution of responsibility, identified victim/perpetrator, and attribution of power in relationship. For the most part, participants' gender was a factor that contributed to differences in assessment. The following section highlights three factors (i.e., participant's biological sex, personal history of abuse and attitudes toward intimate partner violence) that will be incorporated into this proposal to understand if in fact they contribute to the prototypical assessment.

Factors Influencing Prototypical Assessments

Just knowing that there are differences in assessment between same-sex and opposite-sex intimate partner violence situations is not sufficient to understand what factors contribute to these differences and the influence these differences might have on

perceived outcome. If we understand the factors that contribute to differences in assessment we can appropriately incorporate changes into supervision and training of psychologists. The only factor accounted for thus far in the empirical studies reviewed was the biological sex of the participant. As noted in the previous review on assessment, in some cases there were some significant difference between female and male subjects (Harris & Cook, 1994; Seelau & Seelau, 2005; Wandrei & Rupert, 2000). I hypothesize that two other factors might contribute to differences in assessment: a psychologist's sexual and physical abuse history and a psychologist's attitudes toward intimate partner violence.

In this section, the empirical literature will be reviewed that provides a basis for considering these factors in this proposal. First, a summary of the effect of participant's biological sex based on the previously reviewed studies in this proposal is presented. Second, studies are reviewed that investigate the relationship between health professionals' personal history of abuse and clinical judgment in abuse cases. Because of the dearth of literature in this area, the review will include studies where participants are either mental health professionals or physicians/ medical students. Finally, the research literature on attitudes towards intimate partner violence is presented and its potential impact on assessment is reviewed.

Biological Sex

The effect of a participants' biological sex on assessment has varied in the studies reviewed in this literature review. In some cases, there are no male/female differences in assessment (Follingstad et al., 2004; Hansen et al., 1991; Harway et al., 1997) while in other cases there are differences where female participants rated the violence to be more

serious, attributed the blame of violence on the batterer and rated environmental causes as contributing more to the violence effects (Harris & Cook, 1994; Seelau & Seelau, 2005; Wandrei & Rupert, 2000). In some cases, participants' biological sex was not under investigation (Blasko & Bieschke, 2005; Blasko et al., 2007). This proposal considered participants' biological sex in the design methodology to discern if male and female participants assess the presenting IPV scenarios differently.

History of Abuse

Two studies have investigated the relationship between mental health professionals' personal history of physical abuse and their therapeutic judgment and treatment of clients (Howe, Herzberger, & Tennen, 1988; Pope & Feldman-Summers, 1992). Two studies of physicians and medical students investigated the perceived capacity of these professionals to help battered women given their own exposure to abuse (Ambuel et al., 2003; Sugg & Inui, 1992). Each of these studies will be reviewed and critiqued to lay the groundwork for understanding how personal history of abuse may influence psychologists' assessment of intimate partner violence situations.

Howe et al. (1988) investigated whether a clinician's history of abuse as a child would influence his or her decision to report child abuse as a professional. Forty males and 61 female clinicians (71% response rate) who were working with children and/or families, read one of four vignettes that represent emotional and physical abuse that varied by gender of parent and child and completed a questionnaire designed for this study. The questionnaire was designed to capture the incidence of child abuse among these professionals (i.e., social workers, psychiatrists, and psychologists) and to gather information regarding the severity of action recommended for the parent based on the

incident presented in the vignette. Overall, 33.3% of the respondents indicated a history of abuse of any type (i.e., emotional, physical, sexual, and neglect). The clinicians with a history of abuse regarded the parent's behavior as less appropriate ($M = 1.31$) than did those who had not experience abuse ($M = 1.49$), ($F(1,91) = 7.09, p < .01$). These findings suggest differences in assessment of abusive situations depending on whether the clinician has a past history of abuse or not. Clinicians with a history of childhood abuse are likely to have a lower tolerance for perpetrators' behavior with respect to assessment of the abuse because they may identify with victims of child abuse.

Pope and Feldman-Summers (1992) surveyed a national sample of psychologists ($N = 290$, response rate of 58%) and found that approximately 70% of the women and 33% of the men had experienced some form of physical or sexual abuse. More relevant to this study, 13.14% of men and 9.15% of women reported physical abuse in childhood or adolescence and 6.57% of men and 12.42% of women reported physical abuse by a partner in adulthood. Besides trying to quantify the proportion of psychologists with a history of abuse, in this study the investigators were looking at the degree to which gender, the year the highest degree was earned, reported history of abuse, reported adequacy of training, and perceived competence providing services to clients with similar forms of abuse might be interrelated. In general participants tended to report that they reported moderate competence or expertise in providing services to clients who had experienced the same type of abuse they had. Specifically related to adult physical abuse, participants with a history of violence as adults self-reported their level of competence in providing services to adult clients reporting violence as moderately competent (i.e., 1 = *little or no competence* to 5 = *high level of expertise*) with both women ($M = 3.56, SD =$

1.07) and men ($M = 3.59$, $SD = 0.92$) indicating almost similar levels of competence.

Using multiple regression analysis, the overall level of self-reported competence was not very strongly related to gender, general abuse history, and the year of the highest degree ($R^2 = .04$, adjusted $R^2 = .03$, $p < .019$).

A relatively high proportion of the study's participants reported a history of childhood and adult physical or sexual abuse with women more likely to have a personal history of abuse than men. The women's self-ratings of competence on a whole were higher than men's self-ratings in childhood physical abuse and slightly lower for adult physical abuse. The data did not reveal the reason for the difference. One possible assumption that can be made given the results is that women who have been abused may have been more competent with regards to providing services to adult clients reporting abuse. Unfortunately, the study did not specify the relationship between level of competence and specific areas of abuse. A self-report measure of competence may be skewed towards more socially desirable responses. Based on these results, it is difficult to predict level of competence from these variables.

Using an ethnographic qualitative methodology, Sugg and Inui (1992) explored primary care physicians' experiences with and attitudes about domestic violence in terms of the barriers that might emerge providing effective interventions in the primary care settings. Thirty-eight physicians (63% were men, 37% were women) were interviewed. The themes that emerged as barriers to intervention were "too close for comfort," "fear of offending," "powerlessness," "loss of control," and "tyranny of the time." "Too close for comfort" relates to the physician's feelings that if the physically abused patient is like them, they will perhaps have to deal with the fact that physical abuse will or has

happened to them. Fourteen percent of the male physicians and 31% of female physicians acknowledged their own experience of child abuse or physical abuse with an intimate partner. These findings suggest that when a medical professional is dealing with someone “like them,” barriers can emerge and limit effective treatment even to the point of not asking about abuse in an initial assessment. No attitudinal measures were utilized to gather baseline data regarding the participants’ attitudes.

Using a 100-item self-report questionnaire, Ambuel et al. (2003) surveyed first-year to fourth-year medical students ($N=472$) to test one hypothesis that medical students who have experienced severe violence expect this experience to impact their current training and future care of patients. Fifty-three percent of respondents reported experiencing one or more of the four types of severe abuse (i.e., child physical abuse, child sexual abuse, physical abuse by a partner or acquaintance, and sexual assault by a stranger). When asked how much these past experiences with violence would interfere with their ability to work effectively, 11% responded “somewhat” or “much.” Twenty-nine percent expected that it would be somewhat or more emotionally challenging to work with patients who had abuse experiences similar to their own. Unfortunately, this study did not provide sufficient detail about the results to better understand the significant relationships in the data. The results that were reported suggest some cursory evidence that there is a relationship between personal physical abuse history and perceived future clinical effectiveness. Generalizing these results must be done with care given that the sample was a mix of trainees with a diverse amount of experience with patients.

Most of the studies reviewed here were inclusive of both a sexual and physical abuse history and its effect on working effectively with abuse clients. A study-specific

survey design was used throughout most of the studies to collect history information; thus the majority of the measures used did not have established psychometric properties. The effect of personal history of abuse, in general, did seem to influence clinicians' perceptions of how effectively they work with clients with an abusive history. Female clinicians tended to have more extensive abuse histories than male clinicians but the results were mixed on how these differences influenced their therapeutic work. The effect of a clinician's personal abuse history on assessment is still an unknown and worth pursuing further to see if it impacts the IPV assessment process. In this study participants with an abuse history may empathize with the victim in the intimate partner violence situations and may be more likely to assess different types of violence (i.e., intimate terrorism and situational couple violence) similarly in terms of how the victim and perpetrator are assigned and their perceptions of outcome. Additionally, participants with an abuse history may be more likely to assess the scenarios accurately based on the control tactics.

Intimate Partner Violence Attitudes

As mentioned previously, the vast majority of the literature on intimate partner violence has focused on establishing prevalence rates of violence for both opposite-sex and same-sex partners either based on family conflict studies or crime studies. The Conflict Tactics Scales (CTS-1; Straus, 1979) and Conflict Tactics Scales- Revised (Straus et al., 1996) are by far the most widely used instruments to capture the history and prevalence of partner violence in empirical research. Instruments have also been developed to assess severity of violence in intimate partner relationships (Marshall, 1992a, 1992b) but very few have been developed to look at attitudes towards intimate

partner violence. Psychologists' attitudes toward intimate partner violence may be a risk factor that is important to the acceptance of such behaviors by clients and perhaps result in minimization or overlooking of the violence in a couple's relationship (Harris & Cook, 1994). No studies were found that captured psychologists' attitudes toward intimate partner violence.

While no studies exist to capture our understanding of psychologists' attitudes towards intimate partner violence, a few older studies have investigated college students' attitudes toward violence in dating relationships using study-specific measures (Cate, Henton, Koval, Christopher, & Lloyd, 1982; Deal & Wampler, 1986; Roscoe, 1985). Other measures such as the London Family Court Clinic Questionnaire on Violence in Intimate Relationships (Jaffe, Sudermann, Reitzel, & Killip, 1992), the Domestic Violence Blame Scale (Petretic-Jackson, Witte, & Jackson, 1994) and the Inventory of Beliefs About Wife Beating (Saunders, Lynch, Grayson, & Linz, 1987) are designed specifically to understand attitudes towards domestic violence specific to heterosexual couples. Since these scales are not gender-inclusive (i.e., they assume "man as perpetrator and woman as victim") they have not captured attitudes towards intimate partner violence as defined by this study.

Only recently has an attitude scale been developed that is gender-inclusive: the Intimate Partner Violence Attitude Scale (Smith et al., 2005). The development of this scale will be described in further detail in Chapter 3 of this proposal. Smith et al. (2005) suggested that this attitude scale may have considerable utility in identifying those clients that might be at-risk for becoming a perpetrator or victim. They also suggested that the scale may be used to detect favorable attitudes in violent behaviors that could be used as

early warning signs of potential violent behavior. In this proposal, the scale is used to understand psychologists' attitudes toward intimate partner violence and how favorable or unfavorable attitudes could affect an IPV assessment in terms of their perceptions of control, assignment of victim and perpetrator, and perceptions of outcome.

No study to-date has investigated the relationship between psychologists' attitudes towards intimate partner violence and assessment. One would expect that psychologists would have unfavorable attitudes towards intimate partner violence implying that they do not see violence as an appropriate behavior in an intimate relationship. In this study, unfavorable attitudes would suggest that psychologists would possibly identify more with the victim in the scenario and identify the initiator of the abuse as more of a perpetrator with less severe outcomes in terms of suffering physically or psychological and as having more control than the non-initiator of the abuse.

Problem Statement

Intimate partner violence expands the definition of relationship violence to be inclusive of same-sex and opposite-sex couples. Johnson's (1995) control-based typology extends the conceptualization of intimate partner violence to also be inclusive of same-sex and opposite-sex couples. The typology also makes distinctions in intimate partner violence that are important to therapists' assessment of these situations. In particular, a client experiencing situational couple violence is likely to present in a therapist office more often than an intimate terrorism case. Given that the LGB population highly utilizes mental health services (Cochran et al., 2003) and that intimate partner violence is prevalent among these couples (Greene & Bogo, 2002), therapists need to accurately assess these cases to recommend appropriate treatment and

intervention. Assessment studies of heterosexual intimate terrorism scenarios by psychologists have mostly shown an inability to recognize and intervene effectively with clients. Therefore, it is important for therapists to accurately assess based on accurate distinctions (e.g., IT vs. SCV) rather than prototypical assumptions.

Defining the prototype. Throughout this chapter I have explicated instances where prototypical responses in assessment have occurred in heterosexual intimate partner violence situations. At this point I want to be more explicit about how I define the prototype in this study. This will be important to understanding the research questions and results.

The most common IPV situations documented and researched in terms of assessment are that of heterosexual domestic violence where for the couple a husband/male is a perpetrator and wife/female is a victim. The treatment infrastructure (e.g., domestic violence agencies, psychoeducational groups, police response) for IPV is set up to intervene in cases of heterosexual domestic violence where “intimate terrorism-like” violence is assumed. Given this common assumption, the prototypical response for assessment will be one of heterosexual intimate terrorism. In this proposal it would be referred to as the “Opposite-sex (OS)-IT prototype.” So far no studies have investigated how the OS-IT prototype emerges when assessing SCV in cases of same-sex and opposite-sex couples. Blasko et al. (2007) results suggest that given an SCV scenario, marriage and family therapists assess SCV differently between same-sex and opposite-sex couples suggesting that the OS-IT prototype emerges in SCV situations with opposite-sex couples and not same-sex couples.

The limitations of the studies so far with regard to assessment have made it difficult to adequately understand the issue of assessment for intimate partner violence as defined by this study. First, only one study (Seelau & Seelau, 2005) has included all possible gender pairings of intended victim and perpetrator (i.e., male/female, female/male, female/female, and male/male). Second, survey methods have been utilized without use of psychometrically sound measures. Third, the sample size in these studies has been typically small and lack generalizability to the psychologist population. Fourth, the analogue methodologies have utilized “incidents” as stimulus with little background information included about the couple and did not provide a means for comparing intimate terrorism and situational couple violence scenarios. Fifth, the robustness of the analysis has been limited by the data collection methodology. For example, in Blasko et al. (2007), dichotomous variables were used for victim and perpetrator identification and made group comparisons more difficult. Finally, although differences in assessment have been found in some studies, the reason for those differences has not been investigated. Each of these limitations will be addressed in this study.

Research Questions and Hypotheses

The overarching research question is “What are the prototypical intimate partner violence assessment models for same-sex couples, how do these models differ from the opposite-sex models, and which of the identified three variables account for any of the differences in assessment?” The aim of this study is to answer the following research questions:

Research Question 1. Does the OS-IT prototype emerge when psychologists assess intimate partner violence situations based on their perceptions of control in the relationship and violence worsening?

The first research question asks whether psychologists are making distinctions between intimate terrorism and situational couple violence based on perceptions of control and assumptions the violence will worsen. According to Johnson and Ferraro (2000), intimate terrorism and situational couple violence differ in the amount of control in the relationship and the likelihood that violence will worsen over time. In intimate terrorism, one partner has control in the relationship through use of control tactics over time that can lead to the worsening of the violence. In situational couple violence, both partners are assumed to have relatively equivalent amounts of control in the relationship due to the absence of control tactics and the violence is likely a more isolated incident. The purpose of this research question is to see if the OS-IT prototype emerges based on the portrayal of control tactics in an IT versus SCV scenario. Since IT typically has more control tactics present in the relationship compared to SCV, the OS-IT prototype should NOT emerge for SCV for both couple types. This would mean that violence types are being clearly identified as separate violence types based on Johnson's theoretical definition for both same-sex and opposite-sex couple types.

Hypothesis 1. The OS-IT prototype WILL NOT emerge for the SCV scenario when assessing for control in the relationship and the likelihood that the violence will worsen regardless of whether the couple is same-sex or opposite-sex. There will be a significant violence type main effect. For the control variables (i.e., extent to which Person A has control, extent to which Person B, and likelihood of violence worsening) I

expect a significant difference between IT compared to SCV. The initiator of the violence (Person A) will be perceived to have more control and the non-initiator of the violence (Person B) as having less control in IT compared to SCV. The violence will likely worsen in IT compared to SCV.

Research Question 2. Does the OS-IT prototype emerge when psychologists assess intimate partner violence situations based on their assignment of victim and perpetrator to each partner and their perceived outcome of the violence?

The second research question asks whether psychologists are making distinctions between intimate terrorism and situational couple violence based on assignment of victim and perpetrator to each partner and their perceived outcome of the violence. Intimate partner violence treatment often depends on who is identified as the victim and perpetrator for a particular incident. If we assume the OS-IT prototypical response, the person who initiates the violence (i.e., Person A) in the IT scenario would be the perpetrator to a significant extent and the person who does not initiate the violence (i.e., Person B) would be the victim to a significant extent. The actual violent incident in the scenario is portrayed the same in IT and SCV and for both couple types. One would expect the OS-IT prototype to emerge when assessing the SCV scenario based on the presentation of the violence in the scenario. Given the results from Blasko et al. (2007), however, victim and perpetrator assignments are made differently for same-sex and opposite-sex couples. Based on these findings, the OS-IT prototype is expected to emerge for the opposite-sex couples in SCV and not for the same-sex couples in both IT and SCV.

Outcome is measured in terms of how likely Person A and Person B suffer physical or psychological injury and how likely the couple will separate. In the OS-IT prototype it is likely that victim (i.e., Person B) will suffer more than the perpetrator (i.e., Person A). For OS-IT, the couple will likely not separate given the control of the perpetrator. Previous studies have not tested this part of the prototype but given Blasko et al. (2007), one would assume a similar outcome of the OS-IT prototype emerging for the opposite-sex couples in SCV and not for the same-sex couples.

Hypothesis 2. The OS-IT prototype WILL emerge for victim and perpetrator assignment for opposite-sex couples for SCV but WILL NOT emerge for same-sex couples in both IT and SCV. There will be a couple-type main effect for victim and perpetrator assignment. I expect a significant difference between opposite-sex and same-sex couples for the victim/perpetrator assignment dependent variables (i.e., extent to which Person A is a victim, extent to which Person A is a perpetrator, extent to which Person B is a victim and extent to which Person B is a perpetrator). Person A will be perceived as less of a victim and more of a perpetrator for opposite-sex couples compared to same-sex couples. Person B will be perceived as more of a victim and less of a perpetrator for opposite-sex couples compared to same-sex couples.

The OS-IT prototype WILL emerge in SCV for perceived outcome for opposite-sex couples for SCV but WILL NOT emerge for same-sex couples in both IT and SCV. There will be a couple type main effect for perceived outcome in the SCV scenario. For perceived outcome dependent variables (i.e., likelihood that Person A suffers, likelihood that Person B suffers, and likelihood that the couple separates) I expect a significant difference between opposite-sex and same-sex couples. Person A suffers less and Person

B suffers more in opposite-sex couples compared to same-sex couples. The couple will more likely separate for same-sex couples compared to opposite-sex couples.

Research Question 3. Does the OS-IT prototype emerge or not emerge for female versus male psychologists?

The purpose of this research question is to investigate if female and male participants respond prototypically or not to the SCV scenario for both same-sex and opposite-sex couples. Based on the gender effects of females assessing intimate partner violence as serious incidents (Harris & Cook, 1994, Seelau & Seelau, 2005), one would expect that the OS-IT prototype will more likely emerge in SCV for female participants regardless of whether the couple is same-sex or opposite-sex. Additionally, male participants' underestimation of the seriousness of the violence in any IPV incident would likely mean that that the IT prototype will not emerge in SCV for same-sex couples and opposite-sex couples (Harris & Cook, 1994; Seelau & Seelau, 2005).

Hypothesis 3a. For female participants, the OS-IT prototype WILL emerge in SCV when assessing control and whether the violence will worsen for both couple types. For female psychologists, there will be no significant interactions or main effects. Specifically, I expect that there will be no significant differences between IT and SCV for assessing control and whether the violence worsens.

For male participants, the OS-IT prototype WILL NOT emerge in SCV when assessing control and whether the violence will worsen for both couple types. For male psychologists there will be a significant violence type main effect. For the control variables (i.e., extent to which Person A has control, extent to which Person B, and

likelihood of violence worsening) I expect a significant difference between IT compared to SCV. The initiator of the violence (Person A) will be perceived to have more control and the initiator of the violence (Person B) as having less control in IT compared to SCV. The violence will likely worsen in IT compared to SCV.

Hypothesis 3b. For female participants, the OS-IT prototype WILL emerge in SCV for victim and perpetrator assignment and perceived outcome for both couple types. For female psychologists, there will be no significant interactions and violence or couple main effects for victim and perpetrator assignment and perceived outcome. Thus, I expect there to be no significant differences between IT and SCV for female psychologists on victim and perpetrator assignment and perceived outcome.

For male participants, the OS-IT prototype WILL NOT emerge in SCV when assessing victim and perpetrator assignment and perceived outcome for both couple types. For male psychologists, there will be a significant violence type main effect for victim and perpetrator assignment and perceived outcome.. Specifically, for the victim/perpetrator assignment dependent variables (i.e., extent to which Person A is a victim, extent to which Person A is a perpetrator, extent to which Person B is a victim and extent to which Person B is a perpetrator) I expect a significant difference between IT and SCV. Person A will be perceived as less of a victim and more of a perpetrator for IT compared to SCV. Person B will be perceived as more of a victim and less of a perpetrator for IT compared to SCV. For perceived outcome dependent variables (i.e., likelihood that Person A suffers, likelihood that Person B suffers, and likelihood that the couple separates) I expect a significant difference between IT and SCV. Person A will be

judged to suffer less and Person B will be judged to suffer more in IT compared to SCV. The couple will more likely separate for IT compared to SCV.

Research Question 4. Does the OS-IT prototype emerge or not emerge for psychologists with and without an abuse history?

The purpose of this research question is to investigate if participants with or without an abuse history respond prototypically or not to the SCV scenario. Based on the literature review, mental health professionals with an abuse history may empathize with the victim in the intimate partner violence situations leading to more similar assessments of IT and SCV. In other words, participants with an abuse history are likely to have an OS-IT prototypical response to SCV situations.

Hypothesis 4a. For participants with an abuse history, the OS-IT prototype WILL emerge in SCV when assessing control and whether the violence will worsen for both couple types. For psychologists with an abuse history, there will be no significant violence or couple main effects and interactions. That is, I expect there to be no significant differences between SCV and IT when assessing control and judging whether the violence will worsen.

For participants without an abuse history, the OS-IT prototype WILL NOT emerge in SCV when assessing control and whether the violence will worsen for both couple types. For psychologists without an abuse history there will be a significant violence type main effect. . For the control variables (i.e., extent to which Person A has control, extent to which Person B, and likelihood of violence worsening) I expect a significant difference between IT compared to SCV. The initiator of the violence (Person

A) will be perceived to have more control and the initiator of the violence (Person B) as having less control in IT compared to SCV. The violence will likely worsen in IT compared to SCV.

Hypothesis 4b. For psychologists with an abuse history, the OS-IT prototype WILL emerge in SCV for victim and perpetrator assignment and perceived outcome for both couple types. For psychologists with an abuse history, there will be no significant violence or couple main effects and interactions for victim and perpetrator assignment and perceived outcome. That is, I expect there to be no significant differences between IT and SCV for victim and perpetrator assignment and perceived outcome.

For psychologists without an abuse history, the OS-IT prototype WILL NOT emerge in SCV when assessing victim and perpetrator assignment and perceived outcome for both couple types. For psychologists without an abuse history, there will be a significant violence type main effect for victim and perpetrator assignment and perceived outcome.. Specifically, for the victim/perpetrator assignment dependent variables (i.e., extent to which Person A is a victim, extent to which Person A is a perpetrator, extent to which Person B is a victim and extent to which Person B is a perpetrator) I expect a significant difference between IT and SCV. Person A will be perceived as less of a victim and more of a perpetrator for IT compared to SCV. Person B will be perceived as more of a victim and less of a perpetrator for IT compared to SCV. For perceived outcome dependent variables (i.e., likelihood that Person A suffers, likelihood that Person B suffers, and likelihood that the couple separates) I expect a significant difference between IT and SCV. I expect that Person A suffers less and Person B suffers more in IT

compared to SCV. I expect that the couple will be judged to more likely separate for IT compared to SCV.

Research Question 5. Does the OS-IT prototype emerge or not emerge for psychologists when considering their attitudes towards intimate partner violence?

Based on the literature review, persons responding with unfavorable attitudes towards intimate partner violence will likely empathize with the victim in the intimate partner violence situations leading to more similar assessments of IT and SCV. In other words, participants with unfavorable attitudes are likely to have an OS-IT prototypical response to SCV situations regardless of the couple type. Although not documented, I would expect that psychologists tend to have unfavorable attitudes towards intimate partner violence.

Hypothesis 5a. The OS-IT prototype WILL emerge for psychologists with more unfavorable attitudes toward intimate partner violence than those with less favorable attitudes regardless of couple type. Using intimate partner violence attitudes as a covariate, there will be no significant violence or couple main effects and interactions. When controlling for attitudes, I expect there to be no significant differences between SCV and IT when assessing control and judging whether the violence will worsen.

Hypothesis 5b. The OS-IT prototype WILL emerge in SCV for victim and perpetrator assignment and perceived outcome for both couple types when controlling for attitudes. There will be no significant violence or couple main effects and interactions for victim and perpetrator assignment and perceived outcome. That is, I expect there to be

no significant differences between IT and SCV for victim and perpetrator assignment and perceived outcome.

Research Question 6. Do psychologists recommend different interventions for the presenting client in the scenario depending on violence type and couple type?

The purpose of this research question is to explore further if participants are moving beyond assessment to make different treatment recommendations for IT and SCV or for same-sex and opposite-sex couples. We have no hypothesis for this research question since we are considering it as an exploratory question.

CHAPTER 3

Method

Participants

Participants are members of the American Psychological Association and were contacted by purchasing a mailing list from this organization. A total of 400 potential participants (200 females and 200 males) from the fields of clinical and counseling psychology with an interest in couples or family counseling, and who provide more than three hours per week of mental health services, were randomly selected to participate in this study. According to Tabachnick and Fidell (2001), each cell should have a sample size of 20 to ensure robustness if using a MANOVA. Given this assumption of 20 per cell ($N=160$) and an anticipated response rate of 40%, 400 is the calculated potential participants.

Out of the 400 potential participants, 183 psychologists responded to the survey. Of the 183 participants, 12 were unusable because they did not meet the criteria for inclusion in the study. The final number of usable responses was 171 from the original sample of 400 (43% response rate)

Of the 171 individuals who returned usable surveys, 82 were female and 89 were male. Respondents ranged in age from 35 to 77 ($M = 57.8$). The sample was almost exclusively White: 167 participants identified as Caucasian (96.5%); 3 as Hispanic (1.7%); 1 as African American (.5%); 1 did not specify a racial/ethnic identity. In terms of sexual orientation, the vast majority of the sample identified as primarily heterosexual: 163 participants identified as primarily heterosexual (94.2%), 4 as primarily lesbian/gay

(2.3%), 3 as bisexual (1.8%), and 1 as “other” (.5%). One participant did not indicate his/her sexual orientation.

Participants had doctoral degrees: 146 participants (84.4%) have a Ph.D., 20 participants (11.6%) have a Psy.D., and 5 participants have an Ed.D. (2.9%). The majority of the participants have either a clinical psychology degree ($n = 118$; 68.2%) or counseling psychology degree ($n = 31$; 17.9%) from an APA accredited program. Most of the remaining participants have degrees from non-accredited APA clinical psychology ($n = 12$; 6.9%) or counseling psychology ($n = 7$; 4.0%) programs. The minimum number of direct client hours per week of the participants ranged from 4 hours to 65 hours ($M = 25.0$). The majority of participants ($n = 145$, 83.8%) had a caseload with clients who had issues with intimate partner violence.

Procedures: Prior to Data Collection

Scenario Development and Validation

The intimate terrorism and situational couple violence scenarios were developed and validated prior to the pilot survey. The details of the study (Blasko & Bieschke, 2008) are presented in Appendix N.

Pilot Survey

Prior to contacting participants in the randomly selected sample, the survey was distributed to mental health professionals at the Penn State University Counseling and Psychological Services agency and to doctoral trainees in the Counseling Psychology and Counselor Education programs ($N = 16$) to assess the completion time of the survey, to check the participants' understanding of the instruments and to test for hypothesis guessing. Eight mental health professionals and doctoral trainees participated in the pilot

study. The data from the study instruments were not analyzed. Pilot volunteers were randomly assigned to one of eight client conditions. A cover letter informed the volunteers of the purpose of the pilot (see Appendix A) Pilot volunteers were asked to report the following information on an additional page attached to the end of the survey materials (see Appendix B): the approximate time for completion of the survey; their reactions about the clarity and presentation of the survey materials; two to three hypotheses about the topics or variables being examined in this study; and the couple's sexual orientation (see Appendix B).

The time to complete the survey by pilot participants ranged from 8 minutes to 20 minutes. The average time for completion was approximately 15 minutes. The recruitment letters to the study participants were updated to reflect this time for completion. Pilot participants did not comment on the clarity or presentation of the informed consent or the scenarios. There were no comments about all the other instruments. Pilot participants reported having difficulty with answering the Intimate Partner Violence Attitude Scale (IPVAS). Comments such as “A lot of switching between negatively/positively worded sentences...It slowed things down a lot to make sure I read it right.”; “...hard to answer with the choices.”; and “The questions pertaining to the motive for the behavior seem strange to me.” Although these comments were helpful, because the IPVAS is a published attitude scale the items were not altered for the study. As expected, no pilot participants were able to articulate that this was a study on assessment of intimate violence situations.

Procedures: Data Collection

A prenotification letter (see Appendix C) was sent in the second week of September 2007 to all 400 participants in order to notify them of the upcoming study and to filter out-of-date addresses, etc. The prenotification letter gave a detailed description of the study and gave the participants an opportunity to opt out of the study prior to receiving the study materials. This step has been shown to help increase the overall response rate (Weathers, Furlong, & Solorzano, 1993). Four hundred pre-notification letters were mailed to potential participants. Thirty one potential participants (15 females and 16 males) notified the principal investigator that they were not interested or did not have time to participate in the study.

Data was collected in a methodology similar to Bowers-Eberz and Bieschke (2005). Participants were mailed a packet that included a cover letter describing this study (see Appendix J), the study materials, a stamped addressed envelope to return completed forms, and a stamped addressed postcard. The cover letter explained the purpose of this study, the value of the participants' involvement in the study, and the expected time to complete the questionnaire. The cover letter indicated any potential risks associated with participation, and stated that the completion and return of the survey materials will indicate informed consent to participate in this study. The cover letter described procedures for ensuring the anonymity of participant's response in order to maximize the likelihood that participants will return completed surveys (Weathers et al., 1993). The cover letter explained that participants should return the enclosed postcard separately from the survey materials to indicate anonymously if they had completed a survey. The cover letter offered a complimentary summary of the completed study

results if participants marked the postcard (see Appendix K) accordingly. Each cover letter was personally signed in blue ink in order to personalize the relationship of the participants, as recommended by Weathers et al. (1993). As an incentive for the participation, the letter stated that the principal investigator will donate \$.50 to the National Coalition Against Domestic Violence for every completed and returned survey.

The initial mailing at the beginning of October 2007 consisted of 369 surveys. Each potential male participant was assigned an identification number from 1 to 185. Each potential female participant was assigned an identification number from 200 to 386. A random number generator was used to block assign a scenario to each participant. The scenario assigned to each participant was recorded so that they could be sent the same scenario in subsequent mailings. The number of returned surveys from the first mailing consisted of 100 responses.

Approximately three weeks after the initial mailing, a second packet was sent to all nonrespondents. This mailing included a follow-up letter (see Appendix E), study materials, a stamped addressed envelope to return the completed survey, and a stamped addressed postcard to return to indicate anonymously if they had completed the survey. This mailing consisted of 269 surveys. The number of returned surveys from the second mailing consisted of 25 responses for a total of 125 participants. This return rate on the second mailing was very low indicating that perhaps something about the logistics of the mailing may have interfered with the response (e.g., not enough postage, timing of the mailing).

At this time a decision was made to change the third mailing. If this mailing was sent only three weeks after the second mailing, it is possible that it would have a limited

response due to the holiday period between Thanksgiving and New Years. I decided to send out the third mailing the first week in January 2008. Also I decided to include an additional incentive of one dollar into the packets. The follow-up letter was changed to attract more responses (see Appendix F). The third follow-up included the follow-up letter, the study materials, stamped addressed envelope to return the completed survey, and a stamped addressed postcard to return to indicate anonymously whether they completed the survey. Additional postage was added to ensure that the potential participants would receive the survey. This mailing consisted of 244 surveys. The number of returned surveys from the second mailing consisted of 58 responses for a total of 183 participants. All changes were approved by The Pennsylvania State University's Institutional Review Board. Table 1 shows the number of returned responses for each type of scenario and the distribution once the unusable cases were removed.

Table 1. Distribution of Scenarios

Couple Type	Total Responses		Usable Responses	
	Intimate Terrorism	Situational Couple Violence	Intimate Terrorism	Situational Couple Violence
Male/Female	<i>n</i> = 22	<i>n</i> = 26	<i>n</i> = 21	<i>n</i> = 26
Female/Male	22	14	21	14
Female/Female	31	23	29	19
Male/Male	24	20	22	19

Participants were instructed to read the randomly-assigned scenario about a client seeking counseling after an incident of intimate partner violence. Participants were asked to identify the victim and perpetrator in the scenario, to indicate the extent of control of

each partner in the relationship, to rank the top three interventions they would recommend from a list of interventions, and to specify a perceived outcome of the violence. Next, the participants were asked to respond to the Intimate Partner Violence Attitude Scale (IPVAS). A demographic questionnaire that will collect biological sex information and an indicator of the history of abuse were presented as the last measures for participants to complete. These materials are described in further detail below.

Measures

Scenarios. One of eight intimate partner violence scenarios (see Appendix H) were randomly assigned to each participant. Scenarios are the most frequently used method for studying the perceptions and reactions of professional observers of intimate partner violence (Wandrei & Rupert, 2000). In this study the goal of the developed scenario is to present a scenario that is no longer than one page in length and is presented in intake format (i.e., presenting problem, behavior observations, and background) for a presenting client. The presenting client (either male or female) is the victim of an incident of intimate partner violence that occurred the night before. The scenario included a description of the role of the corresponding partner in the abuse. There were four gender pairings: male-male, female-female, male-female, and female-male. The first person in the gender pairing is identified as Person A, the person who initiates the physical violence. The second person in the gender pairing is identified as Person B, the person who does not initiate the physical violence.

The type of violence varies and represents either intimate terrorism or situational couple violence. Intimate terrorism and situational couple violence are distinguished based on their control attributes (Johnson & Leone, 2003) such as history of control in the

relationship and whether the control is one-sided or not. Additionally, the number of control tactics in the scenario cover the spectrum defined by Pence and Paymar (1993) and included in the Power and Control Scale (Violence Against Women Survey; Tjaden & Thoennes, 1999). These control tactics include being jealous and limiting contact with a potential partner, limiting contact with family or friends, control of whereabouts all the time, emotional abuse and economic abuse. In this study, the control attributes for intimate terrorism are represented by the couple having a long-term history of all the control tactics defined by Power and Control Scale. The control attributes for the situational couple violence are represented by the couple having no history of physical abuse and no control tactics. Severity of the abuse did not vary across scenarios.

Intimate Partner Violence Attitude Scale (IPVAS). A 30-item intimate partner violence attitude scale (IPVAS, See Appendix I) was used to assess participants' attitudes for intimate partner violence in general. This scale, developed by Smith et al. (2005), requires participants to indicate agreement with the attitudinal statements on a four-point Likert-type scale ranging from *strongly disagree* (1, unfavorable attitudes) to *strongly agree* (4, favorable attitudes). The original purpose of the development of the scale was to determine if negative attitudes towards violence imply a greater risk of violent behavior by the respondent and indicate a need for preventive intervention.

Due to the lack of attitudinal studies around intimate partner violence it is difficult to establish the psychometric properties across multiple studies. The development of the measure is based on the review of research that has addressed the prevalence and severity of violence in intimate partner relationships (Smith et al., 2005)

The IPVAS is a relatively new instrument and today has only been published in one study (Smith et al., 2005) with a predominantly Mexican-American college sample. This study found the three subscales (abuse, control and physical violence) to have good internal consistency reliability with Cronbach's alpha of .81, .69, and .70 respectively. The three subscales were positively intercorrelated. The abuse subscale positively correlated with the violence subscale ($r=.44, p < .01$) and control subscale ($r=.43, p < .01$). The control subscale positively correlated with physical violence subscale ($r=.32, p < .01$). These intercorrelations suggest good convergent and discriminate validity. In this study differences in Mexican-American and non-Hispanic white college students attitudes towards intimate partner violence were not found.

This scale was chosen for use because of its predominant use of gender-inclusive terminology with respect to identification of a relationship. For example, partner is used rather than husband/wife terminology to be inclusive of both opposite-sex and same-sex relationships. However, two items in the original scale had to be reworded (i.e., "I would be flattered if my partner told me not to talk to someone of the opposite sex." and "It is okay for me to tell my partner not to talk to someone of the opposite sex.") because they assumed a heterosexual relationship in the wording of the items. The revised scale was tested in a pilot study by Blasko (2006) with a sample of 45 undergraduate students, graduate students and psychology faculty. The Pearson correlation between the old and revised scale was $r = .88, p = .01$. The alpha coefficient for the new scale was calculated to be $\alpha = .89$.

Control Attribution. A two-item control attribution measure was developed for this study (see Appendix J). The measure asks each participant to rate for each partner

(i.e., victim and perpetrator) in the scenario, “How much control does this partner (insert name) have in this relationship?” A 7-point scale that ranges from no control (1) to significant control (7) will be used.

Victim and Perpetrator Identification. One limitation in the Blasko et al. (2007) and Blasko and Bieschke (2005) studies is that they used dichotomous variables to assign labels of victim and perpetrator. This limited the researchers’ ability to analyze the data with more robust statistical methods. A measure designed for this study asked each participant to rate the following statements for each partner in the scenario, “To what extent is this partner (insert name) a victim?” and “To what extent is this partner (insert name) a perpetrator?” A 7-point scale that ranges from no extent (1) to significant extent (7) was used (see Appendix J).

Therapeutic Intervention and Outcome. Each participant were asked to rank the top three therapeutic intervention they would recommend to the presenting client at this time. The interventions listed were derived from the best practice literature on intimate partner violence (McCloskey & Grigsby, 2005; Stith, et al., 2003, Stith et al., 2004). The participants’ expectations about the outcome of the scenario were assessed with five items adapted from Wandrei and Rupert (2000): the violence will get worse, the violence will lessen (reverse coded), the client will suffer psychological or physical injury, the client’s partner will suffer psychological or physical injury, and the couple will separate. Each item was evaluated on a 7-point scale that ranges from not likely at all (1) to highly likely (7). Each item will be evaluated based on the assumption as if the therapeutic interventions did take place (see Appendix K).

History of Sexual and Physical Abuse. A multiple item personal history instrument (see Appendix L) based on Pope and Feldman-Summers (1992) was included to determine whether a participant had experienced sexual or physical abuse in childhood or adulthood. A check by any item indicates a “yes” response to an abuse history. Respondents checked whether they have been abused based on the any of the following incidents that they had experienced during childhood, adolescence or adulthood: sexual abuse by a relative; sexual abuse by a nonrelative; sexual harassment, attempted rape, acquaintance rape, stranger rape, and nonsexual physical abuse. Childhood/adolescence and adulthood abuse were indicated separately to allow for a more refined analysis if necessary.

Demographic Questionnaire. A demographic questionnaire prepared by the author assessed several personal and professional variables: sex, age, sexual orientation, ethnicity/race, highest degree earned, type of training program completed, number of client contact hours per week, and percent of caseload with intimate partner violence (see Appendix M).

Ordering of Instruments. The scenario was presented first in the mailed packet followed by the victim and perpetrator identification and control attribution measure. The therapeutic intervention and outcome measures followed next since it refers back to the scenario. The intimate partner violence attitude scale and abuse history followed and the demographics questionnaire was last.

CHAPTER 4

Results

Outline of Analysis

As a reminder, the overarching research question is “What are the prototypical intimate partner violence assessment models for same-sex couples, how do these models differ from the opposite-sex models, and do participants differences (i.e., biological sex, abuse history, IPV attitudes) account for any of the differences in assessment?” Before describing the analyses and related results, the variables used in the analysis are defined. Second, pre-analyses of the data that include data cleaning procedures and evaluation to ensure they meet the required assumptions for the planned multivariate analysis is described. Third, descriptive statistics will be presented for the data. The chapter concludes with a presentation of the multivariate analysis results for the six research questions.

Definitions

Independent variables

Table 2 details a list of the independent and dependent variables and their range of values. The first independent variable is the violence type (VTYPE). In this analysis, the two violence types are intimate terrorism (IT) and situational couple violence (SCV). The second independent variable is the couple type. Person A is assumed to be the partner who initiates the physical violence in all vignettes. Person B is assumed to be the partner who does not initiate the physical violence in all vignettes. Person A and Person B can be either male or female. This means that there are four possible gender pairings

of Person A/Person B (i.e., male/female, female/male, female/female, and male/male). For the purposes of analysis, couple type is either same-sex or opposite-sex couples.

Dependent variables

The analysis separates the dependent variables into three groupings. The first grouping identified as the control variables consists of three dependent variables: the extent Person A has control in the relationship (CONTROL_A), the extent Person B has control in the relationship (CONTROL_B) and the likelihood that the violence will worsen (V_WORSEN).

The second grouping, identified as assignment variables, consists of four dependent variables that include: the extent Person A is a victim (EXTV_A), the extent Person A is a perpetrator (EXTP_A), the extent Person B is a victim (EXTV_B), the extent Person B is a perpetrator (EXTP_B).

The third grouping is identified as outcome variables. The perceived outcome variables consist of three dependent variables that include: the likelihood Person A has suffered physically or psychologically (A_SUFFERS), the likelihood Person B has suffered physically or psychologically (B_SUFFERS), and the likelihood the couple will separate (COUPLE_SEP).

Pre-analysis

Before proceeding with the planned multivariate analysis of variance (MANOVA), a series of preliminary analyses were conducted. These analyses include descriptive and univariate statistics and bivariate correlations, followed by a testing of assumptions required to proceed with the MANOVA analysis (Tabachnick & Fidell, 2007).

First, data were entered by hand into an SPSS data file. A frequency test was run for all categorical variables to scan for out-of-range values or incorrectly entered data. A few data errors due to data entry were identified and corrected. A total of 12 cases that did not meet the demographic criteria of the study were screened out of the dataset. Of the 12 cases excluded from the analysis, six participants did not meet the minimum criteria of three direct client hours per week, three participants were not clinical or counseling psychologists, and three did not provide demographic data. A total of 159 cases remained for the analyses.

The next step in screening data for accuracy of input was to inspect plausible means, standard deviations, and correlations among dependent variables (See Table 3, 4, & 5; Tabachnick & Fidell, 2007). Means and standard deviations of each dependent variable, the Intimate Partner Violence Attitude Scale (IPVAS), and demographics were estimated to be within range. All bivariate correlations for the dependent variables were found to be within an expected range (see Table 5).

Third, I examined missing data among the dependent variables, and IPVAS (not including demographics). Following the procedure outlined by Tabachnick and Fidell (2007), I first analyzed the pattern of the missing data. For 162 participants, along 44 items (total of 7,128 entries) there were 133 (1.8% instances of missing data for all items). The missing data appear to have no pattern. The variables with the highest percentage of missing data were from the ranked intervention data: intervention #1, intervention #2, and intervention #3; each had 11% missing data. Most respondents checked at least three interventions but did not necessarily rank the interventions. If the interventions were not ranked, they were entered as missing data.

For the abuse history measure, respondents were asked to check types of abuse if it had happened and to leave it blank if had not occurred making it difficult to distinguish between “no abuse” and missing data. The analyses using the abuse history data were performed assuming no missing data.

Tabachnick and Fidell (2007) indicate that there are no firm guidelines about how to handle missing data. They state that if there is a large data set with few missing data points, one can proceed with traditional methods of dealing with missing data. I decided not to estimate values for missing data and decided to run my analysis excluding data pairwise rather than listwise. This means that when I run an analysis with multiple variables all cases will be included that have values across all the variables under study. Missing data points from the demographic scale were not changed, and missing data points were not included in the analyses.

According to Tabachnick and Fidell (2007) the data must be reviewed to see if all assumptions for a MANOVA are met. These assumptions include multivariate normality, linearity, outliers, homogeneity of variance-covariance matrices (determined at the time of the analysis), and multicollinearity and singularity.

First, I checked for normality of the dependent variables and IPVAS. The means, standard deviations, range, skewness and kurtosis for each dependent variable are presented in Table 3. I examined the skewness and kurtosis of each variable to determine if it was distributed normally. If the skewness value for a dependent variable was greater than 2 or less than -2 I considered transforming the variable (Stevens, 2002). None of the dependent variables met this criterion and therefore none were transformed. Tabachnick and Fidell (2007) suggest that the condition of multivariate normality is met

if all variables are normally distributed. Based on the skewness and kurtosis conditions, the dependent variables have reasonably balanced distributions and are assumed to meet the criteria for linearity and meet the assumptions for running a MANOVA (Tabachnick & Fidell, 2007).

After checking for normality I inspected the data for univariate and multivariate outliers. Univariate outliers are those cases with an extreme value on one variable and multivariate outliers are cases with an unusual combination of scores on two or more variables (Tabachnick & Fidell, 2007). Box plots were used to determine if there were any univariate outliers with the dependent variables. Because the variables were mostly of a normal distribution no significant univariate outliers were found.

Mahalanobis distances were used to determine if there were any multivariate outliers. Mahalanobis distance is the distance of a case from the centroid of the remaining cases where the centroid is the point created at the intersection of the means of all the variables (Tabachnick & Fidell, 2007, p. 74). Three multivariate outliers were identified based on the Mahalanobis distance analysis. These outliers were removed from the MANOVA analysis.

Finally, multicollinearity and singularity were examined. Singularity, where one variable is a combination of two or more of the other variables, is ruled out since all dependent variables are mutually exclusive of each other. Multicollinearity was determined by running bivariate correlations between all dependent variables and checking to see if any of the bivariate correlations were above .90 (Tabachnick & Fidell, 2007). Table 5 shows the bivariate correlation matrix for all the dependent variables and

the intimate partner violence attitude scale (IPVAS). None of the correlations were greater than .90 suggesting that no variables need to be removed.

Descriptive Statistics and Correlations

Intimate Partner Violence Attitude Scale

The Intimate Partner Violence Attitude Scale indicates whether a person has favorable or unfavorable attitudes towards intimate partner violence. The highest value of the scale (unfavorable attitudes towards IPV) is calculated to be 120. The mean IPVAS value ($M = 109.49$, $SD = 7.49$) for all participants indicates unfavorable attitudes towards IPV. The range of values is a minimum of 78 and a maximum of 120. The calculated Cronbach alpha for the IPVAS scale is $\alpha = .85$. Female and male participants had an IPVAS score of $M = 110.11$ ($SD = 7.76$) and $M = 108.96$ ($SD = 7.22$) respectively.

Abuse History Demographics

Almost half of the participants (48.2%) reported experiencing abuse in childhood/adolescence and/or adulthood; 33.7% of respondents reported a childhood/adolescence abuse history and 30.1% reported an adulthood abuse history. The types of abuse experienced by the participants are presented in Table 6. For the participants who reported a childhood/adolescent abuse history, sexual abuse by a nonrelative and physical abuse by a relative occurred most frequently. For the participants who reported an adulthood abuse history, physical abuse by a partner occurred most frequently followed by sexual harassment and physical abuse by a stranger.

More female participants ($n = 45$) reported experiencing a history of abuse than male participants ($n = 34$). Female participants ($N = 79$) reported experiencing childhood/adolescent abuse ($n = 31$, 39.2%) and experiencing adulthood abuse ($n = 30$,

38%). Male participants ($N = 86$) reported experiencing childhood/adolescent abuse ($n = 25, 29.1\%$) and experiencing adulthood abuse ($n = 19, 22.1\%$). Male and female participants almost equivalently experienced sexual abuse by a nonrelative and physical abuse by a relative as a child and/or adolescent. During adulthood, female participants reported more sexual harassment than male participants. During adulthood, male participants reported more physical abuse by a partner and physical abuse by a stranger than female participants.

Research Question 1

The first research question is “Does the OS-IT prototype emerge when psychologists assess intimate partner violence situations based on their perceptions of control in the relationship and violence worsening?”

HYPOTHESIS 1: The OS-IT prototype WILL NOT emerge in SCV assessing for control in the relationship and the likelihood that the violence will worsen regardless of whether the couple is same-sex or opposite-sex. There will be a significant violence type main effect. For the control variables (i.e., CONTROL_A, CONTROL_B, V_WORSEN) I expect a significant difference between IT compared to SCV. CONTROL_A will be greater in IT compared to SCV. CONTROL_B will be less in IT compared to SCV. V_WORSEN will be less in IT compared to SCV.

A 2 X 2 between-subjects MANOVA was conducted on the control dependent variables (i.e., CONTROL_A, CONTROL_B, V_WORSEN) using the SPSS General Linear Model (GLM) analysis function. Independent variables were violence type (IT and SCV) and couple type (opposite-sex and same-sex).

With the use of Wilks' criterion and $\alpha = .05$, the combined DVs were significantly affected by violence type, Wilks' $\Lambda = .23$, $F(3, 151) = 14.77$, $p < .05$, but not by the couple type Wilks' $\Lambda = .97$, $F(3, 151) = 1.40$, $p > .05$ or by their interaction Wilks' $\Lambda = .99$, $F(3, 151) = 0.62$, $p > .05$. Using guidelines proposed by Cohen (1988) (.01 = small effect, .06 = moderate effect, .14 = large effect) the results reflected a strong association between violence type (IT vs. SCV) and the combined DVs, partial $\eta^2 = 0.23$.

When looking at the between-subject effects, a Bonferroni adjustment was made for alpha by dividing the alpha value ($\alpha = .05$) by the number of tests that were performed (Tabachnick & Fidell, 2007). This is equivalent to dividing alpha by the number of dependent variables. In this case, the number of DVs is three and the Bonferroni adjustment results in $\alpha = .017$. When the results for the dependent variables were considered separately for the significant main effect for violence type, all three DVs reached statistical significance: CONTROL_A $F(1, 153) = 18.30$, $p < .001$, partial $\eta^2 = 0.11$; CONTROL_B $F(1, 153) = 20.78$, $p < .001$, partial $\eta^2 = 0.12$; and V_WORSEN $F(1, 153) = 11.12$, $p < .017$, partial $\eta^2 = 0.07$.

An inspection of the mean scores indicated that the control Person A has in the relationship in an IT situation ($M=5.92$, $SD=1.08$) is higher than in an SCV situation ($M=5.13$, $SD=1.19$). Also the control Person B has in the relationship in an IT situation ($M=2.97$, $SD=1.58$) is lower than in an SCV situation ($M=4.07$, $SD=1.46$). Finally, the mean scores indicated that it is more likely for the violence to worsen in the IT situation ($M=4.51$, $SD=1.67$) than in the SCV situation ($M=3.70$, $SD=1.56$).

As predicted in Hypothesis 1, there is a significant violence type main effect. The OS- IT prototype does NOT emerge for SCV indicating that distinctions are being made

between IT and SCV based on the control tactics portrayed in the scenarios by Person A and Person B. Since the couple type main effect was non-significant, the OS-IT prototype emerges for the same-sex IT scenario. The opposite-sex and same-sex SCV scenarios are assessed non-prototypically for both same-sex and opposite-sex couples. Participants are distinguishing between violence types based on their perceptions of control and possible outcome of the violence worsening and not influenced by couple type.

Research Question 2

The second research question is “Does the OS-IT prototype emerge when psychologists assess intimate partner violence situations based on their assignment of victim and perpetrator to each partner and their perceived outcome of the violence?”

HYPOTHESIS 2: The OS-IT prototype WILL emerge for victim and perpetrator assignment for opposite-sex couples for SCV but WILL NOT emerge for same-sex couples in both IT and SCV. There will be a couple type main effect for victim and perpetrator assignment. For the victim/perpetrator assignment dependent variables (i.e., EXTV_A, EXTP_A, EXTV_B, EXTP_B) I expect a significant difference between opposite-sex and same-sex couples. Person A will be perceived as less of a victim and more of a perpetrator for opposite-sex couples compared to same-sex couples. Person B will be perceived as more of a victim and less of a perpetrator for opposite-sex couples compared to same-sex couples.

The OS-IT prototype WILL emerge in SCV for perceived outcome for opposite-sex couples for SCV but WILL NOT emerge for same-sex couples in both IT and SCV. There will be a couple type main effect for perceived outcome. For perceived outcome

dependent variables (i.e., A_SUFFERS, B_SUFFERS, COUPLE_SEP) I expect a significant difference between opposite-sex and same-sex couples. Person A suffers less and Person B suffers more in opposite-sex couples compared to same-sex couples. The couple will more likely separate for same-sex couples compared to opposite-sex couples.

A 2 X 2 MANOVA was conducted on the assignment dependent variables (i.e., EXT_VA, EXT_PA, EXT_VB, and EXT_PB) and perceived outcome dependent variables (i.e., A_SUFFERS, B_SUFFERS, and COUPLE_SEP). The assignment and perceived outcome dependent variables were grouped together in the multivariate analysis to minimize the Type I error. Independent variables were violence type (IT and SCV) and couple type (same-sex couples and opposite-sex couples).

With the use of Wilks' criterion and $\alpha = .05$, the combined DVs were significantly affected by violence type, Wilks' $\Lambda = .87$, $F(7, 141) = 2.95$, $p < .05$, but not by the couple type Wilks' $\Lambda = .92$, $F(7, 141) = 1.63$, $p > .05$ or by their interaction Wilks' $\Lambda = .95$, $F(7, 141) = 1.02$, $p > .05$. The results reflected a moderate association between violence type (IT vs. SCV) and the combined DVs, partial $\eta^2 = 0.13$.

When the results for the dependent variables were considered separately for the significant main effect of violence type, no victim and perpetrator assignment DVs reached statistical significance but two outcome DVs reached statistical significance (using a Bonferroni adjustment $\alpha = .01$): B_SUFFERS $F(1, 147) = 6.72$, $p < .01$, partial $\eta^2 = 0.04$ and COUPLE_SEP $F(1, 147) = 6.28$, $p < .01$, partial $\eta^2 = 0.04$. An inspection of the mean scores indicated that Person B is more likely to suffer in the IT situation ($M=4.46$, $SD=1.64$) compared to the SCV situation ($M=3.86$, $SD=1.66$). The mean scores

indicated that it is more likely for the couple to separate in the IT situation ($M=4.68$, $SD=1.35$) than in the SCV situation ($M=4.14$, $SD=1.31$).

The OS-IT prototypical response is that Person A is the perpetrator, Person B is the victim, Person A suffers less than Person B and the couple will likely separate. The interaction is not significant as predicted in Hypothesis 2 for both assignment and outcome variables. There is a significant violence type main effect.

The OS-IT prototype does emerge for opposite-sex and same-sex SCV indicating that no distinctions are being made between IT and SCV based on the victim and perpetrator assignment. The OS-IT prototypical response does NOT emerge in the assessment of opposite-sex and same-sex SCV of opposite-sex couples with regards to two of the outcome variables: Person B suffering physical and psychological injury and the likelihood that the couple will separate.

Re-analysis of Research Question 2

A re-analysis of research question 2 was performed as another way to test hypothesis 2. The purpose of this re-analysis was to determine if a computed victim and perpetrator difference would result in a statistically significant result when comparing violence type and couple type. First, a victim difference score (V_DIFF) for each participant was computed by subtracting the victim assignment scores between Person A and B. Second, a perpetrator difference score (P_DIFF) for each participant was computed by subtracting the perpetrator assignment scores between Person A and B. I would expect a couple type effect for both the victim and perpetrator difference score. This would mean that for the victim and perpetrator difference scores for same-sex couples would be smaller than the for the opposite-sex couples.

A 2 X 2 MANOVA was conducted on the assignment dependent variables (i.e., V_DIFF, P_DIFF) and perceived outcome dependent variables (i.e., A_SUFFERS, B_SUFFERS, and COUPLE_SEP). The assignment difference and perceived outcome dependent variables were grouped together in the multivariate analysis to minimize the Type I error. Independent variables were violence type (IT and SCV) and couple type (same-sex couples and opposite-sex couples).

With the use of Wilks' criterion and $\alpha = .05$, the combined DVs were significantly affected by violence type, Wilks' $\Lambda = .91$, $F(5, 142) = 2.99$, $p < .05$, but not by the couple type Wilks' $\Lambda = .94$, $F(5, 142) = 1.80$, $p > .05$ or by their interaction Wilks' $\Lambda = .95$, $F(5, 142) = 1.52$, $p > .05$. The results reflected a moderate association between violence type (IT vs. SCV) and the combined DVs, partial $\eta^2 = 0.10$.

When the results for the dependent variables were considered separately for the significant main effect of violence type, the victim and perpetrator difference scores DVs did not reach statistical significance but the same two outcome DVs from the previous analysis reached statistical significance (using a Bonferroni adjustment $\alpha = .01$): B_SUFFERS $F(1, 146) = 7.25$, $p < .01$, partial $\eta^2 = 0.05$ and COUPLE_SEP $F(1, 146) = 7.57$, $p < .01$, partial $\eta^2 = 0.05$. The same relationships between the violence types for the outcome variables reported in the first analysis of research question 2 remained in this re-analysis.

In this case, the OS-IT prototypical response is that victim and perpetrator difference scores are equivalent and the couple will likely separate. The interaction is not significant as predicted in Hypothesis 2 for both assignment and outcome variables. There is a significant violence type main effect. The OS-IT prototype does emerge for

opposite-sex and same-sex SCV indicating that no distinctions are being made between IT and SCV based on the victim and perpetrator difference scores.

Research Question 3

The third research question is, “Does the OS-IT prototype emerge or not emerge for female versus male psychologists?” The first part of this investigation will be a re-analysis of Research Question 1 for female and male psychologists separately to see if their assessments of the scenarios are the same or different from each other based on control of Person A and B and the violence worsening. The second part of this investigation will be a re-analysis of Research Question 2 for female and male psychologists separately to see if their assessments of the scenarios are the same or different from each other based on victim and perpetrator assignment of Person A and Person B and perceived outcome variables.

HYPOTHESIS 3a: For female participants, the OS-IT prototype WILL emerge in SCV when assessing control and whether the violence will worsen for both couple types. For female psychologists, there will be no significant interactions or main effects.

For male participants, the OS-IT prototype WILL NOT emerge in SCV when assessing control and whether the violence will worsen for both couple types. For male psychologists there will be a significant violence type main effect. For the control variables (i.e., CONTROL_A, CONTROL_B, V_WORSEN) I expect a significant difference between IT compared to SCV. CONTROL_A will be greater in IT compared to SCV. CONTROL_B will be less in IT compared to SCV. V_WORSEN will be greater in IT compared to SCV.

Hypothesis 3a Results

A 2 X 2 between-subjects MANOVA was performed on the control dependent variables (i.e., CONTROL_A, CONTROL_B, V_WORSEN) separating participants by their biological sex using SPLIT FILE in SPSS. Independent variables were violence type (IT and SCV) and couple type (same-sex couples and opposite-sex couples). Small cell sizes where n is less than the number of dependent variables precluded conducting a 2x2x2 MANOVA with one of the independent variables as biological sex.

Female participants. With the use of Wilks' criterion with $\alpha = .05$, the combined DVs for female participants were significantly affected by violence type, Wilks' $\Lambda = .77$, $F(3, 67) = 6.61$, $p < .05$, but not by the couple type Wilks' $\Lambda = .93$, $F(3, 67) = 1.79$, $p > .05$ or by their interaction Wilks' $\Lambda = .99$, $F(3, 67) = 0.14$, $p > .05$. The results for female participants reflected a strong association between violence type (IT vs. SCV) and the combined DVs, partial $\eta^2 = 0.23$. When the results for the dependent variables were considered separately (using a Bonferroni adjustment of $\alpha = .017$) for the significant main effect for violence type for females, two DVs reached statistical significance:

CONTROL_B $F(1, 69) = 14.15$, $p < .017$, partial $\eta^2 = 0.17$ and V_WORSEN $F(1, 69) = 7.26$, $p < .017$, partial $\eta^2 = 0.10$.

An inspection of the mean scores for female participants indicated that the control Person B has in the relationship in an IT situation ($M=2.77$, $SD=1.31$) is lower than in an SCV situation ($M=3.88$, $SD=1.24$). Finally, the mean scores indicated that it is more likely for the violence to worsen in the IT situation ($M=4.60$, $SD=1.74$) than in the SCV situation ($M=3.58$, $SD=1.46$).

Male participants. With the use of Wilks' criterion with $\alpha = .05$, the combined DVs for male participants were significantly affected by violence type, Wilks' $\Lambda = .75$,

$F(3, 77) = 8.74, p < .05$, but not by the couple type $F(3, 77) = 1.73, p > .05$ or by their interaction $F(3, 77) = 1.84, p > .05$. The results reflected a strong association between violence type (IT vs. SCV) and the combined DVs, partial $\eta^2 = 0.25$. When the results for the dependent variables were considered separately for the significant violence type main effect for males with $\alpha = .017$, two DVs reached statistical significance:

CONTROL_A $F(1, 79) = 13.27, p < .001$, partial $\eta^2 = 0.14$ and CONTROL_B $F(1, 79) = 7.39, p < .01$, partial $\eta^2 = 0.08$.

An inspection of the mean scores for male participants indicated that the control Person A has in the relationship in an IT situation ($M=6.02, SD=.99$) is greater than in an SCV situation ($M=5.11, SD=1.21$). Also the control Person B has in the relationship in an IT situation ($M=3.15, SD=1.78$) is less than in an SCV situation ($M=4.25, SD=1.63$).

As predicted by Hypothesis 3a, the violence type main effect was significant for both female and male participants. The OS-IT prototype is different for males compared to females. Both females and males agree Person B has more control in SCV than IT. Females do not see a significant difference in control for Person A compared to males for both IT and SCV. Females assume the violence worsens for IT compared to SCV and males do not.

HYPOTHESIS 3b: For female participants, the OS-IT prototype WILL emerge in SCV for victim and perpetrator assignment and perceived outcome for both couple types. For female psychologists, there will be no significant interactions and violence or couple main effects for victim and perpetrator assignment and perceived outcome.

For male participants, the OS-IT prototype WILL NOT emerge in SCV when assessing victim and perpetrator assignment and perceived outcome for both couple

types. For male psychologists, there will be a significant violence type main effect for victim and perpetrator assignment and perceived outcome.. Specifically, for the victim/perpetrator assignment dependent variables (i.e., EXTV_A, EXTP_A, EXTV_B, and EXTP_B) I expect a significant difference between IT and SCV. Person A will be perceived as less of a victim and more of a perpetrator for IT compared to SCV. Person B will be perceived as more of a victim and less of a perpetrator for IT compared to SCV. For perceived outcome dependent variables (i.e., A_SUFFERS, B_SUFFERS, COUPLE_SEP) I expect a significant difference between IT and SCV. Person A suffers less and Person B suffers more in IT compared to SCV. The couple will more likely separate for IT compared to SCV.

Hypothesis 3b Results

A 2 X 2 between-subjects MANOVA was conducted on the assignment dependent variables (i.e., EXT_VA, EXT_PA, EXT_VB, and EXT_PB) and perceived outcome dependent variables (i.e., A_SUFFERS, B_SUFFERS, COUPLE_SEP) separating participants by their biological sex. Independent variables were violence type (IT and SCV) and couple type (same-sex couples and opposite-sex couples).

Female participants. With the use of Wilks' criterion ($\alpha = .05$), the combined DVs for female participants are not significantly affected by violence type, couple type or their interactions. For female participants, the OS-IT prototype emerges in victim and perpetrator assignment as well as perceptions of outcome in SCV and for both same-sex and opposite-sex couples. The violence type main effect is not significant for female participants as predicted by Hypothesis 3b.

Male participants. With the use of Wilks' criterion ($\alpha = .05$), the combined DVs for male participants were significantly affected by the interaction of violence type*couple type, Wilks' $\Lambda = .78$, $F(7, 69) = 2.76$, $p < .05$. The results reflected a strong association between the interaction and the combined DVs, partial $\eta^2 = .22$. When the results for the dependent variables were considered separately for the significant effect of the interaction for male participants, one DV reached statistical significance (using a Bonferroni adjustment $\alpha = .01$): B_SUFFERS $F(1, 75) = 8.06$, $p < .01$, partial $\eta^2 = 0.10$. For SCV, male participants perceive that Person B of same-sex couples suffer less ($M=2.79$, $SD=1.19$) compared to Person B in opposite-sex couples ($M=4.67$, $SD=1.62$). For IT, male participants perceive that Person B of same-sex couples suffer similarly ($M=4.28$, $SD=1.62$) compared to Person B of opposite-sex couples ($M=4.21$, $SD=1.36$).

For male participants the OS-IT prototype emerges for victim and perpetrator assignments for both couple types and all outcome variables except Person B suffering. For Person B suffering, the OS-IT prototype does emerge for same-sex IT and NOT for same-sex SCV. The OS-IT prototype for Person B suffering does NOT emerge for opposite-sex SCV. An interaction effect emerges for male participants rather than the violence type main effect predicted by Hypothesis 3b.

Research Question 4

The fourth research question is, "Does the OS-IT prototype emerge or not emerge for psychologists with and without an abuse history?"

The first part of this investigation will be a re-analysis of Research Question 1 by comparing participants with and without an abuse history and to see if their assessments of the scenarios are the same or different from each other based on control of Person A

and B and the violence worsening. The second part of this investigation will be a re-analysis of Research Question 2 by comparing participants with and without an abuse history and to see if their assessments of the scenarios are the same or different from each other based on victim and perpetrator assignment of Person A and Person B and outcome variables.

HYPOTHESIS 4a: For participants with an abuse history, the OS-IT prototype WILL emerge in SCV when assessing control and whether the violence will worsen for both couple types. For psychologists with an abuse history, there will be no significant violence or couple main effects and interactions.

For participants without an abuse history, the OS-IT prototype WILL NOT emerge in SCV when assessing control and whether the violence will worsen for both couple types. For psychologists without an abuse history there will be a significant violence type main effect. . For the control variables (i.e., CONTROL_A, CONTROL_B, V_WORSEN) I expect a significant difference between IT compared to SCV. The initiator of the violence (Person A) will be perceived to have more control and the initiator of the violence (Person B) as having less control in IT compared to SCV. The violence will likely worsen in IT compared to SCV.

Hypothesis 4a Results

A 2 X 2 between-subjects MANOVA was performed on the control dependent variables (i.e., CONTROL_A, CONTROL_B, V_WORSEN) separating participants by indication of past abuse history. Independent variables were violence type (IT and SCV) and gender pair grouping (same-sex pairs and opposite-sex pairs). Small cell sizes where

n is less than the number of dependent variables precluded conducting a 2x2x2 MANOVA with one of the independent variables as abuse history.

With an abuse history. With the use of Wilks' criterion with $\alpha = .05$, the combined DVs for participants with an abuse history were significantly affected by violence type, Wilks' $\Lambda = .65$, $F(3, 71) = 12.71$, $p < .05$, but not by the couple type Wilks' $\Lambda = .96$, $F(3, 71) = .89$, $p > .05$ or by their interaction Wilks' $\Lambda = 1.00$, $F(3, 71) = 0.02$, $p > .05$. The results for those participants with an abuse history reflected a strong association between violence type (IT vs. SCV) and the combined DVs, partial $\eta^2 = 0.35$.

When the results for the dependent variables were considered separately for the significant main effect for violence type for those participants with an abuse history (using a Bonferroni adjustment $\alpha = .017$), all three DVs reached statistical significance: CONTROL_A $F(1, 73) = 10.06$, $p < .017$, partial $\eta^2 = 0.12$; CONTROL_B $F(1, 73) = 17.09$, $p < .0001$, partial $\eta^2 = 0.19$; and V_WORSEN $F(1, 73) = 17.83$, $p < .0001$, partial $\eta^2 = 0.20$.

An inspection of the mean scores for those participants with an abuse history indicated that the control Person A has in the relationship in an IT situation ($M=5.89$, $SD=1.10$) is higher than in an SCV situation ($M=5.03$, $SD=1.13$). Also the control Person B has in the relationship in an IT situation ($M=2.95$, $SD=1.33$) is lower than in an SCV situation ($M=4.15$, $SD=1.20$). Finally, the mean scores indicated that it is more likely for the violence to worsen in the IT situation ($M=4.82$, $SD=1.59$) than in the SCV situation ($M=3.36$, $SD=1.45$).

Given the variability portrayed in the scenarios to capture the distinction between IT and SCV based on control and perceptions of whether the violence worsen, the OS- IT

prototype response did NOT emerge in SCV assessment for participants with an abuse history. The violence type main effect was significant contrary to the prediction in Hypothesis 4a.

Without an abuse history. With the use of Wilks' criterion with $\alpha = .05$, the combined DVs for those participants without an abuse history were significantly affected by violence type, Wilks' $\Lambda = .84$, $F(3, 74) = 4.70$, $p < .05$, but not by the couple type Wilks' $\Lambda = .96$, $F(3, 74) = .98$, $p > .05$ or by their interaction Wilks' $\Lambda = .97$, $F(3, 74) = .76$, $p > .05$. The results reflected a strong association between violence type (IT vs. SCV) and the combined DVs, partial $\eta^2 = 0.16$.

When the results for the dependent variables were considered separately for the significant main effect for violence type for those participants without an abuse history (using a Bonferroni adjustment $\alpha = .017$), two DVs reached statistical significance: CONTROL_A $F(1, 76) = 10.65$, $p < .017$, partial $\eta^2 = 0.09$ and CONTROL_B $F(1, 76) = 6.52$, $p < .017$, partial $\eta^2 = 0.08$.

An inspection of the mean scores for those participants without an abuse history indicated that the control Person A has in the relationship in an IT situation ($M=5.95$, $SD=1.08$) is higher than in an SCV situation ($M=5.22$, $SD=1.25$). The control Person B has in the relationship in an IT situation ($M=2.98$, $SD=1.81$) is lower than in an SCV situation ($M=4.00$, $SD=1.67$).

The violence type main effect was significant for participants without an abuse history indicating that the OS-IT prototype did NOT emerge for all dependent variables. In conclusion, Hypothesis 4a is NOT met for participants with an abuse history but only partially met for participants without an abuse history.

HYPOTHESIS 4b: For psychologists with an abuse history, the OS-IT prototype WILL emerge in SCV for victim and perpetrator assignment and perceived outcome for both couple types. For psychologists with an abuse history, there will be no significant violence or couple main effects and interactions for victim and perpetrator assignment and perceived outcome.

For psychologists without an abuse history, the OS-IT prototype WILL NOT emerge in SCV when assessing victim and perpetrator assignment and perceived outcome for both couple types. For psychologists without an abuse history, there will be a significant violence type main effect for victim and perpetrator assignment and perceived outcome.. Specifically, for the victim/perpetrator assignment dependent variables (i.e., EXTV_A, EXTP_A, EXTV_B, and EXTP_B) I expect a significant difference between IT and SCV. Person A will be perceived as less of a victim and more of a perpetrator for IT compared to SCV. Person B will be perceived as more of a victim and less of a perpetrator for IT compared to SCV. For perceived outcome dependent variables (i.e., likelihood that Person A suffers, likelihood that Person B suffers, and likelihood that the couple separates) I expect a significant difference between IT and SCV. Person A suffers less and Person B suffers more in IT compared to SCV. The couple will more likely separate for IT compared to SCV.

Hypothesis 4b Results

A 2 X 2 between-subjects MANOVA was conducted on the assignment dependent variables (i.e., EXT_VA, EXT_PA, EXT_VB, and EXT_PB) and perceived outcome dependent variables (i.e., A_SUFFERS, B_SUFFERS, COUPLE_SEP) separating participants by their indication of abuse history. Independent variables were

violence type (IT and SCV) and couple type (same-sex couples and opposite-sex couples).

With an abuse history. The combined DVs for participants indicating an abuse history is not significantly affected by violence type, gender pair grouping or their interactions. This means that the OS-IT prototype emerges for participants with an abuse history in their assessment of SCV and for both couple types.

Without an abuse history. With the use of Wilks' criterion with $\alpha = .05$, the combined DVs for participants without an abuse history were significantly affected by the couple type, Wilks' $\Lambda = .82$, $F(7, 69) = 2.20$, $p < .05$, but not by the violence type Wilks' $\Lambda = .90$, $F(7, 69) = 1.12$, $p > .05$ or by their interaction Wilks' $\Lambda = .86$, $F(7, 69) = 1.55$, $p > .05$. The results reflected a moderate association between the couple type and the combined DVs, partial $\eta^2 = 0.18$.

When the results for the dependent variables were considered separately for the significant effect of the couple type of participants without an abuse history (using a Bonferroni adjustment $\alpha = .01$), B_SUFFERS $F(1, 75) = 8.10$, $p < .01$, partial $\eta^2 = 0.10$ reached statistical significance. An inspection of the mean scores indicated that Person B suffers more in opposite-sex couples ($M=4.61$, $SD=1.52$) than same-sex couples ($M=3.74$, $SD=1.67$) for both IT and SCV violence types. For participants without an abuse history the OS-IT prototype emerges with regards to victim and perpetrator assignment and for all the outcome dependent variables except Person B suffering. Same-sex and opposite-sex couples are assessed differently with regards to the participants' perception of Person B suffering. This means that participants without an abuse history have a different IT

prototype based on the couple type for the outcome variable, Person B suffers physically and/or psychologically.

Research Question 5

The fifth research question is “Does the OS-IT prototype emerge or not emerge for psychologists when considering their attitudes towards intimate partner violence?”

HYPOTHESIS 5: The OS-IT prototype WILL emerge for psychologists with more unfavorable attitudes toward intimate partner violence than those with less favorable attitudes regardless of couple type. Using intimate partner violence attitudes as a covariate, there will be no significant violence or couple main effects and interactions.

Assumptions for covariate analysis. The following assumptions for MANCOVA were evaluated: normality, outliers, homogeneity of variance-covariance matrices, linearity, homogeneity of regression slopes, reliability, and multicollinearity and singularity. All assumptions were met except homogeneity of regression slopes. Using scatter plots and a linear regression “fit to line” function in SPSS, I determined that the assumption of homogeneity of regression slopes was not met for all dependent variables and IPVAS. As a result, a MANCOVA with IPVAS as a covariate will not be included in the analysis.

Research Question 6

The sixth and final research question is “Do psychologists recommend different interventions for the presenting client in the scenario depending on violence type and couple type?” The purpose of this research question is to explore further if participants are moving beyond assessment to make different treatment recommendations for IT and SCV or for same-sex and opposite-sex couples.

An exploratory analysis that was descriptive in nature was conducted to see if the collected intervention data was different when comparing IT and SCV or opposite-sex and same-sex couples. This analysis is descriptive only, using frequency counts.

Ranked intervention data was collected to determine the most recommended interventions for Person B (i.e., the presenting client in the scenario) by the participants in general, by violence type, and by couple type (See Table 7, 8, and 9). Overall, the first ranked intervention is to develop a safety plan and the second ranked intervention is to recommend individual therapy.

Since the rankings for each intervention are mutually exclusive of each other, it was helpful to look at the totals for each intervention and calculate the total percentages that an intervention is recommended. Table 10 summarizes the total percentages for all participants, participants by violence type, and participants by couple type.

Violence type. Safety planning is the number one recommendation for both IT and SCV. A referral to a domestic violence agency is more recommended as a second intervention for IT compared to SCV. Individual therapy is more recommended as a second intervention for SCV compared to IT. Thirty percent of the participants assessing an IT scenario referred Person B to couples therapy compared to 43% for SCV. Participants were more likely to call the police in cases of IT compared to SCV.

Couple type. Safety planning is the number one recommendation for both opposite-sex and same-sex couples. Person B of a same-sex couple was more often referred to a domestic violence agency than Person B of an opposite-sex couple. Person B from the opposite-sex couples were more likely to recommend individual therapy

before couple's therapy. Person B from the same-sex couple were almost equivalently recommended for both individual and couples therapy.

In conclusion, Hypothesis 5 is met for violence type but not for couple type. The number one intervention recommended for both violence type and couple type is always safety planning. If the top three recommended interventions for IT were considered the prototypical response, then the top three interventions for SCV were similar but not necessarily ranked in the same order. The top three recommended interventions for opposite-sex and same-sex couples were the same but not ranked in the same order.

Table 2. Variable List

Variable Name	Description	Values
INDEPENDENT VARIABLES		
VTYPE	Type of Violence	1 = Intimate terrorism 2 = Situational couple violence
SSVSOS	Couple Type	0 = Same-sex couples 1 = Opposite-sex couples
PAIR	Couple Pair	1 = Person A is male; Person B is female 2 = Person A is female; Person B is female 3 = Person A is male; Person B is male 4 = Person A is female; Person B is male
DEPENDENT VARIABLES		
<i>Control Variables</i>		
CONTROL_A	Amount of control Person A has in relationship	1 = no control; 7 = significant control
CONTROL_B	Amount of control Person B has in relationship	1 = no control; 7 = significant control
V_WORSEN	Likelihood violence worsens	1 = not likely at all; 7 = highly likely
<i>Assignment Variables</i>		
EXTV_A	Extent Person A is a victim	1 = no extent; 7 = significant extent
EXTP_A	Extent Person A is a perpetrator	1 = no extent; 7 = significant extent
EXTV_B	Extent Person B is a victim	1 = no extent; 7 = significant extent
EXTP_B	Extent Person B is a perpetrator	1 = no extent; 7 = significant extent
<i>Outcome Variables</i>		
A_SUFFERS	Likelihood Person A suffers physical or psychological injury	1 = not likely at all; 7 = highly likely
B_SUFFERS	Likelihood Person B suffers physical or psychological injury	1 = not likely at all; 7 = highly likely
COUPLE_SEP	Likelihood couple separates	1 = not likely at all; 7 = highly likely

Table 3. Descriptive Statistics of Dependent Variables

Variable Name	N	Range	Mean	Std. Dev.	Skewness	Kurtosis
EXTV_A	159	1-7	1.76	1.10	1.91	4.21
EXTP_A	160	2-7	6.27	1.05	-1.69	2.66
EXTV_B	164	1-7	5.77	1.41	-1.50	2.13
EXTP_B	162	1-6	1.70	.98	1.77	3.31
CONTROL_A	161	1-7	5.56	1.24	-.86	.59
CONTROL_B	159	1-7	3.47	1.63	.64	-.44
V_WORSEN	164	1-7	4.15	1.70	.28	-.95
A_SUFFERS	163	1-7	2.93	1.51	.92	.33
B_SUFFERS	163	1-7	4.25	1.67	.12	-1.07
COUPLE_SEP	161	1-7	4.42	1.34	-.14	-.47

Note. EXT_VA is the extent Person A is a victim; EXT_PA is the extent Person A is a perpetrator; EXT_VB is the extent to which Person B is a victim; EXT_PB is the extent Person B is a perpetrator; CONTROL_A is the extent Person A has control in the relationship; CONTROL_B is the extent Person B has control in the relationship; V_WORSEN is the likelihood the violence will worsen; A_SUFFERS is the likelihood that Person A suffers physically or psychologically; B_SUFFERS is the likelihood that Person B suffers physically or psychologically; COUPLE_SEP is the likelihood that the couple separates.

Table 4. Means/Standard Deviations of Assignment Dependent Variables by Violence Type and Couple Type

	Intimate Terrorism		Situational Couple Violence	
	Same-Sex	Opposite-Sex	Same-Sex	Opposite-Sex
Assignment Variables				
Extent Person A is a Victim	1.85 (1.12)	1.82 (1.31)	1.76 (1.06)	1.62 (.95)
Extent Person A is a Perpetrator	6.34 (1.05)	6.50 (.73)	5.86 (1.36)	6.30 (1.08)
Extent Person B is a Victim	5.87 (1.23)	6.11 (1.11)	5.52 (1.50)	5.59 (1.69)
Extent Person B is a Perpetrator	1.74 (.90)	1.84 (1.10)	1.66 (1.01)	1.46 (.87)

Table 5 Bivariate Correlations of Dependent Variables and Covariate (IPVAS)

Variable	1	2	3	4	5	6	7	8	9	10	11
1. EXT_VA	-										
2. EXT_PA	-.44**	-									
3. EXT_VB	-.14	.65**	-								
4. EXT_PB	.51**	-.32**	-.22**	-							
5. A_CONTROL	-.20*	.27**	-.14	-.05	-						
6. B_CONTROL	.14	-.25**	-.34**	.19*	-.15	-					
7. V_WORSEN	.04	.19*	.26**	-.04	.21**	-.12	-				
8. A_SUFFERS	.40**	-.13	-.04	.16	-.12	.20*	.27**	-			
9. B_SUFFERS	-.09	.27**	.32**	-.13	.14	-.14	.74**	.26**	-		
10. COUPLE_SEP	-.06	.30**	.28**	-.12	.08	-.15	.06	.09	.11	-	
11. IPVAS	-.19*	.20*	.05	-.09	.13	.00	.12	-.08	.16	.15	-

Note. EXT_VA is the extent Person A is a victim; EXT_PA is the extent Person A is a perpetrator;

EXT_VB is the extent to which Person B is a victim; EXT_PB is the extent Person B is a perpetrator;

CONTROL_A is the extent Person A has control in the relationship; CONTROL_B is the extent Person B has control in the relationship; V_WORSEN is the likelihood the violence will worsen; A_SUFFERS is the likelihood that Person A suffers physically or psychologically; B_SUFFERS is the likelihood that Person B suffers physically or psychologically; COUPLE_SEP is the likelihood that the couple separates; IPVAS is the Intimate Partner Violence Attitude Scale.

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

* Correlation is significant at the .05 level (2-tailed).

Table 6. Abuse History Frequencies and Percentages

Abuse Type	Total	Male	Female
	N = 166	N = 86	N = 79
Childhood/Adolescence Abuse History			
Sexual Abuse by a Relative	<i>n</i> =9 (5.4%)	<i>n</i> =1 (1.2%)	<i>n</i> =8 (10.1%)
Sexual Abuse by a Nonrelative	26 (15.7%)	13 (15.1%)	13 (16.5%)
Physical Abuse by a Relative	27 (16.3%)	12 (14.0%)	15 (19.0%)
Physical Abuse by a Nonrelative	9 (10.8%)	9 (10.5%)	0 (0.0%)
Adulthood Abuse History			
Sexual Harassment	18 (10.8%)	2 (2.3%)	16 (20.3%)
Attempted Rape	9 (5.4%)	0 (0.0%)	9 (11.4%)
Stranger or Acquaintance Rape	5 (3.0%)	0 (0.0%)	5 (6.3%)
Physical Abuse by Partner	21 (12.7%)	13 (15.1%)	8 (10.1%)
Physical Abuse by Stranger	14 (8.4%)	10 (11.6%)	4 (5.1%)

Table 7. Top Three Ranked Interventions by Frequencies

Intervention	1 st Ranked	2 nd Ranked	3 rd Ranked
	<i>N</i> = 148	<i>N</i> = 148	<i>N</i> = 146
Develop safety plan	69	32	16
Refer to domestic violence agency	27	31	33
Recommend couples therapy	18	30	20
Recommend individual therapy	16	35	41
Call police	15	9	10
Refer to psychoeducational group	1	9	15
Other	2	2	11

Table 8. Frequencies of Top Three Ranked Interventions by Violence Type

Intervention	1 st Ranked		2 nd Ranked		3 rd Ranked	
	IT	SCV	IT	SCV	IT	SCV
	<i>N</i> = 82	<i>N</i> = 66	<i>N</i> = 82	<i>N</i> = 66	<i>N</i> = 82	<i>N</i> = 66
Develop safety plan	35 (37.6%)	34 (46.6%)	19 (20.4%)	13 (17.8%)	10 (10.8%)	6 (8.2%)
Refer to domestic violence agency	16 (17.2%)	11 (15.1%)	25 (26.9%)	6 (8.2%)	22 (23.7%)	11 (15.1%)
Recommend individual therapy	13 (14.0%)	3 (4.1%)	12 (12.9%)	23 (31.5%)	22 (23.7%)	19 (26.0%)
Call police	12 (12.9%)	3 (4.1%)	6 (6.5%)	3 (4.1%)	7 (7.5%)	3 (4.1%)
Recommend couples therapy	4 (4.3%)	14 (19.2%)	14 (15.1%)	16 (21.9%)	7 (7.5%)	13 (17.8%)
Refer to psychoeducational group	1 (1.1%)	0 (0.0%)	4 (4.3%)	5 (6.8%)	9 (9.7%)	6 (8.2%)
Other	1 (1.1%)	1 (1.4%)	2 (2.2%)	0 (0.0%)	5 (5.4%)	6 (8.2%)

Table 9. Frequencies of Top Three Ranked Interventions by Couple Type

Intervention	1 st Ranked		2 nd Ranked		3 rd Ranked	
	OS	SS	OS	SS	OS	SS
	<i>N</i> = 71	<i>N</i> = 77	<i>N</i> = 71	<i>N</i> = 77	<i>N</i> = 71	<i>N</i> = 77
Develop safety plan	31 (38.8%)	38 (44.2%)	17 (21.3%)	15 (17.4%)	9 (11.3%)	7 (8.1%)
Refer to domestic violence agency	12 (15.0%)	15 (17.4%)	13 (16.3%)	18 (20.9%)	14 (17.5%)	19 (22.1%)
Recommend couples therapy	11 (13.8%)	7 (8.1%)	15 (18.8%)	15 (17.4%)	6 (7.5%)	14 (16.3%)
Recommend individual therapy	9 (11.3%)	7 (8.1%)	14 (17.5%)	21 (24.4%)	23 (28.8%)	18 (20.9%)
Call police	6 (7.5%)	9 (10.5%)	5 (6.3%)	4 (4.7%)	5 (6.3%)	5 (5.8%)
Refer to psychoeducational group	0 (0.0%)	1 (1.2%)	7 (8.8%)	2 (2.3%)	8 (10.0%)	7 (8.1%)
Other	2 (2.5%)	0 (0.0%)	0 (0.0%)	2 (2.3%)	5 (6.3%)	6 (7.0%)

Table 10. Total Percentages Based on Total Frequency of An Intervention

Intervention	Total	Violence Type		Couple type	
		IT	SCV	OS	SS
	<i>N</i> = 148	<i>N</i> = 82	<i>N</i> = 66	<i>N</i> = 71	<i>N</i> = 77
Develop safety plan	79%	78%	80%	80%	78%
Refer to domestic violence agency	62	63	42	55	67
Refer to individual therapy	62	57	68	64	46
Refer to couples therapy	46	30	43	45	47
Call police	23	30	14	22	23
Refer to psychoeducation	17	17	17	21	13
Other	10	10	11	10	10

CHAPTER 5

Discussion

This study sought to identify prototypes psychologists employ as they assess intimate terrorism and situational couple violence situations in same-sex and opposite-sex couple scenarios. Assessment of opposite-sex intimate terrorism (OS-IT) was assumed to be the baseline prototypical response for assessment in this study. A violence-type by couple-type between subjects multivariate analysis was chosen to study the differences in psychologists' assessment responses. Three groupings of dependent variables (control, victim and perpetrator assignment, and perceived outcome) were used to test if an opposite-sex intimate terrorism (OS-IT) prototype emerged. A descriptive analysis was also chosen to explore any distinctions between recommended interventions between violence types and couple types. The control-based typology theory for intimate partner violence (Johnson, 1995; Johnson & Ferraro, 2000) and prototypical assessment studies by Blasko et al. (2007) and Blasko and Bieschke (2005) were the basis for determining when the OS-IT prototype would emerge.

According to the control-based typology (Johnson, 1995; Johnson & Ferraro, 2000), the number of control tactics is greater for intimate terrorism (IT) than for situational couple violence (SCV). Assignment of the victim and perpetrator in a particular incident must be considered in the context of the relationship and the presence of control tactics over time. The likelihood of the outcome for a particular incident of violence may be tied to the control tactics used by one partner over the other. For example, one would expect the violence to worsen over time if more control tactics were present in the relationship as is the case for IT. Another example would be that the non-

initiator of the violence would suffer more physically and/or psychologically in IT because of more control tactics present over time.

Blasko et al. (2007) specifically investigated differences in victim and perpetrator assignment of same-sex (SS) and opposite-sex (OS) couples for an SCV incident. In that study, the context of the relationship over time was not described in terms of control tactics. Results indicated that assignment of victim and perpetrator to partners in a same-sex couple scenario was different compared to an identical scenario when the partners were an opposite-sex couple. Specifically, partners in same-sex couples were found to be both victim and perpetrator. In opposite-sex couples, the OS-IT prototype (i.e., man as perpetrator and woman as victim) emerged. Differences in control and outcome were not investigated by Blasko et al. (2007). A follow-up pilot study by Blasko and Bieschke (2005) confirmed the same phenomenon with a sample of psychologists. In that study, follow-up interviews were conducted with a sub-sample of participants; results from these interviews indicated couple characteristics, such as size and build of each partner, played a role in victim and perpetrator assignment.

Keeping the control-based typology and the Blasko et al. (2007) study in mind, the current study extends our understanding in regard to when the OS-IT prototype emerges in intimate partner violence assessment for not only victim/perpetrator assignment but in terms of control and outcome. The present study investigated differences in assessment related to client characteristics and counselor characteristics. The client characteristics manipulated in the study were the sexual orientation of each couple and the control tactics used by each partner. The counselor characteristics that were investigated were biological sex, presence of an abuse history, and attitudes toward

intimate partner violence. This dissertation study improved upon the Blasko et al. (2007) study by using validated scenarios presented in the form of an intake assessment (Blasko & Bieschke, 2008) rather than “incidents” that did not provide background information about the relationship.

As a reminder, the scenarios presented to each participant were either IT or SCV for a same-sex or opposite-sex couple. The scenario consisted of a relationship history that included a number of control tactics assigned to the initiator of the violence. The IT scenario had five control tactics and the SCV scenario had none. The incident of violence was held constant across all scenarios. No outcome information was presented except that the presenting client had an abrasion on his/her face.

A majority of the sample were psychologists who had experience working with clients with intimate partner violence issues. Eighty-three percent of the psychologists had a current caseload including client(s) with intimate partner violence issues. The average caseload for the sample was 25 clients per week. This is important to note since one would expect this sample of psychologists to have the experience and training to recognize intimate partner violence situations and make appropriate treatment recommendations.

In the following sections, the findings are presented and discussed individually for each research question. Next, an integrated discussion of the findings is presented, including implications for research, practice, and training.

Research Question 1

Overview. Research question 1 sought to determine if the OS-IT prototype would emerge when psychologists assessed intimate partner violence situations based on their

perceptions of control for each partner within the relationship and whether the violence is likely to worsen as a result of that control. Given the difference in the number of control tactics presented in the IT and SCV scenarios, we hypothesized that assessment of IT and SCV scenarios would be significantly different.

Results. Our hypotheses about how participants would judge the OS-IT prototype were confirmed. For the OS-IT prototype scenario, participants indicated that the partner who initiates the violence was assessed to have more control than the partner who does not initiate the violence. In addition, because of the control differential, participants indicated that the violence is likely to worsen. Consistent with our hypotheses, the OS-IT prototype emerged for SS-IT situations but not for SS-SCV and OS- SCV situations. In other words, there was a main effect for violence type and not couple type. These results indicate that the sexual orientation of the couple is not a client characteristic that is contributing to differences in assessment. Participants' responses indicate that the amount of control assigned to each partner, a client characteristic, is being used to discern differences in assessment between OS-IT and SCV for both same-sex and opposite-sex couples. Also as expected, participants assessed that the violence was more likely to worsen in IT situations compared to SCV situations but there was no effect of couple type. Based on the results of this study, it appears that psychologists are able to recognize differences in control between intimate terrorism and situational couple violence situations.

Summary. This finding suggests that this sample of psychologists is knowledgeable about control tactics and take them into account in assessment. What is unclear is whether participants are aware of the extent to which they are applying control

variables. Participants' responses are consistent with the tenets of Johnson's (1995) control-based typology as they assess differences in control based on the pre-defined IT and SCV scenarios. This finding also implies that control tactics information is helpful in clinical evaluation when distinguishing differences in intimate terrorism and situational couple violence. Clinical evaluation including control tactics information enables clinicians to evaluate the relationship in a broader context rather than just as a single incident. This broader context could influence treatment decisions because distinctions are being made between types of violence.

Research Question 2

Overview. Research question 2 focused on whether the OS-IT prototype emerges when considering the extent to which each partner is a victim and perpetrator. Also, this research question focused on whether the OS-IT prototype emerged when taking into consideration the likelihood that each partner suffers physically or psychologically and whether the couple will separate. For this research question, the hypotheses will be paired with the specific results.

OS-IT prototype results. Our hypotheses about how participants would judge the OS-IT prototype relative to victim/perpetrator assignment and perceived outcome were confirmed. For the OS-IT prototype, participants indicated that the initiator of the violence is identified as the perpetrator and the non-initiator of the violence is identified as the victim. The non-initiator was perceived to suffer the most in the relationship. Finally, those participants who were in the OS-IT condition indicated that the couple is likely to separate.

Victim/perpetrator assignment results. Relative to victim/perpetrator assignment, we hypothesized that we would see significant differences between same-sex and opposite-sex couples and not between violence types (i.e., SCV vs. IT). There were no differences based on sexual orientation. Inconsistent with our hypothesis, this OS-IT prototype emerged for all conditions (i.e., SS-IT, OS-SCV, and SS-SCV) relative to the identification of victim and perpetrator in each situation. This was an expected result for opposite-sex couples and an unexpected result for same-sex couples based on the results of the Blasko et al. (2007) study. While we do not know why the OS-IT prototype emerges for SS-IT and SS-SCV, our speculation is that it may be that participants focused on the specific characteristics of the violent incident when making their assessment. As mentioned earlier, the depiction of the violent incident was held constant across conditions. In particular, the severity of the violent incident was equally represented for all violence types and couple types.

Outcome results. Relative to perceived outcome, we hypothesized that we would see significant differences between same-sex and opposite-sex couples and not between violence types (i.e., SCV vs. IT). The hypothesis for perceived outcome was not supported. No differences based on sexual orientation were identified. This result indicates that the sexual orientation of the couple is not being taken into consideration when judging victim and perpetrator. The OS-IT prototype emerged in SS-IT for all perceived outcome variables including the likelihood that the initiator and non-initiator of the violence suffer and that the couple will separate. In addition, the OS-IT prototype emerged for SS-SCV and OS-SCV for one variable, the perceived suffering of the initiator of the violence. Inconsistent with the hypothesis, the OS-IT prototype, however,

did not emerge for SS-SCV and OS-SCV when assessing the perceived suffering of the non-initiator of the violence and the likelihood the couple will separate. The non-initiator of the violence was assessed as suffering less and the couple was judged to be less likely to separate in SCV compared to IT.

Summary. These findings do not support the results of Blasko et al. (2007) and Blasko and Bieschke (2005); inconsistent with these studies, the results for this research question indicated that sexual orientation of the couple did not influence victim/perpetrator assignment or outcome. Again, one possible explanation is that the control tactics information included in the scenario removed extraneous bias due to sexual orientation of the couple that might influence for victim/perpetrator assignment.

Perceived outcome for both IT and SCV has not been investigated before in the assessment literature. These findings indicate that sexual orientation of the couple does not affect the assessment related to perceived outcome. Psychologists reported that couples experiencing IT situations would likely separate. The literature to-date does support this finding (Anderson, 2007; Campbell, Miller, Cardwell, & Belknap, 1994; Johnson & Leone, 2005). Nevertheless, when more control is present in the relationship, the partner with the least amount of control may have difficulty leaving the relationship (Arias, 1999; Bornstein, 2006). Often several attempts are made to leave before the relationship finally ends (Bell, Goodman, & Dutton, 2007; Khaw & Hardesty, 2007).

Research Question 3

Overview. Research question 3 sought to determine whether differences in assessment between female and male psychologists in terms of whether the OS-IT prototype emerge when considering control in the relationship, victim and perpetrator

assignment, and perceived outcome. For this research question, the hypotheses will again be paired with the results for that hypothesis. Small cell sizes where n is less than the number of dependent variables precluded conducting a $2 \times 2 \times 2$ MANOVA using biological sex as an independent variable.

OS-IT prototype result. Again, our hypotheses about how participants would judge the OS-IT prototype relative to control, victim/perpetrator assignment and perceived outcome were confirmed for both male and female participants. Findings for both females and males were the same as reported for research questions 1 and 2. That is, participants in the OS-IT condition reported that 1) the partner who initiates the violence has more control than the partner who does not initiate the violence and the violence is likely to worsen; 2) the initiator of the violence is more a perpetrator than victim and the non-initiator of the violence is more a victim than perpetrator; and 3) the initiator of the violence suffers less physically and psychologically than the non-initiator and the couple will likely separate.

Control results. Relative to the control variables, we hypothesized that female psychologists would have the OS-IT prototypical response for both violence types and couple types. Results for female psychologists indicate that they assess IT and SCV scenarios more accurately than anticipated. Our hypothesis that the OS-IT prototype would emerge in SS-IT, SS-SCV, and OS-SCV for all control variables was partially supported. As expected, there were no significant differences in ratings between the OS-IT and SS-IT conditions. However, the OS-IT prototypical response did not emerge in SS-SCV and OS-SCV relative to control of the non-initiator and the violence worsening.

This suggests the female psychologists are assessing scenarios accurately based on control differences.

Relative to the control variables, we hypothesized that male psychologists would identify differences between violence types but not couple types. Our hypotheses were partially supported. Similar to female psychologists, the OS-IT prototypical response did not emerge in SS-SCV and OS-SCV. Male psychologists, however, endorsed a more severe outcome for SCV by indicating that the violence would worsen, consistent with the OS-IT prototype. This result is counter to previous literature where male participants assume less severity in intimate violence partner violence assessment (Harris & Cook, 1994; Seelau & Seelau, 2005).

Victim/perpetrator assignment results. Relative to victim and perpetrator assignment, we hypothesized that female psychologists would endorse the OS-IT prototypical response for both violence types and couple types. We expected that male psychologists would not endorse the OS-IT prototypical response between violence types, but would endorse it for couple types. Our hypothesis relative to victim/perpetrator assignment was fully supported for female psychologists and only partially for male psychologists. In particular, male psychologists did not discern differences in victim and perpetrator assignment between violence types. For both female and male psychologists, the results were similar in that the OS-IT prototype did emerge when assessing SS-IT, SS-SCV, and OS-SCV for victim/perpetrator assignment. This result was similar to the results found in research question 2 for the overall sample and suggests that there are not participant sex differences in victim and perpetrator assignment.

Perceived outcome results. Relative to perceived outcome, we hypothesized that female psychologists would endorse the OS-IT prototypical response for both violence types and couple types and that male psychologists would discern differences between violence types. Our predictions of perceived outcome for female psychologists were accurate. Our hypothesis was supported for female psychologists in that the OS-IT prototype emerged for SS-IT, SS-SCV, and OS-SCV for all perceived outcome variables.

Our hypothesis was only partially supported for male psychologists. The OS-IT prototype was endorsed for all variables with one exception, the likelihood the non-initiator suffers. For this variable, differences due to sexual orientation and violence type were identified. For male psychologists, these results are different than what was expected and somewhat surprising. The most surprising result is that male psychologists indicated that for opposite-sex couples, the non-initiator's suffering is greater for SCV compared to IT. However, for same-sex couples, male psychologists indicated that the non-initiator's suffering is less for SCV compared to IT, similar to the result in research question 2. For this one outcome variable, the initiator suffering, male psychologists are more accurate in their assessment of same-sex couples than opposite-sex couples. When we examine this finding for male psychologists and female psychologists, we realize that neither group is totally accurate in their assessment of perceived outcome. Relative to the assessment of the non-initiator suffering, male psychologists' assessment may be most accurate for same-sex couples. For all other variables, both male and female psychologists endorsed outcomes for the SCV condition consistent with the OS-IT prototype, consistent with the OS-IT prototype.

Summary. Assessment differences for female and male psychologists exist in two of the three realms just discussed. First, unlike female psychologists, male psychologists assess that the violence will worsen significantly more in an SCV intimate partner violence situation as opposed to an IT situation. Such a finding is of concern, given that such assumption might lead to a possible inaccurate assessment and treatment plan. Unlike male psychologists, female psychologists are more likely to perceive all initiators of violence as perpetrators no matter what the situation and could perhaps “blame the perpetrator” more in their assessment.

Second, the victim/perpetrator assignment results are similar for female and male psychologists. Like research question 2, bias based on sexual orientation is not being applied for both these two findings.

Third, it appears that male psychologists are using differences in sexual orientation as cues in identifying how likely the non-initiator suffers in SCV compared to IT. This result indicates that male psychologists assume less severity in outcome for same-sex couples compared to opposite-sex couples that may be inaccurate. One explanation is that male psychologists are making assumptions about size and build characteristics for each partner (Blasko & Bieschke, 2005). Female psychologists assessed opposite-sex and same-sex couples similarly for perceived outcome, regardless of violence type. This is problematic as well, as female psychologists appear to be assuming the worst relative to the victim suffering, regardless of the type of violence and couple type. This finding for female psychologists is consistent with the literature that female mental health professionals assume more severity in cases of intimate partner violence (Harris & Cook, 1994; Seelau & Seelau, 2005).

A body of literature on the attribution of fault and responsibility for intimate partner violence has found that males often assign more blame to, or have less sympathy for, the victim than do females (Bryant & Spencer, 2003; Langhinrichsen-Rohling, Shlien-Dellinger, Huss, & Kramer, 2004; Locke & Richman, 1999; Pierce & Harris, 1993; Taylor & Sorenson, 2005; West & Wandrei, 2002). In most of these studies, same-sex intimate partner violence was not studied. In this study, social desirability may be playing a role in the assessment of outcome by the male psychologists. Male psychologists may not want to be associated with the male perpetrator in the opposite-sex couple scenarios and overcorrecting for outcome by assigning more severity in outcome to the female victim. A social desirability measure such as the Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1960) may have been helpful to include as a measure in this study to understand the relationship between social desirability and perceived outcome.

Research Question 4

Overview. Research question 4 sought to determine differences in assessment between psychologists with and without an abuse history in terms of whether the OS-IT prototype relative to considering control in the relationship, victim and perpetrator assignment, and perceived outcome. For this research question, the hypothesis will be paired with the results. Small cell sizes where n is less than the number of dependent variables precluded conducting a 2x2x2 MANOVA using abuse history as an independent variable.

OS-IT prototype result. Again, we had guesses about how the participants would judge the OS-IT scenario, and these were confirmed for both psychologists with and

without an abuse history. The OS-IT prototypical response for psychologists with and without an abuse history is the same as articulated in research question 3. That is, 1) the partner who initiates the violence has more control than the partner who does not initiate the violence and the violence is likely to worsen; 2) the initiator of the violence is more a perpetrator than victim and the non-initiator of the violence is more a victim than perpetrator; and 3) the initiator of the violence suffers less physically and psychologically and the couple will likely separate.

Control results. Relative to the control variables, we hypothesized that psychologists with an abuse history would apply the OS-IT prototypical response for both violence types and couple types. Psychologists without an abuse history would discern differences between violence types. As expected, for psychologists with and without an abuse history, the OS-IT prototype emerged for SS-IT for all variables. Inconsistent with the hypotheses, psychologists with an abuse history did not apply the OS-IT prototype to SS-SCV and OS-SCV scenarios relative to all control variables. This is a similar result to research question 1. Inconsistent with the hypotheses for psychologists without an abuse history, the OS-IT prototype did emerge in SS-SCV and OS-SCV for one variable: likelihood for violence to worsen. Specifically, psychologists without an abuse history appear to assume that the violence will turn out to be worse no matter which type of violence is being assessed. This is a similar finding to research question 3 for male psychologists. This finding suggests that psychologists who have not had a personal experience with abuse may be less knowledgeable about the effects of control in an intimate partner violence situation.

These findings imply that psychologists with an abuse history are more accurately assessing the effects of the control tactics on possible outcomes for both IT compared to SCV. Psychologists without an abuse history are not as accurate in their assessment. For these variables, sexual orientation of the couple is not a factor influencing the assessment of psychologists irrespective of their abuse history.

Victim/perpetrator assignment results. Relative to the victim/perpetrator assignment variables, we hypothesized that psychologists with an abuse history would apply the OS-IT prototypical response to both violence types and couple types; psychologists without an abuse history would discern differences between violence types. Consistent with our hypotheses and similar to the results of research question 2, for psychologists with an abuse history, the OS-IT prototypical response did emerge in SS-IT, SS-SCV, and OS-SCV for victim and perpetrator assignment. Inconsistent with the hypotheses, for psychologists without an abuse history the OS-IT prototypical response emerged in SS-IT, SS-SCV, and OS-SCV for victim and perpetrator assignment. Again, sexual orientation of the couple appears to not be influencing psychologists with and without an abuse history for victim and perpetrator assignment.

Outcome results. Relative to the perceived outcome, we hypothesized that psychologists with an abuse history would have the OS-IT prototypical response for both violence types and couples types and psychologists without an abuse history would discern differences between violence types. As predicted in the hypotheses, for psychologists with an abuse history, the OS-IT prototype emerged for SS-IT, SS-SCV, and OS-SCV for all outcome variables. The hypotheses for psychologists without an abuse history were not supported. There were differences due to sexual orientation.

Specifically, the OS-IT prototype did not emerge for SS-IT and SS-SCV but did emerge in OS-SCV when assessing the suffering of the non-initiator of the violence. The suffering of the non-initiator in the same-sex couples was less than opposite-sex couples for both violence types. Although Blasko et al. (2007) did not look at outcome specifically, similar bias due to couple type emerged for victim and perpetrator assignment in that study.

Summary. Intimate partner violence assessment by psychologists with and without an abuse history has not been studied. Based on these findings, psychologists with an abuse history are able to consider the effect of the control tactics on the violence worsening better than psychologists without an abuse history. For psychologists without an abuse history, these findings show that they expect more severe outcomes, regardless of violence types. Also, for psychologists without an abuse history, the sexual orientation of the couple factors into their assessment of whether the non-initiator suffers.

Looking at this finding we need to be careful to not assume that abuse history is the only factor contributing to this result. To further explain, the reported incidence of abuse and its relationship to the gender of the participants is important to note. The reported incidence of abuse by psychologists in this study compared with Pope and Feldman-Summers (1992) study shows a similar incidence of participants reporting a childhood/adolescence abuse history and a slightly different incidence of participants reporting an adulthood abuse history. Specifically, Pope and Feldman-Summers (1992) reported a 33.1% incidence of childhood and adolescence abuse and this study found 33.7% incidence rate. Also, Pope and Feldman-Summers (1992) reported a 36.6% incidence of adulthood abuse and this study a slightly lower rate of 30.1%. Looking

specifically at gender differences in incidence rates between the two studies, Pope and Feldman-Summers (1992) found that over two thirds of women (69.9%) and one third (32.9%) of men had experience some form of physical or sexual abuse. This study found that less than two thirds (57.0%) of women and over one third (39.5%) of men had experience some form of physical or sexual abuse. Note that in both studies women had an abuse history more often than men. The finding related to having an abuse history may also be related to gender effects since more women than men have an abuse history.

Research Question 5

Research question 5 sought to determine whether the OS-IT prototype emerges for psychologists when controlling for their intimate partner violence attitudes. As noted in the results, this research question was not explored due to the inability to meet the statistical assumptions for MANCOVA. Of note is that psychologists in this sample tended to have unfavorable attitudes towards intimate partner violence.

Research Question 6

Overview. This research question sought to explore whether psychologists recommend different interventions to the presenting client if he or she is involved in an IT situation versus a SCV situation. Also, differences in intervention recommendations for a presenting client from an opposite-sex couple versus same-sex couple were investigated. In looking at the ranked interventions for the presenting client for the sample as a whole, the first ranked intervention is to develop a safety plan and the second ranked intervention is to recommend individual therapy.

Violence type results. Safety planning is the most frequently recommended intervention for both IT and SCV. The second and third most frequently recommended

interventions for IT are a referral to domestic violence agency and individual therapy. The second and third most frequently recommended interventions for SCV are a referral to individual therapy and couples therapy. For the most part, psychologists in this sample appear to be making appropriate distinctions in interventions between IT and SCV by recommending standards of care for IT and SCV consistent with the literature (Stith et al., 2003; McCloskey & Grigsby, 2005).

It is interesting to note that for SCV, couples therapy is a recommended intervention by participants in this study. Couples therapy as a standard treatment for intimate partner violence, however, is controversial (Stith et al., 2003). One reason couples therapy is contraindicated is due to the possible reoccurrence of violence. Couples therapy may be an appropriate treatment recommendation for a couple reporting that the violent incident tends to be an isolated episode (like SCV) rather than a re-occurring issue in the relationship.

Couple type results. Again, safety planning is the most frequently recommended intervention for both same-sex and opposite-sex couples. The second and third most frequently recommended interventions for same-sex are a referral to a domestic violence agency and a referral to couples therapy. The second and third most frequently recommended interventions for opposite-sex couples are a referral to individual therapy and a referral to a domestic violence agency.

These are interesting results for same-sex couples in that most domestic violence agencies, except for a few urban agencies, do not have services for same-sex couples and gay male couples in particular (Helfrich & Simpson, 2006). Again, a referral to couples therapy is often a controversial intervention for IT (Stith et al., 2003) and it seems that

psychologists see this as more of a treatment option for same-sex couples. The recommendations (i.e., safety planning, individual therapy and referral to a domestic violence agency) for opposite-sex couples represent a typical course of treatment (Stith et al., 2003).

Summary. Overall, this sample appears to believe that safety planning is the first intervention in treatment regardless of violence type or couple type. All participants appear to identify the violence incident as serious and recognized that establishing safety is important. Although couples therapy is controversial in cases of IT (Stith, et al., 2003), it is not clear if it is contraindicated for SCV (Simpson, Atkins, Gattis, & Christensen, 2008). SCV does differ from IT in the number of control tactics. This raises an interesting question, do the number and type of control tactics define the treatment plan for IT or SCV for opposite-sex and same-sex couples? We also learned that psychologists assume different treatment recommendations for same-sex couples compared to opposite-sex couples. This is important because treatment strategies for same-sex couples have been put forth but to-date none have been empirically validated (Cayouette, 1999; Coleman, 2003; Goddard & Hardy, 1999; Istar, 1996; Margolies & Leeder, 1995)

Discussion of Results of Interest

A particularly interesting finding is how adding control tactics information to the “incidents” in Blasko et al. (2007) and Blasko and Bieschke (2005) influenced assessment. Control tactic information appears to lessen considerably the opportunity for extraneous bias to emerge due to sexual orientation. The results of Blasko et al. (2007) and Blasko and Bieschke (2005) were not replicated in this study for victim and

perpetrator assignment. These findings suggest that control tactics information is more salient than sexual orientation when evaluating intimate partner violence situations. Although this was unexpected, we learned that adding control tactics to an incident resulted in consistent assignment of victim and perpetrator. Control tactics seemed to remove the ambiguity in the scenario necessary to pull for prototypes related to sexual orientation.

This sample of psychologists appears to be assessing intimate partner violence situations via the application of a control-based typology. Many of the studies reviewed in Chapter 2 examined survey data and/or interview data to establish a rationale for the typology (Graham-Kevan & Archer, 2003; Johnson & Leone, 2005; Olson, 2002; Rosen et al., 2005). This dissertation study was the first experimental study to examine the control-based typology by presenting psychologists with scenarios of IT or SCV and asking for them to assess the situation in terms of control.

Except for assessment of one variable (i.e., the likelihood the non-initiator suffers physically and psychologically) bias due to sexual orientation of the couple was not apparent in the assessments. We did identify a bias in assessment between same-sex and opposite-sex couples for male psychologists and psychologists without an abuse history for this one outcome variable. For male psychologists and psychologists without an abuse history, using information about control tactics was not evident in their assessments of outcome. These psychologists indicated that in same sex couples, it is significantly more likely that the non-initiator will suffer physically and psychologically. In these cases, other client characteristics may be coming into play, including the size and build of each partner or perceptions of the masculinity and femininity. Assumptions are

often made about build and size for opposite-sex couples and lethality of violence (Straus, 1999). The greater the size/build differential the more lethal the violence is assumed to be. Also, the larger partner is often assumed to be the perpetrator rather than the victim. As a result, men are often perceived as perpetrators and women as victims. These perceptions may carry over to same-sex couples in that assumptions are often made that partners are of a similar size and build and will really not hurt each other (Blasko & Bieschke, 2005). Given that “masculine” people can be assumed to have a larger size and build and “feminine” people have a smaller build and size (Hassouneh & Glass, 2008), an extension of this research would be to look at whether biased assessments emerge based on these stereotypes for gay and lesbian couples.

An inconsistency between the assessment data and the intervention data was observed. The assessment data shows that psychologists are consistent and accurate in assigning victim and perpetrator for both violence types and couple types. The intervention results show differences in recommendations between IT and SCV scenarios and between same-sex and opposite-sex couples. Different treatment recommendations for a presenting client in an IT situation compared to an SCV situation makes sense given the differences in control tactics in each situation (Simpson et al., 2008). Different treatment recommendations for a presenting client in a same-sex couple compared to an opposite-sex couple is not necessarily appropriate if the type of violence is the same. This finding suggests that participants have some form of bias, or perhaps just a lack of understanding, for treatment options for same-sex couples experiencing intimate partner violence.

Limitations

This study addressed many of the limitations of other studies that investigated assessment of intimate partner violence. Although the data were collected for eight scenarios, the response rates for each cell did not allow for a more refined analysis of these specific gender pair groupings. It is important to note that the smallest cell was the female/male situational couple violence scenario ($n = 14$). Given that scenarios were randomly assigned, we expected relatively equivalent cell sizes among the eight conditions. One explanation for this low return is that potential participants did not view females as perpetrators and thus felt frustrated when assessing the situation and thus did not participate. Further studies should take this into account so that a large enough sample is collected to enable gender pairing comparisons in the analysis.

The sample recruited via the American Psychological Association mailing list was not diverse in terms sexual orientation and race/ethnicity. Our sample has less than 5% of sexual minorities and 5% of racial and ethnic minorities. Caution should be taken when generalizing these results to all psychologists.

Care should be taken when generalizing these results to psychologists as a group because of the non-responder bias. During the pre-notification process many potential participants declined to be in the study because they were not interested or experienced in the topic.

Some measurement problems were encountered. The IPVAS seemed to annoy many of the participants and may need to be further refined to be used by a sample of mental health professionals. For example, a quote from one participant summarizes the general annoyance of the sample: "On your 30-item questionnaire...the items themselves

seem as subtle as rocks.” In addition, the abuse history measure could be altered to include a yes/no response. Because we only asked participants to endorse whether abuse occurred, we were unable to discern whether missing data meant abuse did not occur or whether it represented missing data. Finally, asking participants to rank interventions was problematic. Many participants just checked the top three interventions they would consider.

It would have been helpful if this survey could have been done via the internet, including recruitment of participants. The mail survey data collection process was long, expensive, and cumbersome. We were worried about recruiting a representative random sample through email listservs and felt our best alternative was receiving a mailing list specifically generated for us. We consulted with the American Psychological Association Research Office to talk about possible email options and they indicated that they received an approximate 6 percent return rate for an online survey they designed when recruiting using an introductory letter. We did notice that the majority of the respondents to the pre-notification letter responded by email and this leads us to believe that recruitment and data collection could be completed via the Internet if a method was developed to ensure having a random sample. One potential option for recruitment of online surveys is to mail a letter asking participation with an incentive and include an “easy to remember” domain name for the link to the survey.

Implications for Future Research

Based on the results of this dissertation we foresee the research moving in two possible directions. The first direction is to continue our understanding of the clinical implications of Johnson’s (1995) control-based typology to inform practice specific to

intimate partner violence assessment. An extension of this dissertation research would be to better understand the saliency of the control variable in intimate partner violence assessment relative to making more accurate clinical evaluations for both same-sex and opposite-sex couples. One possible follow-up study to this dissertation research would be to compare intimate partner violence assessment with and without the inclusion of control tactics information in the scenarios. Complementary to this research would be to study whether varying the types of control tactics is a more discerning factor in assessment than just the number of control tactics.

The second direction of research would be to use Johnson's (1995) typology and the intimate partner violence issue to further research in understanding the emergence of subtle bias in practice specific to same-sex couples. We have carefully laid out a methodology for investigating the emergence of subtle bias using intimate partner violence as the clinical issue. Other factors that may be considered as contributing to extraneous subtle bias may be size and build of the partners or the perceptions of more masculine or feminine characteristics. Perhaps the most exciting research would be to build on feature-based stereotyping research (Blair, Judd, & Fallman, 2004) and look at how size and build or masculinity and femininity affect clinical assessment in same-sex couples.

For any future studies, we believe it would be important to further investigate how victims and perpetrators are defined. One methodological change that should be considered in future studies is to eliminate the use of the terminology "victim" and "perpetrator." These words "victim" and "perpetrator" may prime the participants to respond in a particular manner. For example, two participants may have different

meanings for how a perpetrator is defined. Other phrases such as “To what extent is Sue responsible for...” may be less biased than using words like perpetrator and victim. It is interesting to note the extent to which the words “perpetrator” and “victim” are more reflective of the intimate terrorism paradigm than the situational couple violence paradigm.

Implications for IPV Assessment and Intervention of Practitioners

Based on this dissertation research, we found that control tactics play a role in accurate intimate partner violence assessment for both same-sex and opposite-sex couples. Knowing that control tactics information is important to intimate partner violence assessment, suggests that practitioners should incorporate asking for control tactics information into their initial and ongoing assessments. There are many assessment tools available to assess control tactics (Rathus & Feindler, 2004; Ver Steegh & Dalton, 2008) but many are long and cumbersome and are not same-sex inclusive. There are additional control tactics for same-sex-intimate partner violence, including threatening to out a partner (Speziale & Ring, 2006). Not only will control tactics information help practitioners to discern IT and SCV situations but it may also lead to more appropriate interventions. For example, when a lesbian or gay client reports an increasing number of control tactics over time in her or his relationship, a mental health practitioner may move beyond a “one-size-fits-all” treatment paradigm and tailor their interventions based on the number and types of control tactics present. Based on the findings in this dissertation, a control-based intimate partner violence protocol may be a useful standard practice to consider when assessing for both opposite-sex and same-sex couples.

The use of control tactics information in the couple's relationship is important to assessment (McCloskey & Grigsby, 2005; Rathus & Feindler, 2004) and this study confirms this finding. Practitioners do have to treat clients based on the precipitating incident and safety is most important. If control tactics information is incorporated into an assessment protocol, victim and perpetrator assignment may be different (Goddard & Hardy, 1999; Ristock, 2003). One incident of violence needs to be considered in the context of the relationship. Attending to immediate danger is an important step in treatment but incorporating that with control tactic information over time is another crucial step in appropriate treatment. For example, perhaps SCV is an "incident-focused" treatment that follows a crisis theory model (Rainer & Brown, 2007) and IT is an "incident-focused" treatment followed by more extensive follow-up treatment.

Conclusion

At the beginning of this dissertation research process I was convinced that findings from my earlier research (Blasko et al., 2007; Blasko & Bieschke, 2005) would be confirmed. I expected to find that extraneous bias would emerge when assessing same-sex and opposite-sex intimate partner violence situations. I was surprised to find that the complex issue of subtle bias in assessment may simply be removed by incorporating control tactic information into the understanding of intimate partner violence and its assessment. This finding has the potential to influence directions for future research and the practice of intimate partner violence assessment. Not only will psychologists benefit from this information but other service providers (e.g., emergency rooms, courts, domestic violence agencies, police) will hopefully be able to incorporate control tactic information into their standard practice. The possibility of tailoring

treatment plans based on the type of violence and the client given the control present in a relationship could contribute to the development of further evidence-based practices in intimate partner violence. Recognizing the use of control tactics earlier in relationships may result in violence prevention strategies that can be incorporated into couples treatment before violence can even occur.

Appendix A

Pilot Recruitment Letter and Informed Consent

Dear Pilot participant,

We are writing to ask you to participate in a pilot study examining licensed psychologists' assessments of an intimate partner violence situation. This study is being conducted by Kelly Blasko (doctoral candidate in counseling psychology and principal investigator) and Kathleen Bieschke (associate professor and faculty advisor) through the Pennsylvania State University. Your participation in this study is entirely voluntary.

The purpose of the pilot is to a) determine how long it takes to complete; b) get feedback about the clarity and presentation of the materials; and c) ascertain whether the variables I am studying are salient enough without being obvious. Your responses will be used only to refine my survey materials and will not be used as data in my study.

Your participation will require you to spend approximately **30 minutes** responding to the enclosed questionnaire. I ask that you complete the attached survey materials and the additional four pilot questions that are attached on the last page of this packet. First, at the bottom of the page please record the time immediately before you begin reviewing and completing the survey materials. Then read and complete the survey materials without interruption if possible. Record the time you finish the survey materials at the top of the last page.

By completing the survey, you may increase your awareness of your own clinical practice with regards to intimate partner violence assessment. Your decision to take part in this research is voluntary. We expect that you may experience minimal discomfort or risk by participating in this study due to the personal and sensitive nature of some of the questions. You may decline to answer specific questions. Refusal to take part in or withdrawing from this study will involve no penalty or loss of benefits you would receive otherwise.

Your responses to this survey will be completely anonymous and will be used only for refining my research instruments. The survey does not solicit any identifying information, nor does it include any identification number which could link your responses to you.

If you have any questions about this study you can contact Kelly Blasko at 326 CEDAR Building, University Park, PA 16802 (phone: 814-238-8453) or Kathleen Bieschke at 306 CEDAR Building, University Park, PA 16802 (phone: 814-865-3296). All of the information collected for this study will be kept confidential. It will not be released to anyone, except in aggregate form as described above and is required by law. The following organizations may review and copy records related to this research: The Office of Human Research Protections in the U.S. Department of Health and Human Services,

the Social Science Institutional Review Board and the PSU Office for Research Protections. If you have questions regarding your rights as a research participant, please call the Office for Research Protections at 814-865-1775. Your completion and return of the enclosed survey will be taken to indicate awareness of the above information and your consent to participate. Please keep this letter for your records or future reference. Please return this packet to my mailbox by ... Thanks you for your assistance with my dissertation study.

We value your participation in this dissertation research study. Thank you very much for your assistance.

Sincerely,

Kelly Blasko, M.A.
Doctoral Candidate
Principal Investigator

Kathleen Bieschke, Ph.D.
Associate Professor
Faculty Adviser

RECORD THE TIME YOU BEGIN BEFORE TURNING THE PAGE_____

Appendix B

Pilot Follow-up Questions

RECORD THE TIME YOU FINISHED THE SURVEY MATERIALS _____

How many minutes did it take you to complete the survey packet? _____

Please comment on the clarity and presentation of the survey materials (e.g., were any parts unclear or confusing to read?).

If you had to guess what topics or variables this study is examining, what three things would you guess? Please put your guesses in order, with your best (most likely) guess first, followed by your second best guess, followed by your third (least likely) guess. Please put 2-3 guesses.

A)

B)

C)

Without looking at the vignette again, what are couple's apparent sexual orientation?

Sexual orientation: ____lesbian/gay ____bisexual ____heterosexual

Appendix C

Prenotification Letter

Dear Psychologist,

I am writing to request your participation in a research project that we will be conducting in the near future. I have planned a survey of mental health professionals' experiences with intimate partner violence assessment. You are one of a small group of professionals randomly selected as a potential participant in this study. Your involvement would be extremely helpful and greatly appreciated.

I know that your time is highly valuable, so I have intentionally kept the survey as concise as possible. It consists of reading a vignette and answering several assessment items, a brief inventory and several demographic items. The expected time for completion is **approximately 15 minutes**. All responses to the survey will be strictly confidential. If you are not interested in participating, I would like to not bother you with subsequent mailings. Kindly email me at kab478@psu.edu if you do not meet the criteria for participating in this study.

I would be extremely grateful if you would consider participating in this study. I will be sending you the brief survey in the next week or two. If you have any questions, concerns, or comments, please feel free to email me or call me at (814) 238-8453 or Dr. Bieschke at (814) 865-3296. Thank you in advance for your help.

Sincerely,

Kelly Blasko, M.A.
Doctoral Candidate
Principal Investigator

Kathleen Bieschke, Ph.D.
Associate Professor
Faculty Adviser

Appendix D

Initial Recruitment Letter and Informed Consent

Dear Psychologist,

We are writing to ask you to participate in a dissertation study examining licensed psychologists' assessments of an intimate partner violence situation. You have been selected based on a random sample of licensed psychologists. This study is being conducted by Kelly Blasko (doctoral candidate in counseling psychology and principal investigator) and Kathleen Bieschke (full professor and faculty advisor) through the Pennsylvania State University.

The purpose of this research is to refine our understanding of what factors influence psychologists' assessments. **The enclosed questionnaire will take about 15 minutes.** For every completed and returned survey a donation of \$.50 will be made to the National Coalition Against Domestic Violence by the principal investigator. **Your decision to take part in this research is voluntary.** We expect that you may experience minimal discomfort or risk by participating in this study due to the personal and sensitive nature of some of the questions. You may decline to answer specific questions. Refusal to take part in or withdrawing from this study will involve no penalty or loss of benefits you would receive otherwise.

Your responses to this survey will remain completely confidential and will be used only for research purposes. The information you provide will be used in the aggregate only; no individual results will be reported. The survey does not solicit identifying information that could link your responses to you. Please return the survey in the enclosed postage paid envelope. Please return the enclosed postcard under separate cover when you return the survey. The postcard has an identification number that allows us to track who has responded without being able to identify surveys. It also allows you to request a summary of the results of this study, anticipated in the fall of 2008.

You may ask questions about this research. Contact Kelly Blasko at 326 CEDAR Building, University Park, PA 16802 (phone: 814-238-8453) or Kathleen Bieschke at 306 CEDAR Building, University Park, PA 16802 (phone: 814-865-3296). You can also call this number if you have concerns about the research or if you feel that you have been harmed by the research. The following organizations may review and copy records related to this research: The Office of Human Research Protections in the U.S. Department of Health and Human Services, the Social Science Institutional Review Board and the PSU Office for Research Protections. If you have questions regarding your rights as a research participant, please call the Office for Research Protections at 814-865-1775.

You must be 18 years of age or older to take part in this research study.

Your completion and return of the enclosed survey will be taken to indicate awareness of the above information and your consent to participate. Please keep this letter for your records or future reference. We value your participation in this dissertation research study. Thank you very much for your assistance.

Sincerely,

Kelly Blasko, M.A.
Doctoral Candidate
Principal Investigator

Kathleen Bieschke, Ph.D.
Full Professor
Faculty Advisor

Appendix E

Return Postcard

Dear Psychologist:

ID # _____

This stamped addressed postcard includes an identification number that permits accurate follow-up of unreturned surveys. If you choose to participate in this study, please return this postcard **separate from the completed survey in order to guarantee the anonymity of your responses**. By returning this postcard, you are indicating that you have completed and returned the survey. Your responses to the survey will be completely anonymous; no identifying information will be linked to your responses. We greatly appreciate your time and assistance in completing and returning the survey and returning the postcard. **For every completed and returned survey, a donation of \$.50 will be made to the National Coalition Against Domestic Violence.**

If you would like to receive a summary of the results when the study is completed, please check the space below. The summary will be sent by mail to the address where you received this survey. Thank you again for your assistance with this dissertation research study.

Kelly Blasko, M.A.
Doctoral Candidate
Principal Investigator

Kathleen Bieschke, Ph.D.
Full Professor
Faculty Advisor

_____ Yes, I would like to receive a summary of the results of the completed study.

Appendix F

Second Reminder Letter and Informed Consent

Dear Psychologist,

A few weeks ago we sent you a survey investigating licensed psychologists' assessment of an intimate partner violence situation. We contacted you specifically because we are hoping to obtain a diverse sample that reflects the breadth of perspectives and experiences among licensed psychologists. If you have already completed and returned the survey and have returned the postcard, please accept our sincere thanks. If not, please do so today.

The purpose of this research is to refine our understanding of what factors influence psychologists' assessments. The enclosed questionnaire will take about **15 minutes**. For every completed and returned survey a donation of \$.50 will be made to the National Coalition Against Domestic Violence by the principal investigator. **Your decision to take part in this research is voluntary.** We expect that you may experience minimal discomfort or risk by participating in this study due to the personal and sensitive nature of some of the questions. You may decline to answer specific questions. Refusal to take part in or withdrawing from this study will involve no penalty or loss of benefits you would receive otherwise.

Your responses to this survey will be completely confidential and will be used only for research purposes. The information you provide will be used in the aggregate only; no individual results will be reported. The survey does not solicit identifying information that could link your responses to you. Please return the survey in the enclosed postage paid envelope. Please return the enclosed postcard under separate cover when you return the survey. The postcard has an identification number that allows us to track who has responded without being able to identify surveys. It also allows you to request a summary of the results of this study, anticipated in the fall of 2008

You may ask questions about this research. Contact Kelly Blasko at 326 CEDAR Building, University Park, PA 16802 (phone: 814-238-8453) or Kathleen Bieschke at 306 CEDAR Building, University Park, PA 16802 (phone: 814-865-3296). You can also call this number if you have concerns about the research or if you feel that you have been harmed by the research. If you have questions about your rights as a research participant, you may call the Office for Research Protections at Penn State University 814-865-1775.

The following organizations may review and copy records related to this research: The Office of Human Research Protections in the U.S. Department of Health and Human Services, the Social Science Institutional Review Board and the PSU Office for Research Protections. If you have questions regarding your rights as a research participant, please call the Office for Research Protections at 814-865-1775.

You must be 18 years of age or older to take part in this research study.

Your completion and return of the enclosed survey will be taken to indicate awareness of the above information and your consent to participate. Please keep this letter for your records or future reference. We value your participation in this dissertation research study. Thank you very much for your assistance.

Sincerely,

Kelly Blasko, M.A.
Doctoral Candidate
Principal Investigator

Kathleen Bieschke, Ph.D.
Full Professor
Faculty Advisor

Appendix G

Final Reminder and Informed Consent

Dear Psychologist,

We are contacting you again because your response is important to us. You are a part of a random sample of psychologists that we are asking to complete this survey. Every response is important to us so that we can draw meaningful conclusions applicable to the psychology field. If you have already completed and returned the survey and have returned the postcard, please accept our sincere thanks. If not, please do so today.

The purpose of this research is to refine our understanding of what factors influence psychologists' assessments of intimate partner violence. The enclosed questionnaire will take about **15 minutes**. For every completed and returned survey a donation of \$.50 will be made to the National Coalition Against Domestic Violence by the principal investigator. **Your decision to take part in this research is voluntary.** We expect that you may experience minimal discomfort or risk by participating in this study due to the personal and sensitive nature of some of the questions. You may decline to answer specific questions. Refusal to take part in or withdrawing from this study will involve no penalty or loss of benefits you would receive otherwise.

Your responses to this survey will be completely confidential and will be used only for research purposes. The information you provide will be used in the aggregate only; no individual results will be reported. The survey does not solicit identifying information that could link your responses to you. Please return the survey in the enclosed postage paid envelope. Please return the enclosed postcard under separate cover when you return the survey. The postcard has an identification number that allows us to track who has responded without being able to identify surveys. It also allows you to request a summary of the results of this study, anticipated in the fall of 2008

You may ask questions about this research. Contact Kelly Blasko at 326 CEDAR Building, University Park, PA 16802 (phone: 814-238-8453) or Kathleen Bieschke at 306 CEDAR Building, University Park, PA 16802 (phone: 814-865-3296). You can also call this number if you have concerns about the research or if you feel that you have been harmed by the research. If you have questions about your rights as a research participant, you may call the Office for Research Protections at Penn State University 814-865-1775. The following organizations may review and copy records related to this research: The Office of Human Research Protections in the U.S. Department of Health and Human Services, the Social Science Institutional Review Board and the PSU Office for Research Protections. If you have questions regarding your rights as a research participant, please call the Office for Research Protections at 814-865-1775.

You must be 18 years of age or older to take part in this research study.

Your completion and return of the enclosed survey will be taken to indicate awareness of the above information and your consent to participate. Please keep this letter for your records or future reference. Thank you very much for taking your time out of your busy schedule to participate in this study.

Sincerely,

Kelly Blasko, M.A.
Doctoral Candidate
Principal Investigator

Kathleen Bieschke, Ph.D.
Full Professor
Faculty Advisor

Appendix H

Scenarios

Male/Female Intimate Terrorism Scenario

Please read the following case scenario:

Identifying Information

Sue is a 30-year-old female who is presenting at your office the day after a physical fight with her partner, John, where John hit her during an argument. She is visibly upset and has some abrasions on her face. She is concerned about continuing her relationship with John after this physical confrontation.

Behavioral Observations

Sue is of average build and is dressed casually in jeans and a sweater. She became tearful as she talked about the latest incident and her relationship with John. She made good eye contact throughout the interview. She denies any suicidal or homicidal ideation. She is oriented in all spheres (date, time and place).

Background

Sue and John have been together 5 years. Four of those years, they have lived together. Sue describes the last night's fight as typical of arguments with John. She stated that most of their arguments end in John hitting her. She indicated that they do not argue very frequently but when they do the fights end in physical confrontation. During their relationship, John has made it difficult for Sue to keep in touch with her family and friends and to maintain employment. She rarely goes out socially as he is very jealous if she talks to anyone besides him. She described John as often putting her down and making her feel unimportant. In addition to actual physical aggression, John also uses threats of physical aggression towards Sue.

Sue stated that in this most recent fight, she had come home from work later than her regular time. John arrived home shortly after that. When he arrived she was on the phone with a friend. He became angry because Sue was on the phone. John yelled that Sue had things to do around the house and she should make sure she gets home on time. Sue then went into the kitchen to prepare dinner. John followed her, grabbed her by the arm and slapped her. Sue pushed him and he then knocked her to the floor and kicked her. Sue then got up and tried to leave the house. John tried to stop her from going but she left anyway.

Male/Female Situational Couple Violence Scenario

Please read the following case scenario:

Identifying Information

Sue is a 30-year-old female who is presenting at your office the day after a physical fight with her partner, John, where John hit her during an argument. She is visibly upset and has some abrasions on her face. She is concerned about continuing her relationship with John after this physical confrontation.

Behavioral Observations

Sue is of average build and is dressed casually in jeans and a sweater. She became tearful as she talked about the latest incident and her relationship with John. She made good eye contact throughout the interview. She denies any suicidal or homicidal ideation. She is oriented in all spheres (date, time and place).

Background

Sue and John have been together 5 years. Four of those years, they have lived together. Sue describes the last night's fight as unusual of arguments with John. She stated that most of their arguments do not end in John hitting her. She indicated that they do not argue very frequently but when they do the fights rarely end in physical confrontation. During their relationship, Sue has maintained regular contact with her family and friends and has maintained steady employment. She regularly goes out socially with her friends as John is not particularly jealous. Sue described John as generally as positive about her, although he sometimes gets annoyed at her. John does not use threats of physical aggression towards Sue.

Sue stated that in this most recent fight, she had come home from work later than her regular time. John arrived home shortly after that. When he arrived she was on the phone with a friend. He became angry because Sue was on the phone. John yelled that Sue had things to do around the house and she should make sure she gets home on time. Sue then went into the kitchen to prepare dinner. John followed her, grabbed her by the arm and slapped her. Sue pushed him and he then knocked her to the floor and kicked her. Sue then got up and tried to leave the house. John tried to stop her from going but she left anyway.

Female/Male Intimate Terrorism Scenario

Please read the following case scenario:

Identifying Information

Mark is a 30-year-old male who is presenting at your office the day after a physical fight with his partner, Julie, where Julie hit him during an argument. He is visibly upset and has some abrasions on his face. He is concerned about continuing his relationship with Julie after this physical confrontation.

Behavioral Observations

Mark is of average build and is dressed casually in jeans and a sweater. He became tearful as he talked about the latest incident and his relationship with Julie. He made good eye contact throughout the interview. He denies any suicidal or homicidal ideation. He is oriented in all spheres (date, time and place).

Background

Mark and Julie have been together 5 years. Four of those years, they have lived together. Mark describes the last night's fight as typical of arguments with Julie. He stated that most of their arguments end in Julie hitting him. He indicated that they do not argue very frequently but when they do the fights end in physical confrontation. During their relationship, Julie has made it difficult for Mark to keep in touch with his family and friends and to maintain employment. Mark rarely goes out socially as Julie is very jealous if Mark talks to anyone besides her. Mark described Julie as often putting him down and making him feel unimportant. In addition to actual physical aggression, Julie also uses threats of physical aggression towards Mark.

Mark stated that in this most recent fight, he had come home from work later than his regular time. Julie arrived home shortly after that. When she arrived Mark was on the phone with a friend. Julie became angry because Mark was on the phone. Julie yelled that Mark had things to do around the house and he should make sure he gets home on time. Mark then went into the kitchen to prepare dinner. Julie followed him, grabbed him by the arm and slapped him. Mark pushed Julie and Julie then knocked Mark to the floor and kicked him. Mark then got up and tried to leave the house. Julie tried to stop him from going but he left anyway.

Female/Male Situational Couple Violence

Please read the following case scenario:

Identifying Information

Mark is a 30-year-old male who is presenting at your office the day after a physical fight with his partner, Julie, where Julie hit him during an argument. He is visibly upset and has some abrasions on his face. He is concerned about continuing his relationship with Julie after this physical confrontation.

Behavioral Observations

Mark is of average build and is dressed casually in jeans and a sweater. He became tearful as he talked about the latest incident and his relationship with Julie. He made good eye contact throughout the interview. He denies any suicidal or homicidal ideation. He is oriented in all spheres (date, time and place).

Background

Mark and Julie have been together 5 years. Four of those years, they have lived together. Mark describes the last night's fight as unusual of arguments with Julie. He stated that most of their arguments do not end in Julie hitting him. He indicated that they do not argue very frequently but when they do the fights rarely end in physical confrontation. During their relationship, Mark has maintained regular contact with his family and friends and has maintained steady employment. He regularly goes out socially with his friends as Julie is not particularly jealous. Mark described Julie as generally as positive about him, although Julie sometimes gets annoyed at Mark. Julie does not use threats of physical aggression towards Mark.

Mark stated that in this most recent fight, he had come home from work later than his regular time. Julie arrived home shortly after that. When she arrived Mark was on the phone with a friend. Julie became angry because Mark was on the phone. Julie yelled that Mark had things to do around the house and he should make sure he gets home on time. Mark then went into the kitchen to prepare dinner. Julie followed him, grabbed him by the arm and slapped him. Mark pushed Julie and Julie then knocked Mark to the floor and kicked him. Mark then got up and tried to leave the house. Julie tried to stop him from going but he left anyway.

Female/Female Intimate Terrorism Scenario

Please read the following case scenario:

Identifying Information

Mary is a 30-year-old female who is presenting at your office the day after a physical fight with her partner, Linda, where Linda hit her during an argument. She is visibly upset and has some abrasions on her face. She is concerned about continuing her relationship with Linda after this physical confrontation.

Behavioral Observations

Mary is of average build and is dressed casually in jeans and a sweater. She became tearful as she talked about the latest incident and her relationship with Linda. She made good eye contact throughout the interview. She denies any suicidal or homicidal ideation. She is oriented in all spheres (date, time and place).

Background

Mary and Linda have been together 5 years. Four of those years, they have lived together. Mary describes the last night's fight as typical of arguments with Linda. She stated that most of their arguments end in Linda hitting her. She indicated that they do not argue very frequently but when they do the fights end in physical confrontation. During their relationship, Linda has made it difficult for Mary to keep in touch with her family and friends and to maintain employment. Mary rarely goes out socially as Linda is very jealous if Mary talks to anyone besides her. Mary described Linda as often putting her down and making her feel unimportant. In addition to actual physical aggression, Linda also uses threats of physical aggression towards Mary.

Mary stated that in this most recent fight, she had come home from work later than her regular time. Linda arrived home shortly after that. When she arrived Mary was on the phone with a friend. Linda became angry because Mary was on the phone. Linda yelled that Mary had things to do around the house and she should make sure she gets home on time. Mary then went into the kitchen to prepare dinner. Linda followed her, grabbed her by the arm and slapped her. Mary pushed Linda and Linda then knocked Mary to the floor and kicked her. Mary then got up and tried to leave the house. Linda tried to stop her from going but she left anyway.

Female/Female Situational Couple Violence Scenario

Please read the following case scenario:

Identifying Information

Mary is a 30-year-old female who is presenting at your office the day after a physical fight with her partner, Linda, where Linda hit her during an argument. She is visibly upset and has some abrasions on her face. She is concerned about continuing her relationship with Linda after this physical confrontation.

Behavioral Observations

Mary is of average build and is dressed casually in jeans and a sweater. She became tearful as she talked about the latest incident and her relationship with Linda. She made good eye contact throughout the interview. She denies any suicidal or homicidal ideation. She is oriented in all spheres (date, time and place).

Background

Mary and Linda have been together 5 years. Four of those years, they have lived together. Mary describes the last night's fight as unusual of arguments with Linda. She stated that most of their arguments do not end in Linda hitting her. She indicated that they do not argue very frequently but when they do the fights rarely end in physical confrontation. During their relationship, Mary has maintained regular contact with her family and friends and has maintained steady employment. She regularly goes out socially with her friends as Linda is not particularly jealous. Mary described Linda as generally as positive about her, although Linda sometimes gets annoyed at Mary. Linda does not use threats of physical aggression towards Mary.

Mary stated that in this most recent fight, she had come home from work later than her regular time. Linda arrived home shortly after that. When she arrived Mary was on the phone with a friend. Linda became angry because Mary was on the phone. Linda yelled that Mary had things to do around the house and she should make sure she gets home on time. Mary then went into the kitchen to prepare dinner. Linda followed her, grabbed her by the arm and slapped her. Mary pushed Linda and Linda then knocked Mary to the floor and kicked her. Mary then got up and tried to leave the house. Linda tried to stop her from going but she left anyway.

Male/Male Intimate Terrorism Scenario

Please read the following case scenario:

Identifying Information

Dave is a 30-year-old male who is presenting at your office the day after a physical fight with his partner, Ken, where Ken hit him during an argument. He is visibly upset and has some abrasions on his face. He is concerned about continuing his relationship with Ken after this physical confrontation.

Behavioral Observations

Dave is of average build and is dressed casually in jeans and a sweater. He became tearful as he talked about the latest incident and his relationship with Ken. He made good eye contact throughout the interview. He denies any suicidal or homicidal ideation. He is oriented in all spheres (date, time, and place).

Background

Dave and Ken have been together 5 years. Four of those years, they have lived together. Dave describes the last night's fight as typical of arguments with Ken. He stated that most of their arguments end in Ken hitting him. He indicated that they do not argue very frequently but when they do the fights end in physical confrontation. During their relationship, Ken has made it difficult for Dave to keep in touch with his family and friends and to maintain employment. Dave rarely goes out socially as Ken is very jealous if Dave talks to anyone besides him. Dave described Ken as often putting him down and making him feel unimportant. In addition to actual physical aggression, Ken also uses threats of physical aggression towards Dave.

Dave stated that in this most recent fight, he had come home from work later than his regular time. Ken arrived home shortly after that. When he arrived Dave was on the phone with a friend. Ken became angry because Dave was on the phone. Ken yelled that Dave had things to do around the house and he should make sure he gets home on time. Dave then went into the kitchen to prepare dinner. Ken followed him, grabbed him by the arm and slapped him. Dave pushed Ken and Ken then knocked Dave to the floor and kicked him. Dave then got up and tried to leave the house. Ken tried to stop him from going but he left anyway.

Male/Male Situational Couple Violence Scenario

Please read the following case scenario:

Identifying Information

Dave is a 30-year-old male who is presenting at your office the day after a physical fight with his partner, Ken, where Ken hit him during an argument. He is visibly upset and has some abrasions on his face. He is concerned about continuing his relationship with Ken after this physical confrontation.

Behavioral Observations

Dave is of average build and is dressed casually in jeans and a sweater. He became tearful as he talked about the latest incident and his relationship with Ken. He made good eye contact throughout the interview. He denies any suicidal or homicidal ideation. He is oriented in all spheres (date, time, and place).

Background

Dave and Ken have been together 5 years. Four of those years, they have lived together. Dave describes the last night's fight as unusual of arguments with Ken. He stated that most of their arguments do not end in Ken hitting him. He indicated that they do not argue very frequently but when they do the fights rarely end in physical confrontation. During their relationship, Dave has maintained regular contact with his family and friends and has maintained steady employment. He regularly goes out socially with his friends as Ken is not particularly jealous. Dave described Ken as generally as positive about him, although Ken sometimes gets annoyed at Dave. Ken does not use threats of physical aggression towards Dave.

Dave stated that in this most recent fight, he had come home from work later than his regular time. Ken arrived home shortly after that. When he arrived Dave was on the phone with a friend. Ken became angry because Dave was on the phone. Ken yelled that Dave had things to do around the house and he should make sure he gets home on time. Dave then went into the kitchen to prepare dinner. Ken followed him, grabbed him by the arm and slapped him. Dave pushed Ken and Ken then knocked Dave to the floor and kicked him. Dave then got up and tried to leave the house. Ken tried to stop him from going but he left anyway.

Appendix I Intimate Partner Violence Attitude Scale

Please indicate your agreement or disagreement with the following behaviors in a relationship (DATING OR COMMITTED).

	SD	D	A	SA
1. I would be flattered if my partner told me not to talk to someone I might be remotely attracted to.	1	2	3	4
2. I would not like for my partner to ask me what I did every minute of the day.	1	2	3	4
3. It is not appropriate for me to insult my partner in front of others.	1	2	3	4
4. Depending on the situation, it might be appropriate to throw something at a partner.	1	2	3	4
5. It is okay for me to blame my partner when I do bad things.	1	2	3	4
6. It is not acceptable for my partner to bring up something from the past to hurt me.	1	2	3	4
7. I don't mind my partner doing something just to make me jealous.	1	2	3	4
8. My partner is egotistical, so I think it's okay to "put down" my partner's looks.	1	2	3	4
9. Using a knife or gun on a partner is never appropriate.	1	2	3	4
10. I would not stay with a partner who tried to keep me from doing things with other people.	1	2	3	4
11. As long as my partner doesn't hurt me "threats" are excused.	1	2	3	4
12. During a heated argument, it is okay for me to bring up something from my partner's past to hurt him/her.	1	2	3	4
13. Pushing, grabbing, or shoving a partner is okay as long as he/she is not hurt.	1	2	3	4
14. I would never try to keep my partner from doing things with other people.	1	2	3	4
15. I think it helps our relationship for me to make my partner jealous.	1	2	3	4
16. It is not a big deal if my partner insults me in front of others.	1	2	3	4
17. Depending on the situation, it could be appropriate for a partner to slap the other partner.	1	2	3	4
18. It is okay for me to tell my partner not to talk to someone he/she might be remotely attracted to.	1	2	3	4
19. I think its wrong for my partner to say something to hurt me on purpose.	1	2	3	4
20. Threatening a partner is okay as long as I don't hurt him/her.	1	2	3	4
21. Threatening a partner with a knife or gun is never appropriate.	1	2	3	4
22. I think it is wrong to ever damage anything that belongs to my partner.	1	2	3	4
23. A person who has been beaten up by his/her partner may have provoked that behavior.	1	2	3	4
24. I think my partner should give me a detailed account of what he/she did during the day.	1	2	3	4
25. I would stay with my partner after he/she damaged something that belonged to me.	1	2	3	4
26. It would not be appropriate to ever kick, bite, or hit a partner with one's fist.	1	2	3	4
27. It is okay for me to accept blame for my partner doing bad things.	1	2	3	4
28. During a heated argument, it is okay for me to say something to hurt my partner on purpose.	1	2	3	4
29. It would never be appropriate to hit or try to hit one's partner with an object.	1	2	3	4
30. It is not acceptable for my partner to "put down" my looks.	1	2	3	4

Appendix J
Assessment Surveys by Couple Type

Assessment Survey

Based on the scenario, please answer the following questions:

	No extent						Significant extent
1. To what extent is SUE a victim?	1	2	3	4	5	6	7

2. To what extent is SUE a perpetrator?	1	2	3	4	5	6	7
--	---	---	---	---	---	---	---

	No control						Significant control
3. How much control does SUE have in this relationship?	1	2	3	4	5	6	7

	No extent						Significant extent
4. To what extent is JOHN a victim?	1	2	3	4	5	6	7

5. To what extent is JOHN a perpetrator?	1	2	3	4	5	6	7
---	---	---	---	---	---	---	---

	No control						Significant control
6. How much control does JOHN have in this relationship?	1	2	3	4	5	6	7

Based on the scenario, please answer the following questions:

	No extent						Significant extent
1. To what extent is DAVE a victim?	1	2	3	4	5	6	7

2. To what extent is DAVE a perpetrator?	1	2	3	4	5	6	7
---	---	---	---	---	---	---	---

	No control						Significant control
3. How much control does DAVE have in this relationship?	1	2	3	4	5	6	7

	No extent						Significant extent
4. To what extent is KEN a victim?	1	2	3	4	5	6	7

5. To what extent is KEN a perpetrator?	1	2	3	4	5	6	7
--	---	---	---	---	---	---	---

	No control						Significant control
6. How much control does KEN have in this relationship?	1	2	3	4	5	6	7

Based on the scenario, please answer the following questions:

	No extent						Significant extent
1. To what extent is MARK a victim?	1	2	3	4	5	6	7

2. To what extent is MARK a perpetrator?	1	2	3	4	5	6	7
---	---	---	---	---	---	---	---

	No control						Significant control
3. How much control does MARK have in this relationship?	1	2	3	4	5	6	7

	No extent						Significant extent
4. To what extent is JULIE a victim?	1	2	3	4	5	6	7

5. To what extent is JULIE a perpetrator?	1	2	3	4	5	6	7
--	---	---	---	---	---	---	---

	No control						Significant control
6. How much control does JULIE have in this relationship?	1	2	3	4	5	6	7

Based on the scenario, please answer the following questions:

	No extent						Significant extent
1. To what extent is MARY a victim?	1	2	3	4	5	6	7

2. To what extent is MARY a perpetrator?	1	2	3	4	5	6	7
---	---	---	---	---	---	---	---

	No control						Significant control
3. How much control does MARY have in this relationship?	1	2	3	4	5	6	7

	No extent						Significant extent
4. To what extent is LINDA a victim?	1	2	3	4	5	6	7

5. To what extent is LINDA a perpetrator?	1	2	3	4	5	6	7
--	---	---	---	---	---	---	---

	No control						Significant control
6. How much control does LINDA have in this relationship?	1	2	3	4	5	6	7

Appendix K
Intervention and Outcome Instruments By Presenting Client

Rank the top 3 interventions for SUE:

____ Refer to a domestic violence agency.

____ Call the police.

____ Develop safety plan.

____ Refer to a psychoeducational group.

____ Recommend individual therapy.

____ Recommend couples therapy.

____ Other _____

Based on the case scenario, please indicate how likely the following outcomes are assuming the recommended interventions took place:

	Not likely at all						Highly likely
1. The violence will get worse.	1	2	3	4	5	6	7
2. The violence will lessen.	1	2	3	4	5	6	7
3. SUE will suffer psychological or physical injury.	1	2	3	4	5	6	7
4. JOHN will suffer psychological or physical injury.	1	2	3	4	5	6	7
5. The couple will separate.	1	2	3	4	5	6	7

Appendix L
Abuse History Instrument

Please remember that all answers are **ANONYMOUS**.

Check any of the following incidents that you had **experienced during childhood or adolescence**:

_____ 1. Sexual abuse by a relative

_____ 2. Sexual abuse by a nonrelative.

_____ 3. Nonsexual physical abuse by a relative

_____ 4. Nonsexual physical abuse by a nonrelative

Check any of the following incidents that you had **experienced during adulthood**:

_____ 1. Sexual harassment

_____ 2. Attempted rape

_____ 3. Stranger or acquaintance rape

_____ 4. Nonsexual physical violence by a spouse or spouselike partner

_____ 5. Nonsexual physical violence by an acquaintance or stranger

Appendix M
Demographic Questionnaire

Please provide the following demographic information. This information is an important part of this study. These data will be used only to describe participants in this study as a whole.

1. Age: _____

2. Sexual Orientation: (Please check one)
 lesbian/gay
 bisexual
 heterosexual
 other (Please specify _____)

3. Sex: (Please check one)
 female
 male
 transgender
 other (Please specify _____)

4. Race: (Please check all that apply)
 African American/Black
 Native American
 Asian American
 Hispanic/Latino/Latina
 White, non Latina/o
 Other (Please specify _____)

5. Highest degree earned: (Please check one)
 Ph. D.
 Psy. D.
 Ed. D.
 Other (Please specify _____)

6. Type of training program completed to earn your degree: (Please check one)
 Counseling Psychology, APA-accredited
 Counseling Psychology, non APA-accredited
 Clinical Psychology, APA-accredited
 Clinical Psychology, non APA-accredited
 Other (Please specify _____)

7. Minimum number of direct client hours per week: _____

8. Percent of caseload with issues of intimate partner violence: _____

Appendix N

Scenario Validation Study

A study with counseling and psychology graduate student trainees was conducted to validate that the victim and perpetrator were portrayed accurately in the scenarios designed for Study 2 and to decide which measure (i.e., trait assignment measure or Likert measure) will work best to identify the victim and perpetrator in the scenarios.

Based on the Blasko, Winek and Bieschke (2007) study, the scenarios will be validated if the mean control attribution for the female and male is statistically significantly different between the two types of scenarios and that the intimate terrorism (IT) prototype of male perpetrator and female victim will emerge in the situational couple violence (SCV) scenario. A trait assignment measure was tested to see if victim and perpetrator traits are selected primarily for Sue and John respectively. A Likert scale to measure the extent that Sue and John are a victim and perpetrator tested.

Participants

The sample for this validation study consisted of 67 of approximately 170 trainees from the program areas of counseling psychology, clinical psychology, counselor education (doctoral-level), elementary counselor education (masters-level), secondary counselor education (masters-level), school counseling, and rehabilitation services. Seventy-one trainees participated in the survey. Four participants were disqualified for missing data or for not belonging to one of the targeted training programs. A total of 67 surveys were usable for the analysis (approximately 39.4% return rate). Limited demographic information was collected for the study to maintain confidentiality of the participants. Forty-nine females (73%) and 18 (27%) males participated in the study.

The breakdown of participants from the individual training programs is as follows: counseling psychology ($n = 14$, 20.8%), clinical psychology ($n = 12$, 17.9%), school psychology ($n = 12$, 17.9%), elementary counselor education ($n = 9$, 13.4%), secondary counselor education ($n = 9$, 13.4%), doctoral-level counselor education ($n = 7$, 10.4%), and rehabilitation services ($n = 4$, 6.0%). The range of direct client hours per week was from 0 hours to 30 hours ($M = 6.05$). Participants indicated that 0 to 50 percent ($M = 5.00$) of their caseloads involved intimate partner violence issues.

Procedures

Recruitment. Trainees were recruited via an e-mail on their training program student listserv. An initial email and two reminders were distributed (See Appendix Q). Trainees completing the survey were eligible for a drawing of a \$10 gift certificate from Barnes and Noble Bookstore. A separate drawing for each training area was held to increase the response rate. An online survey was created in Psychdata that consisted of the informed consent (see Appendix R), one of two randomly assigned scenarios (see Appendix O & P), a set of trait assignment questions (see Appendix S), and a set of victim and perpetrator assignment questions (see Appendix S), and a demographic questionnaire (see Appendix T). Drawing information was collected separately so that identifying information would not be linked to respondent data.

Instruments

Scenarios. Two scenarios were developed to represent IT and SCV situations. Several experts who have been involved with research related to Dr. Michael P. Johnson's control-based typology (Johnson, 1995; Johnson & Ferraro, 2000; Johnson & Leone, 2005) for intimate partner violence were asked to provide feedback on the draft of the

scenario developed for this study. These experts were asked to offer feedback about the content and presentation of the scenario based on one of the intended purposes of the study: to depict a client in either an intimate terrorism or situational couple violence situation.

Appendix O & P includes copies of the intimate terrorism and situation couple violence scenarios for a heterosexual couple that were developed based on the feedback of the two experts who responded. Both scenarios are presented in an initial intake format familiar to most psychologists. The identifying information, behavioral observations and portrayal of the violent incident were identical in both the intimate terrorism and situational couple violence scenarios. In both scenarios a man (i.e., John) was portrayed as the initiator of the violence and a woman (i.e., Sue) as the non-initiator. What varied between the two scenarios was the background information related to how frequent a violent incident occurred and the number of control tactics assigned to the man. For intimate terrorism the physical confrontations were “typical” and for situational couple violence they were “unusual.” The man was presented as exhibiting many control tactics in the intimate terrorism scenario and none in the situational couple violence scenario.

Trait assignment. In this study, a modification of the trait identification technique used in that Baron, Burgess, and Kao (1991) study was used to assess for victim and perpetrator behavior. This technique is used to avoid asking the explicit question, “Is John/Sue a victim/perpetrator?”

Nine traits were derived from the Pence and Paymar (1993) Power and Control Wheel. Three of the traits were intended to be representative of perpetrator traits (i.e.,

aggressive, intimidating, humiliating), three of the traits were intended to be representative of victim traits (i.e., fearful, helpless, passive), and three were intended to be neutral traits (i.e., assertive, confident, secure). Participants were asked to select the three traits exhibited by John and Sue in the assigned scenario. After the participant selected a trait for a partner, he or she rated the extent to which the partner displayed that trait on a 7-point scale that ranges from *slightly displayed* (1) to *extremely displayed* (7).

Victim and perpetrator assignment. One limitation in the Blasko et al. (2007) study is that they used dichotomous variables to assign labels of victim and perpetrator. A measure designed for this study will ask each participant to rate the following statement for both John and Sue in the scenario, “To what extent is this partner (insert name) a victim?” and “To what extent is this partner (insert name) a perpetrator?” A 7-point scale that ranges from *no extent* (1) to *significant extent* (7) will be used.

Control attribution. A two-item control attribution measure was developed for this study. The measure designed will ask each participant to rate for John and Sue in the scenario, “How much control does this partner (insert name) have in this relationship?” A 7-point scale that ranges from no control (1) to significant control (7) will be used.

Demographic questionnaire. Each participant was asked to identify their sex, current training program, average number of direct client contact hours per week and percent of caseload pertaining to intimate partner violence issues.

Results

Pre-analysis. The means, standard deviations, range, skewness and kurtosis of each dependent variable are presented in Table 1. All values for the dependent variables had plausible means and standard deviations with no out-of-range values or univariate

outliers. All dependent variables had expected distributions and did not need to be transformed.

Table 1. Descriptive Statistics of Dependent Variables

Dependent Variable	N	Range	Mean	SD	Skewness	Kurtosis
Extent Sue is a Victim	66	4-7	5.95	.94	-.49	-.68
Extent Sue is a Perpetrator	67	1-4	1.84	.86	.76	-.16
Control Attributed to Sue	67	1-7	3.40	1.27	.43	-.34
Extent John is a Victim	66	1-6	1.82	1.05	1.77	3.79
Extent John is a Perpetrator	67	2-7	6.54	.80	-3.10	14.51
Control Attributed to John	67	2-7	5.67	1.21	-1.02	.99
Trait Victim Score (Sue)	64	1-7	4.61	1.12	-.43	1.01
Trait Perpetrator Score (Sue)	25	1-6	3.68	1.73	.06	-1.36
Victim Trait Score (John)	14	3-7	4.54	1.28	.30	-.69
Perpetrator Trait Score (John)	66	4-7	6.23	.71	-1.01	1.08

Trait analysis. A frequency analysis was done to determine whether victim traits were more frequently selected for Sue and the perpetrator traits were more frequently selected for John (See Table 2). Overall, the three victim traits were most frequently selected for Sue: fearful, passive, and helpless. Two of the three perpetrator traits (i.e., aggressive and intimidating) were most frequently selected for John. The trait humiliating was more interpreted as a victim trait than perpetrator trait and will be removed for further analysis.

A separate victim and perpetrator trait score for each partner was calculated based on the selected traits and intensity assignments. For the victim trait score, the trait data was recoded as either “1” if a victim trait was selected or “0” if not. Likewise, for the perpetrator trait score, the trait data was recoded as either “1” if a perpetrator trait was selected or “0” if not. The total victim trait score was the average intensity score across the selected victim traits. The perpetrator trait score was the average intensity score across the selected perpetrator traits. The mean trait scores are presented in Table 1.

Table 2. Frequency Data for Traits by Violence Type

	<i>Trait Name</i>	Total		Intimate Terrorism		Situational Couple Violence	
		Sue	John	Sue	John	Sue	John
<i>Victim Traits</i>	Fearful	54	11	35	9	19	2
	Passive	41	1	24	0	17	1
	Helpless	30	3	21	1	9	2
<i>Perpetrator Traits</i>	Humiliating	18	7	13	5	5	2
	Aggressive	9	69	5	44	4	25
	Intimidating	0	65	0	43	0	22
<i>Neutral Traits</i>	Assertive	28	25	20	16	8	9
	Confident	11	15	6	8	5	7
	Secure	10	4	5	3	5	1

Research Question 1. To validate the scenarios I investigated if the two scenarios differed in terms of the control assigned to both Sue and John. The only variability

described in the two scenarios is the number control tactics assigned to John. In the IT scenario John is assigned more control tactics than in the SCV scenario. Research question 1 is “Are the IT and SCV significantly different from each other in terms of the control attribution to Sue and John?”

HYPOTHESIS 1: The mean control attribution for John (i.e., CONTROL_JOHN) in IT will be statistically different than the mean control attribution for John in SCV. The mean control attribution for Sue (i.e., CONTROL_SUE) in IT will not be statistically different than the mean control attribution for Sue in SCV.

A one-way between subjects ANOVA with violence type as the grouping variable and CONTROL_JOHN as the dependent variable. There was a statistically significant difference at the $p < .05$ in control attribution for John between the two scenarios [$F(1, 65) = 4.80, p < .05$]. The results reflect a moderate association between violence type and CONTROL_JOHN, partial $\eta^2 = .07$. A one-way between subjects ANOVA with violence type as the grouping variable and CONTROL_SUE as the dependent variable. There was not a statistically significant difference at the $p < .05$ in control attribution for Sue between the two scenarios [$F(1, 65) = 1.15, p > .05$].

In conclusion, Hypothesis 1 is fully met meaning that the scenarios based on control tactics are being accurately portrayed as different between the IT and SCV scenario.

Research Question 2. This research question is “Does the IT prototype emerge for SCV using the Likert scale measure? If participants’ assignments of victim and perpetrator for IT is considered the prototypical response, I expect this same response to

emerge for SCV. A non-significant result in the planned multivariate analysis would mean the IT prototype is emerging.

HYPOTHESIS 2: The IT prototype will emerge in SCV for victim and perpetrator assignment using the Likert scale measures.

A one-way between-subjects MANOVA was performed on the four assignment dependent variables (i.e. Extent Sue is a victim, Extent Sue is a perpetrator, Extent John is a victim, and Extent John is a perpetrator). The independent variable was violence type (IT vs. SCV). Before the analysis was run, all assumptions of multivariate normality, linearity, outliers, homogeneity of variance-covariance, and multicollinearity and linearity were tested and met.

With the use of Wilks' criterion ($\alpha = .05$), the combined DVs were not significantly affected by violence type, $F(1, 60) = 1.16, p > .05$. As predicted in Hypothesis 2 the non-significant result for violence type indicates that the IT prototype does not emerge for SCV when using the Likert assignment measure.

Research Question 3. This research question is “Does the IT prototype emerge for SCV using the trait assignment measure? If participants' assignments of victim and perpetrator traits for IT is considered the prototypical response, I expect this same response to emerge for SCV. The calculated trait scores will be used in the planned multivariate analysis. Again, a non-significant result in the planned analysis would mean the IT prototype is emerging.

HYPOTHESIS 3: The IT prototype will emerge in SCV for victim and perpetrator based on the trait assignment measure.

A one-way between-subjects MANOVA was performed on the two of the four calculated trait scores variables (i.e. Victim trait score for Sue, Perpetrator trait score for John) because the amount of missing data in the other scores is too significant. The independent variable was violence type (IT vs. SCV). Before the analysis was run, all assumptions of multivariate normality, linearity, outliers, homogeneity of variance-covariance, and multicollinearity and linearity were tested and met.

With the use of Wilks' criterion ($\alpha = .05$), the combined DVs were not significantly affected by violence type, $F(1, 60) = 1.08, p > .05$. Hypothesis 3 is met because the non-significant result for violence type indicates that the IT prototype does not emerge for SCV when using the trait assignment measure. I also want to note that this measure resulted in a significant amount of missing data because victim and perpetrator traits were not selected for John and respectively.

Discussion

Based on the results of the control attribution, the two scenarios accurately portrayed the victim and perpetrator and were validated as distinctly different from each other in terms of control attribution. As expected the victim and perpetrator assignment scores were not significantly different from each other between the two scenarios due to the IT prototype emerging in the situational couple violence scenario. Overall, the scenarios were validated as analogue instruments that could be used in future studies assessing the distinctions between intimate terrorism and situational couple violence.

The trait analysis worked from the standpoint that victim traits were more frequently selected for Sue and perpetrator traits were more frequently selected for John. This introduced missing data into the analysis in the selection of perpetrator and victim

traits for Sue and John respectively. The victim and perpetrator assignment measures were better measures from the standpoint that they avoided having missing data.

Specifically what did not work about the validation is the intensity ratings of the traits. Participants did not indicate necessarily high intensity scores for the traits. This may be due to the fact that the list of traits were given to participants rather than in an open-ended format where the traits would be defined by the participants. The list of traits, although derived from the Pence and Paymar (1993) Power and Control Wheel, may not have been what would have come to mind to the participants. As a result, the intensity scores varied widely rather than be skewed to high intensities as expected. Anecdotally, several participants indicated that they found it hard to select from the list because it did not match their impressions of Sue and John. Also possible is the fact that the participants were not cognizant of typical victim and perpetrator traits due to their limited background in handling intimate partner violence cases.

Based on the results, the recommendation in this study is to eliminate the trait analysis as a validation mechanism. The variability of the intensity score assignment is problematic and unpredictable. Preassigning a list of traits is problematic in that the traits may be misinterpreted. In the study, it appeared that “humiliating” could be perceived as a victim or perpetrator trait. It is possible that having an open-ended format would have worked better but this may reduce the return rate of a survey because it would require more work from the participant.

In comparing the scenarios, one would expect a statistically significant difference in control attribution between scenarios since more control tactics were portrayed for John than Sue in intimate terrorism compared to situational couple violence. Participants

were perceiving differences in Sue and John in terms of the amount of control each had in the relationship. Participants indicated that John tended to have more control than Sue for both scenarios but the difference on control attribution was greater in the case of intimate terrorism than situational couple violence. This result suggests that the victim and perpetrator distinction defined by Johnson (1995) was accurately portrayed in the scenarios and were distinguishable by the participants.

Following up on the study of Blasko, Winek, and Bieschke (2007) one could also state that the heterosexual prototype emerged in both scenarios. This provides a baseline test for further comparison with varying the sexual orientation of the couple or the switching the male and female as victim and perpetrator.

This study had a few limitations. One limitation was the small sample size with a skewed random assignment of 43 intimate terrorism scenarios assigned and 24 situational couple violence scenarios assigned. Another possible limitation is the use of counseling and psychology trainees with limited case experience with intimate partner violence.

Appendix O

Situational Couple Violence Scenario

Identifying Information

Sue is a 30-year-old female who is presenting at your office the day after a physical fight with her partner, John, where John hit her during an argument. She is visibly upset and has some abrasions on her face. She is concerned about continuing her relationship with John after this physical confrontation.

Behavioral Observations

Sue is of average build and is dressed casually in jeans and a sweater. She became tearful as she talked about the latest incident and her relationship with John. She made good eye contact throughout the interview. She denies any suicidal or homicidal ideation. She is oriented in all spheres (date, time and place).

Background

Sue and John have been together 5 years. Four of those years, they have lived together. Sue describes the last night's fight as unusual of arguments with John. She stated that most of their arguments do not end in John hitting her. She indicated that they do not argue very frequently but when they do the fights rarely end in physical confrontation. During their relationship, Sue has maintained regular contact with her family and friends and has maintained steady employment. She regularly goes out socially with her friends as John is not particularly jealous. Sue described John as generally as positive about her, although he sometimes gets annoyed at her. John does not use threats of physical aggression towards Sue.

Sue stated that in this most recent fight, she had come home from work later than her regular time. John arrived home shortly after that. When he arrived she was on the phone with a friend. He became angry because Sue was on the phone. John yelled that Sue had things to do around the house and she should make sure she gets home on time. Sue then went into the kitchen to prepare dinner. John followed her, grabbed her by the arm and slapped her. Sue pushed him and he then knocked her to the floor and kicked her. Sue then got up and tried to leave the house. John tried to stop her from going but she left anyway.

Appendix P

Intimate Terrorism Scenario

Identifying Information

Sue is a 30-year-old female who is presenting at your office the day after a physical fight with her partner, John, where John hit her during an argument. She is visibly upset and has some abrasions on her face. She is concerned about continuing her relationship with John after this physical confrontation.

Behavioral Observations

Sue is of average build and is dressed casually in jeans and a sweater. She became tearful as she talked about the latest incident and her relationship with John. She made good eye contact throughout the interview. She denies any suicidal or homicidal ideation. She is oriented in all spheres (date, time and place).

Background

Sue and John have been together 5 years. Four of those years, they have lived together. Sue describes the last night's fight as typical of arguments with John. She stated that most of their arguments end in John hitting her. She indicated that they do not argue very frequently but when they do the fights end in physical confrontation. During their relationship, John has made it difficult for Sue to keep in touch with her family and friends and to maintain employment. She rarely goes out socially as he is very jealous if she talks to anyone besides him. She described John as often putting her down and making her feel unimportant. In addition to actual physical aggression, John also uses threats of physical aggression towards Sue.

Sue stated that in this most recent fight, she had come home from work later than her regular time. John arrived home shortly after that. When he arrived she was on the phone with a friend. He became angry because Sue was on the phone. John yelled that Sue had things to do around the house and she should make sure she gets home on time. Sue then went into the kitchen to prepare dinner. John followed her, grabbed her by the arm and slapped her. Sue pushed him and he then knocked her to the floor and kicked her. Sue then got up and tried to leave the house. John tried to stop her from going but she left anyway.

Appendix Q

Validation Study: Recruitment E-mails

To: Graduate Student

Subject: Participate in Dissertation Research Study and Win \$10 Gift Certificate

We are writing to ask you to participate in a study to validate an intimate partner violence scenario. This study is being conducted by Kelly Blasko (doctoral candidate in counseling psychology and principal investigator) and Kathleen Bieschke (associate professor and faculty advisor) through the Pennsylvania State University. Your participation in this study is entirely voluntary.

Your participation will require you to spend approximately **10 minutes** responding to an online Psychdata survey <https://www.psychdata.com/s.asp?SID=121272>

You will have a chance to win a \$10 gift certificate from Barnes and Noble Bookstore. A drawing for the gift certificate will be on May 14, 2007 and will include one certificate per area of concentration (e.g., counseling psychology, clinical psychology, counselor education, rehabilitation services, elementary counselor education, secondary counselor education, and school psychology).

By completing the survey, you may increase your awareness of your own clinical practice with regards to intimate partner violence assessment. We expect that you may experience minimal discomfort or risk by participating in this study due to the personal and sensitive nature of some of the questions. You may decline to answer specific questions. Refusal to take part in or withdrawing from this study will involve no penalty or loss of benefits you would receive otherwise.

Your responses to this survey will be completely confidential. The survey does not solicit any identifying information, nor does it include any identification number which could link your responses to you. You must be 18 years of age or older to take part in this research study.

If you have any questions about this study you can contact Kelly Blasko at 326 CEDAR Building, University Park, PA 16802 (phone: 814-238-8453) or Kathleen Bieschke at 306 CEDAR Building, University Park, PA 16802 (phone: 814-865-3296). All of the information collected for this study will be kept confidential. Thank you for your assistance with my dissertation study.

We value your participation in this dissertation research study. Thank you very much for your assistance.

Sincerely,

Kelly Blasko, M.A.
Doctoral Candidate
Principal Investigator

Kathleen Bieschke, Ph.D.
Associate Professor
Faculty Advisor

Recruitment Reminder E-mail

To: Graduate Student

Subject: REMINDER: Participate in Dissertation Research Study and Win \$10 Gift Certificate

We are writing to ask you to participate in a study to validate an intimate partner violence scenario. This study is being conducted by Kelly Blasko (doctoral candidate in counseling psychology and principal investigator) and Kathleen Bieschke (associate professor and faculty advisor) through the Pennsylvania State University. If you have already participated please disregard this e-mail. If not, please reconsider and participate. Your participation in this study is entirely voluntary.

Your participation will require you to spend approximately **10 minutes** responding to an online Psychdata survey <https://www.psychdata.com/s.asp?SID=121272>

You will have a chance to win a \$10 gift certificate from Barnes and Noble Bookstore. A drawing for the gift certificate will be on May 14, 2007 and will include one certificate per area of concentration (e.g., counseling psychology, clinical psychology, counselor education, rehabilitation services, elementary counselor education, secondary counselor education, and school psychology).

By completing the survey, you may increase your awareness of your own clinical practice with regards to intimate partner violence assessment. We expect that you may experience minimal discomfort or risk by participating in this study due to the personal and sensitive nature of some of the questions. You may decline to answer specific questions. Refusal to take part in or withdrawing from this study will involve no penalty or loss of benefits you would receive otherwise.

Your responses to this survey will be completely confidential The survey does not solicit any identifying information, nor does it include any identification number which could link your responses to you. You must be 18 years of age or older to take part in this research study.

If you have any questions about this study you can contact Kelly Blasko at 326 CEDAR Building, University Park, PA 16802 (phone: 814-238-8453) or Kathleen Bieschke at 306 CEDAR Building, University Park, PA 16802 (phone: 814-865-3296). All of the information collected for this study will be kept confidential. Thank you for your assistance with my dissertation study.

We value your participation in this dissertation research study. Thank you very much for your assistance.

Sincerely,

Kelly Blasko, M.A.
Doctoral Candidate
Principal Investigator

Kathleen Bieschke, Ph.D.
Associate Professor
Faculty Advisor

Second Recruitment Reminder E-mail

To: Graduate Student

Subject: LAST CHANCE: Participate in Dissertation Research Study and Win \$10 Gift Certificate

We are writing to ask you to participate in a study to validate an intimate partner violence scenario. This study is being conducted by Kelly Blasko (doctoral candidate in counseling psychology and principal investigator) and Kathleen Bieschke (associate professor and faculty advisor) through the Pennsylvania State University. If you have already participated please disregard this e-mail. If not, please reconsider and participate. Your participation in this study is entirely voluntary.

Your participation will require you to spend approximately **10 minutes** responding to an online Psychdata survey <https://www.psychdata.com/s.asp?SID=121272>

You will have a chance to win a \$10 gift certificate from Barnes and Noble Bookstore. A drawing for the gift certificate will be on May 14, 2007 and will include one certificate per area of concentration (e.g., counseling psychology, clinical psychology, counselor education, rehabilitation services, elementary counselor education, secondary counselor education, and school psychology).

By completing the survey, you may increase your awareness of your own clinical practice with regards to intimate partner violence assessment. We expect that you may experience minimal discomfort or risk by participating in this study due to the personal and sensitive nature of some of the questions. You may decline to answer specific questions. Refusal to take part in or withdrawing from this study will involve no penalty or loss of benefits you would receive otherwise.

Your responses to this survey will be completely confidential The survey does not solicit any identifying information, nor does it include any identification number which could link your responses to you. You must be 18 years of age or older to take part in this research study.

If you have any questions about this study you can contact Kelly Blasko at 326 CEDAR Building, University Park, PA 16802 (phone: 814-238-8453) or Kathleen Bieschke at 306 CEDAR Building, University Park, PA 16802 (phone: 814-865-3296). All of the information collected for this study will be kept confidential. Thank you for your assistance with my dissertation study.

We value your participation in this dissertation research study. Thank you very much for your assistance.

Sincerely,

Kelly Blasko, M.A.
Doctoral Candidate
Principal Investigator

Kathleen Bieschke, Ph.D.
Associate Professor
Faculty Advisor

Appendix R

Validation Study: Informed Consent

The purpose of this research is to validate an intimate partner violence scenario that will be used in further research on the topic. Your participation will require you to spend approximately **10 minutes** responding to the enclosed questionnaire. By completing the survey, you may increase your awareness of your own clinical practice with regards to intimate partner violence assessment. Completion of the survey makes you eligible for a \$10 gift certificate at Barnes and Noble Bookstore. There will be separate drawings for each training area (e.g., counseling psychology, clinical psychology, school psychology, counselor education, elementary counselor education, secondary counselor education, rehabilitation services). At the end of the survey you will be directed to a separate webpage that will collect your name, training area, and e-mail. This information will not be linked to your responses.

Your decision to take part in this research is voluntary. We expect that you may experience minimal discomfort or risk by participating in this study due to the personal and sensitive nature of some of the questions. You may decline to answer specific questions. Refusal to take part in or withdrawing from this study will involve no penalty or loss of benefits you would receive otherwise.

Your responses to this survey will be completely confidential and will be used only for research purposes. Your confidentiality will be kept to the degree permitted by the technology used. No guarantee can be made regarding the interception of data sent via the Internet by any third parties. The information you provide will be used in a group analysis of trainees in psychology- and counseling-related fields; no individual results will be compiled or reported. The survey does not solicit any identifying information, nor does it include any identification number which could link your responses to you. Please complete the survey by May 11, 2007.

You must be 18 years of age or older to take part in this research study.

If you have any questions about this study you can contact Kelly Blasko at 326 CEDAR Building, University Park, PA 16802 (phone: 814-238-8453) or Kathleen Bieschke at 306 CEDAR Building, University Park, PA 16802 (phone: 814-865-3296). All of the information collected for this study will be kept confidential. It will not be released to anyone, except in aggregate form as described above and is required by law. Please print this page for your records or future reference.

We value your participation in this dissertation research study. Thank you very much for your assistance.

Sincerely,

Kelly Blasko, M.A.
Doctoral Candidate
Principal Investigator

Kathleen Bieschke, Ph.D.
Associate Professor
Faculty Adviser

Appendix S

Study 1: Trait Assignment and Victim/Perpetrator Assignment Instrument

1. In the spaces below, please check THREE traits you think were displayed by **SUE** in the case scenario. After each trait indicate the extent to which **SUE** displayed this trait in the case scenario.

Select 3 Traits for SUE

	Slightly Displayed						Extremely Displayed
___ Aggressive	1	2	3	4	5	6	7
___ Assertive	1	2	3	4	5	6	7
___ Helpless	1	2	3	4	5	6	7
___ Intimidating	1	2	3	4	5	6	7
___ Fearful	1	2	3	4	5	6	7
___ Secure	1	2	3	4	5	6	7
___ Humiliating	1	2	3	4	5	6	7
___ Confident	1	2	3	4	5	6	7
___ Passive	1	2	3	4	5	6	7

	No extent						Significant extent
2. To what extent is SUE a victim?	1	2	3	4	5	6	7

3. To what extent is SUE a perpetrator?	1	2	3	4	5	6	7
--	---	---	---	---	---	---	---

	No control						Significant control
4. How much control does SUE have in this relationship?	1	2	3	4	5	6	7

1. In the spaces below, please check THREE traits you think were displayed by **JOHN** in the case scenario. After each trait indicate the extent to which **JOHN** displayed this trait in the case scenario.

Select 3 Traits for JOHN

	Slightly Displayed						Extremely Displayed
	1	2	3	4	5	6	7
___ Aggressive	1	2	3	4	5	6	7
___ Assertive	1	2	3	4	5	6	7
___ Helpless	1	2	3	4	5	6	7
___ Intimidating	1	2	3	4	5	6	7
___ Fearful	1	2	3	4	5	6	7
___ Secure	1	2	3	4	5	6	7
___ Humiliating	1	2	3	4	5	6	7
___ Confident	1	2	3	4	5	6	7
___ Passive	1	2	3	4	5	6	7

	No extent						Significant extent
	1	2	3	4	5	6	7
2. To what extent is JOHN a victim?	1	2	3	4	5	6	7

3. To what extent is JOHN a perpetrator?	1	2	3	4	5	6	7
---	---	---	---	---	---	---	---

	No control						Significant control
	1	2	3	4	5	6	7
4. How much control does JOHN have in this relationship?	1	2	3	4	5	6	7

Appendix T

Validation Study: Demographic Questionnaire

Please provide the following demographic information. This information is an important part of this study. These data will be used only to describe participants in this study as a whole.

1. Sex: (Please check one)

- female
- male
- transgender
- other (Please specify _____)

2. Current training program: (Please check one)

- Counseling Psychology
- Counseling Education, Doctoral
- Elementary School Counseling
- Secondary School Counseling
- Rehabilitation Services
- Clinical Psychology
- Other (Please specify _____)

3. Percent of caseload with issues of intimate partner violence: _____

4. Minimum number of direct client hours per week: _____

References

- Aldarondo, E. & Straus, M.A. (1994). Screening for physical violence in couple therapy: Methodological, practical, and ethical considerations. *Family Process, 33*, 425-439.
- Ambuel, B., Butler, D., Hamberger, L., K., Lawrence, S. & Guse, C. E. (2003). Female and male medical students' exposure to violence: Impact on well being and perceived capacity to help battered women. *Journal of Comparative Family Studies, 34*, 113- 135.
- Anderson, K. L. (2007). Who gets out? Gender as structure and the dissolution of violent heterosexual relationship. *Gender & Society, 21*, 173-201.
- Anderson, K. L. (1997). Gender, status and domestic violence: An integration of feminist and family violence approaches. *Journal of Marriage and the Family, 59*, 655-669.
- Arias, I. (1999). Women's responses to physical and psychological abuse. In X. B. Arriaga & S. Oskamp (Eds.), *Violence in Intimate Relationships* (pp. 163-180). Thousand Oaks, CA: Sage.
- Baron, R. S., Burgess, M. L., & Kao, C. F. (1991). Detecting and labeling prejudice: Do female perpetrators go undetected? *Personality and Social Psychology Bulletin, 17*, 115-123.
- Bell, M. E., Goodman, L.A., & Dutton, M.A. (2007). The dynamics of staying and leaving: Implications for battered women's emotional well-being and experiences of violence at the end of a year. *Journal of Family Violence, 22*, 413-428.

- Bieschke, K. J., McClanahan, M., Tozer, E., Grzegorek, J. L., & Park, J. (2000). Programmatic research on the treatment of lesbian, gay, and bisexual clients: The past, the present and the course for the future. In R. M. Perez, K. A. DeBord, and K. J. Bieschke (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, and bisexual clients* (pp. 309-336). Washington, DC: American Psychological Association.
- Bieschke, K. J., Paul, P. L., & Blasko, K. A. (2006). Review of empirical research focused on the experience of lesbian, gay, and bisexual clients in counseling and psychotherapy. In K. J. Bieschke, R. M. Perez, and K. A. DeBord (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, bisexual, and transgender clients* (2nd edition, 293-315). Washington, DC: American Psychological Association.
- Blair, I.V., Judd, C. M., & Fallman, J. L. (2004). The automaticity of race and Afrocentric facial features in social judgments. *Journal of Personality and Social Psychology, 87*, 763-779.
- Blasko, K. A. (2006). Intimate partner violence attitude scale: A pilot study. Unpublished raw data.
- Blasko, K. A., & Bieschke, K. J. (August, 2005). *Therapist variability in assessment of domestic violence situations*. Poster session presented at the 113th annual convention of the American Psychological Association, Washington, DC.
- Blasko, K.A. & Bieschke, K. J. (August, 2008). *Intimate partner violence scenario development and validation*. Poster session presented at the 116th annual convention of the American Psychological Association, Boston, MA.

- Blasko, K. A., Winek, J. L., & Bieschke, K. J. (2007). Prototypical assessment by therapists of domestic violence situations. *The Journal of Marital and Family Therapy, 33*, 258-269.
- Bornstein, R. F. (2006). The complex relationship between dependency and domestic violence: Converging psychological factors and social forces. *American Psychologist, 61*, 595-606.
- Bowers-Eberz, A., & Bieschke, K. (2005). Psychologists' clinical evaluations and attitudes: An examination of the influence of gender and sexual orientation. *Professional Psychology: Research and Practice, 36*, 97-103.
- Bowker, L. H. (1983). *Beating wife-beating*. Toronto: D. C. Heath and Company.
- Brand, P. A. & Kidd, A. H. (1986). Frequency of physical aggression in heterosexual and female homosexual dyads. *Psychological Reports, 59*, 1307-1313.
- Brim, O. G., Baltes, P. B., Bumpass, L. L., Cleary, P. D., Featherman, D. L., Hazzard, W. R., et al. (1996). *National Survey of Midlife Development in the United States (MIDUS)*, 1995-1996.
- Bryant, S. A., & Spencer, G. A. (2003). University students' attitudes about attributing blame in domestic violence. *Journal of Family Violence, 18*, 369-376.
- Campbell, J. C., Miller, P., Cardwell, M. M., & Belknap, R. A., (1994). Relationship status of battered women over time. *Journal of Family Violence, 9*, 99-111.
- Cate, R. M., Henton, J. M., Koval, J., Christopher, F. S., & Lloyd, S. (1982). Premarital abuse: A sociological perspective. *Journal of Family Issues, 3*, 79-90.
- Cochran, S. D., Sullivan, J. G., & Mays, V. M. (2003). Prevalence of mental disorders, psychological distress, and mental health services use among lesbian, gay, and

- bisexual adults in the United States. *Journal of Consulting and Clinical Psychology, 71*, 53-61.
- Coleman, D. H., & Straus, M. A. (1986). Marital power, conflict, and violence in a nationally representative sample of American couples. *Violence and Victims, 1*, 141-157.
- Coontz, P.D., Lidz, C. W., & Mulvey, E. P. (1994). Gender and the assessment of dangerousness in the psychiatric emergency room. *International Journal of Law and Psychiatry, 14*, 369-376.
- Crowne, D. P., & Marlowe, D. (1960). A new scale of social desirability independent of psychopathology. *Journal of Consulting Psychology, 24*, 349-354.
- Deal, J. E., & Wampler, K. S. (1986). Dating violence: The primacy of previous experience. *Journal of Social and Personal Relationships, 3*, 457-471.
- Dobash, R. E., & Dobash, R. P. (1979). *Violence against wives: A case against the patriarchy*. New York: Free Press.
- Dobash, R. E., & Dobash, R. P. (1988). Research as social action: The struggle for battered women. In K. Yllo and M. Bograd (Eds.) *Feminist perspectives on wife abuse*. (pp. 51-74). Thousand Oaks, CA: Sage Publications.
- Ehrensaft, M. K. & Vivian, D. (1996). Spouses reasons for not reporting existing physical aggression as a marital problem. *Journal of Family Psychology, 10*, 443-453.
- Follingstad, D. R., & DeHart, D. D. (2000). Defining psychological abuse of husband toward wives: Contexts, behaviors, and typologies. *Journal of Interpersonal Violence, 15*, 891-920.

- Follingstad, D. R., Dehart, D. D., & Green, E. P. (2004). Psychologists' judgments of psychologically aggressive actions when perpetrated by a husband versus a wife. *Violence and Victims, 19*, 435-452.
- Graham-Kevan, N. & Archer, J. (2003). Intimate terrorism and common couple violence: A test of Johnson's predictions in four British samples. *Journal of Interpersonal Violence, 18*, 1247-1270.
- Greene, K. & Bogo, M. (2002). The different faces of intimate violence: Implications for assessment and treatment. *Journal of Marital and Family Therapy, 28*, 455-466.
- Hamberger, L. K. & Phelan, M. B. (2004). *Domestic violence screen and intervention in medical and mental healthcare settings*. New York, NY: Springer Publishing Company, Inc.
- Hansen, M., Harway, M. & Cervantes, N. (1991). Therapists' perceptions of severity in cases of family violence. *Violence and Victims, 6*, 225-235.
- Hassouneh, D. & Glass, N. (2008) The influence of gender role stereotyping on women's experiences of female same-sex intimate partner violence. *Violence Against Women, 14*, 310-325.
- Harris, R. J., & Cook, C.A. (1994). Attributions about spouse abuse: It matters who the batterers and victims are. *Sex Roles, 30*, 553-565.
- Harway, M., Hansen, M., & Cervantes, N. N. (1997). Therapist awareness of appropriate intervention in treatment of domestic violence: A review. *Journal of Aggression, Maltreatment & Trauma, 1*, 27-40.

- Hayes, J. A., & Erkis, A. J. (2000). Therapist homophobia, client sexual orientation, and source of client HIV infection as predictors of therapist reactions to clients with HIV. *Journal of Counseling Psychology, 47*, 71-78.
- Helfrich, C. A., & Simpson, E. K. (2006). Improving services for lesbian clients: What do domestic violence agencies need to do? *Health Care for Women International, 27*, 344-361
- Herek, G. M. (1998). The Attitudes Toward Lesbians and Gay Men (ATLG) scale. In C. M. Davis, W. H. Yarber, R. Bauserman, G. Schreer, & S. L. Davis (Eds.) *Sexuality-related measures: A compendium* (pp. 392-394). Thousand Oaks, CA: Sage.
- Holtzworth-Munroe, A. & Stuart, G. L. (1994). Typologies of male batterers: Three subtypes and the differences among them. *Psychological Bulletin, 116*, 476-497.
- Howe, A. C., Herzberger, S. & Tennen, H. (1988). The influence of personal history of abuse and gender on clinicians' judgments of child abuse. *Journal of Family Violence, 3*, 105-119.
- Hudson, W. W., & Ricketts, W. A. (1980). A strategy for the measurement of homophobia. *Journal of Homosexuality, 5*, 357-372.
- Inman, M. L., & Baron, R. S. (1996). Influence of prototypes on perceptions of prejudice. *Journal of Personality and Social Psychology, 70*, 727-739.
- Jaffe, P. G., Sudermann, M., Reitzel, D., & Killip, S. M. (1992). An evaluation of a secondary school primary prevention program on violence in intimate relationships. *Violence and Victims, 7*, 129-146.

- Johnson, M. P. (1995). Patriarchal terrorism and common couple violence: Two forms of violence against women. *Journal of Marriage and the Family*, 57, 283-294.
- Johnson, M. P. & Ferraro, K. J. (2000). Research on domestic violence in the 1990s: Making distinctions. *Journal of Marriage and the Family*, 62, 948-963.
- Johnson, M. P. & Leone, J. M. (2005). The differential effects of intimate terrorism and situational couple violence: Findings from the National Violence Against Women Survey. *Journal of Family Issues*, 26, 322-349.
- Kelly, J. B. & Johnson, M. P. (2008). Differentiation among types of intimate partner violence: Research update and implications for interventions. *Family Court Review*, 46, 476-499.
- Khaw, L. & Hardesty, J. L. (2007). Theorizing the process of leaving: Turning points and trajectories in the stages of change. *Family Relations*, 56, 413-425.
- Kite, M. E. & Deaux, K. (1986). Attitudes toward homosexuality: Assessment and behavioral consequences. *Basic and Applied Social Psychology*, 7, 137-162.
- Kurz, D. (1989). Social science perspectives on wife abuse: Current debates and future directions. *Gender and Society*, 3, 489-505.
- Langhinrichsen-Rohling, J., Shlien-Dellinger, R. K., Huss, M. T., & Kramer, V. L. (2004). Attributions about perpetrators and victims of interpersonal abuse. *Journal of Interpersonal Violence*, 19, 484-498.
- Lenton, R. L. (1995). Power versus feminist theories of wife abuse. *Canadian Journal of Criminology*, 37, 305-330.
- Locke, L. M., & Richman, C. L. (1999). Attitudes toward domestic violence: Race and gender issues, *Sex Roles*, 40, 227-247.

- Marshall, L.L. (1992a). Development of the Severity of Violence Against Women Scales. *Journal of Family Violence, 7*, 102-121.
- Marshall, L. L. (1992b). The Severity of Violence Against Men Scales. *Journal of Family Violence, 7*, 189-203.
- Marti, M. W., Bobier, D. M. & Baron, R. S. (2000). Right before our eyes: The failure to recognize non-prototypical forms of prejudice. *Group Processes & Intergroup Relations, 3*, 403-418.
- McCloskey, K. & Grigsby, N. (2005). The ubiquitous clinical problem of adult intimate partner violence: The need for routine assessment. *Professional Psychology: Research and Practice, 36*, 264-275.
- Merrill, G. S. & Wolfe, V. A. (2000). Battered gay men: An exploration of abuse, help seeking, and why they stay. *Journal of Homosexuality, 39*, 1-30.
- Mohr, J. J., Israel, T., & Sedlacek, W. E. (2001). Counselors' attitudes regarding bisexuality as predictors of counselors' clinical responses: An analogue study of a female bisexual client. *Journal of Counseling Psychology, 48*, 212-222.
- National Coalition Against Domestic Violence (2002). *Lesbian, gay, bisexual & transgender domestic violence in 2001*. New York, NY: Author.
- O'Leary, K. D., Vivian, D., & Malone, J. (1992). Assessment of physical aggression against women in marriage: The need for multimodal assessment. *Behavioral Assessment, 14*, 5-14.
- Olson, L. N. (2002). Exploring "Common couple violence" in heterosexual romantic relationships. *Western Journal of Communication, 66*, 104-128.

- Pence, E. & Paymar, M. (1993). *Education groups of men who batter: The Duluth model*. New York: Springer.
- Petretic-Jackson, P., Witte, T., & Jackson, T. (1994). The Domestic Violence Blame Scale (DVBS). In L. VandeCreek, S. Knapp, & T. Jackson (Eds.), *Innovations in clinical practice: A source book*. (Vol. 13, pp.265-278). Sarasota, FL: Professional Resource Press.
- Pierce, M. C., Harris, R. J. (1993). The effect of provocation, race, and injury description on men's and women's perceptions of a wife-battering incident. *Journal of Applied Social Psychology*, 23, 767-790.
- Pope, K. S. & Feldman-Summers, S. (1992). National survey of psychologists' sexual and physical history and their evaluation of training and competence in these areas. *Professional Psychology: Research and Practice*, 23, 353-361.
- Rainer, J. P & Brown, F. F. (2007). *Crisis counseling and therapy*. New York, NY: Haworth
- Rathus, J. H., & Feindler, E. L. (2004). *Assessment of partner violence*. Washington, D. C.: American Psychological Association
- Renzetti, C. M. (1988). Violence in lesbian relationships: A preliminary analysis of causal factors. *Journal of Interpersonal Violence*, 3, 381-399.
- Renzetti, C. M. (1989). Building a second closet: Third party responses to victims of lesbian partner abuse. *Family Relations*, 38, 157-163.
- Rhatigan, D. L., Moore, T. M., & Street, A. E. (2005). Reflections on partner violence: Twenty years of research and beyond. *Journal of Interpersonal Violence*, 20, 82-88.

- Roscoe, B. (1985). Courtship violence: Acceptable forms and situations. *College Student Journal, 19*, 389-393.
- Rosen, K. H., Stith, S. M., Few, A. L., Daly, K. L., & Tritt, D. R. (2005). A qualitative investigation of Johnson's typology. *Violence and Victims, 20*, 319-334.
- Samuelson, S. L., & Campbell, C. D. (2005). Screening for domestic violence: Recommendations based on a practice survey. *Professional Psychology: Research and Practice, 36*, 276-282.
- Saunders, d. G., Lynch, A. B., Grayson, M., & Linz, D. (1987). The Inventory of Beliefs About Wife Beating: The construction and initial validation of a measure of beliefs and attitudes. *Violence and Victims, 2*, 39-57.
- Seelau, S. M. & Seelau, E. P. (2005). Gender-role stereotypes and perceptions of heterosexual, gay and lesbian domestic violence. *Journal of Family Violence, 20*, 363-371.
- Shannon, L., Logan, T. K., Cole, J. & Medley, K. (2006). Help-seeking and coping strategies for intimate partner violence in rural and urban women. *Violence and Victims, 21*, 167-181.
- Simpson, L. E., Atkins, D. C., Gattis, K., S., & Christensen, A. (2008). Low-level relationship aggression and couple therapy outcomes. *Journal of Family Psychology, 22*, 102-111.
- Smith, B. A., Thompson, S., Tomaka, J., & Buchanan, A. C. (2005). Development of the Intimate Partner Violence Attitude Scale (IPVAS) with a predominantly Mexican American college sample. *Hispanic Journal of Behavioral Sciences, 27*, 442-454.

- Spence, J. T. & Helmreich, R. L. (1972). The attitudes toward women scale: An objective instrument to measure attitudes toward the rights and roles of women in contemporary society. *JSAS Catalog of Selected Document in Psychology*, 2, 66-67.
- Speziale, B., & Ring, C. (2006). Intimate violence among lesbian couples: Emerging data and critical needs. *Journal of Feminist Family Therapy*, 18, 85-96.
- Stayton, C. D. & Duncan, M. M. (2005). Mutable influences on intimate partner abuse screening in health care settings. *Trauma, Violence, & Abuse*, 6, 271-285.
- Stevens, J. (2002). *Applied multivariate statistics for the social sciences*. (4th edition). Mahwah, N.J.: Lawrence Erlbaum Associates.
- Stith, S. M., Rosen, K. H., & McCollum, E. E. (2003). Effectiveness of couples treatment for spouse abuse. *Journal of Marital and Family Therapy*, 29, 407-426.
- Stith, S. M., Rosen, K. H., McCollum, E. E., & Thomsen, C. J. (2004). Treating intimate partner violence within intact couple relationships: Outcomes of multicouple versus individual couple therapy. *Journal of Marital and Family Therapy*, 30, 305-318.
- Straus, M. A. (1979). Measuring intrafamily conflict and violence. *Journal of Marriage and the Family*, 41, 75-88.
- Straus, M. A. (1999). The controversy over domestic violence by women: A methodological, theoretical, and sociology of science analysis. In X. B. Arriaga & S. Oskamp (Eds.), *Violence in Intimate Relationships* (pp. 17-44). Thousand Oaks, CA: Sage.

- Straus, M. A., Gelles, R. J., & Steinmetz, S. K. (1980). *Behind closed doors: Violence in the American family*. Garden City, NY: Anchor Press/Doubleday.
- Straus, M.A., Hamby, S. L., Boney-McCoy, S., & Sugarman, D. (1996). The revised Conflict Tactics Scales (CTS2): Development and preliminary psychometric data. *Journal of Family Issues, 17*, 283-316.
- Sugg, N. K. & Inui, T. (1992). Primary care physician's response to domestic violence: Opening Pandora's box. *Journal of the American Medical Association, 267*, 3157-3160.
- Tabachnick, B. G. & Fidell, L. S. (2007). *Using multivariate statistics*, (5th edition). Boston, MA: Allyn & Bacon.
- Taylor, C.A., & Sorenson, S. B. (2005). Community-based norms about intimate partner violence: Putting attributions of fault and responsibility into context. *Sex Roles, 53*, 573-589.
- Tjaden, P., Thoennes, N. & Allison, C.J. (1999). Comparing violence over the life span in samples of same-sex and opposite-sex cohabitants. *Violence and Victims, 14*, 413-425.
- Tjaden, P., & Thoennes, N. (2000). *Full report of the prevalence, incidence, and consequences of violence against women: Findings from the National Violence Against Women Survey*. Washington, DC: U.S. Department of Justice, National Institute of Justice and Centers for Disease Control and Prevention.
- Tolman, R. M. (1989). The development of a measure of psychological maltreatment of women by their male partners. *Violence and Victims, 4*, 159-177.

- Ver Steegh, N., & Dalton, C. (2008). Report from the Wingspread Conference on domestic violence and family courts. *Family Court Review, 46*, 454-475.
- Waalén, J., Goodwin, M. M., Spitz, A. M., Petersen, R., & Saltzman, L. E. (2000). Screening for intimate partner violence by health care providers: Barriers and interventions. *American Journal of Preventive Medicine, 19*, 230-237.
- Waltz, J., Babcock, J. C., Jacobson, N.S., & Gottman, J. M. (2000). Testing a typology of batterers. *Journal of Consulting and Clinical Psychology, 68*, 658-669.
- Wandrei, M. L., & Rupert, P. A. (2000) Professional psychologists' conceptualizations of intimate partner violence. *Psychotherapy, 37*, 270-283.
- Weathers, P. L., Furlong, M. J., & Solorzano, D. (1993). Mail survey research and counseling psychology: Current practice and suggested guidelines. *Journal of Counseling Psychology, 40*, 238-244.
- West, A., & Wandrei, M. L. (2002). Intimate partner violence: A model for predicting interventions by informal helpers. *Journal of Interpersonal Violence, 17*, 972-986.
- Wise, A. J., & Bowman, S. L. (1997). Comparison of beginning counselors' responses to lesbian vs. heterosexual partner abuse. *Violence and Victims, 12*, 127-135.
- Witting, M. D., Furuno, J. P., Hirshon, J. M., Krugman, S. D., Perisse, A. R. S., & Limcangco, R. (2006). Support for emergency department screening for intimate partner violence depends on perceived risk. *Journal of Interpersonal Violence, 21*, 585-596.
- Yllo, K. (1983). Sexual equality and violence against wives in American states. *Journal of Comparative Family Studies, 14*, 67-86.

VITA

KELLY A. BLASKO

kab478@psu.edu

EDUCATION

<i>The Pennsylvania State University, University Park, PA</i> Ph.D. Candidate in Counseling Psychology	August 2008
<i>Appalachian State University, Boone, NC</i> M.A. in Marriage and Family Therapy	August 2001
<i>Boston University, Boston, MA</i> B.S. in Electrical Engineering	May 1983

RESEARCH PUBLICATIONS

Blasko, K. A., Winek, J.L. & Bieschke, K.J. (2007). Prototypical assessment by therapists of domestic violence situations. *Journal of Marital and Family Therapy*, 33, 258-269.

Bieschke, K., Paul, P., & **Blasko, K.** (2007). Review of empirical research focused on psychotherapy of lesbian, gay, and bisexual clients. In K. Bieschke, K. DeBord, R.M. Perez (Eds.) *Handbook of Counseling and Psychotherapy with Lesbian, Gay, and Bisexual Clients, Second Edition*.

EMPLOYMENT

<i>Predocutorial Psychology Intern,</i> Counseling and Psychological Services, Penn State University	Aug. 2007 – present
<i>Senior Advisor,</i> Market and End User Research, Nortel Networks	Aug. 1987 – Jan 2001

DISSERTATION GRANTS

Roy Scrivner Research Grant – American Psychological Foundation 2007
Alumni Society Research Initiation Grant – College of Education, Penn State Univ. 2006

SCHOLARSHIPS

<i>The Pennsylvania State University, University Park, PA</i> College of Education	
Doris M. Neibel Scholarship	2004-2005
Miriam E. Gray Scholarship	2003-2004