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Intimate partner violence (IPV) is a social problem that affects roughly 5.3 million women in the U.S. each year, accounts for 1,300 deaths, and often results in a number of physical and mental health consequences. Many women seek counseling as a way to find relief from the symptoms of the abuse they have endured.

Unfortunately, women often find the available resources to be inadequate or worse, damaging. Misdiagnosis, non-violent re-victimization, and even blame are reactions women have faced from counselors. Gender role attitudes and ambivalent sexism are two factors shown to contribute to attributions of blame toward women who have been battered, but have not been examined among counselors.

Therefore, the purpose of this study was to test a conceptual framework of attributions, Weiner's (1980) Model of Motivated Behavior, with the goal of identifying the impact of counselors' values and beliefs about gender roles and ambivalent sexism on their attributions toward women who have experienced battering, while addressing the methodological limitations present in previous studies.

A sample of 122 counselors from 6 states across the U.S. responded to an electronic survey. The Correlation Matrix indicated that the relationships among study variables did exist in the expected directions. Gender role attitudes and ambivalent sexism accounted for 16% of the variance in attributions of blame, providing evidence that these variables are moderate predictors of blame attributions. Additional analyses suggested that male participants responded in a socially desirable manner to all measures,

indicating that levels of blame may have been greater had these participants responded in kind with their actual beliefs. This study highlights the key roles of gender role attitudes and ambivalent sexism in attributions of blame and emphasizes the importance of assessing for social desirability. The findings provide direction for future research and practical implications for counselors and counselor educators.

COUNSELORS' ATTRIBUTIONS OF BLAME TOWARD FEMALE SURVIVORS OF BATTERING

by

Lori E. Notestine

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APPROVAL PAGE

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CHAPTER I

INTRODUCTION

Each year nearly 5.3 million incidents of intimate partner violence are reported by women, accounting for 1,300 deaths per year (Centers for Disease Control, 2011). In the most recent national survey on domestic violence, 64% of women who reported being raped, stalked, and/or physically assaulted since the age of 18 had been victimized by a current or former intimate partner (Tjaden & Thoennes, 2000). Intimate partner violence (IPV) is physical, sexual, or psychological harm by a current or former partner or spouse. This type of violence can occur among both heterosexual and same-sex couples and does not require sexual intimacy (Tjaden & Thoennes, 2000). The annual costs of IPV to the U.S. total $5.8 billion in terms of medical and mental health care and other economic costs (Arias & Corso, 2005). In addition, women who have been battered lose 8 million workdays per year (Centers for Disease Control, 2011). Importantly, researchers have suggested that IPV not only affects married or cohabitating couples; in fact, 34% of college students report acts of physical aggression in relationships each year. In addition, one-third of high school and college students have experienced some form of IPV as perpetrators and/or victims at least once in their dating history (Fincham, Cui, Braithwaite, & Pasley, 2008). The effects of IPV are longlasting, as there are significant relationships between the experience of being battered and serious mental health

difficulties such as post-traumatic stress disorder (PTSD), depression, substance use/abuse, child abuse, and suicidal ideation and attempts (Afifi et al., 2009).

Although the information indicating the high prevalence and effects of IPV is helpful, making sense of the statistics is difficult due to the use of IPV as a broad term, instead of parceling out the differences between different levels of abuse, such as battering and situational couple violence. The focus of the current study is on one form of IPV, battering. Battering is defined as

> A process whereby one member of an intimate relationship experiences vulnerability, loss of power and control, and entrapment as a consequence of the other member's exercise of power through the patterned use of physical, sexual, psychological, and/or moral force. (Smith, Smith, & Earp, 1999, p. 186)

This distinct form of IPV, also referred to as Intimate Terrorism (IT) or Patriarchal Terrorism (PT), provides a clear distinction from Situational Couple Violence (SCV), which is characterized as a typically less severe form of violence, including, but not limited to, slapping, pushing, and grabbing, and does not occur within a pattern of and control dynamics. Situational couple violence typically occurs in the course of an argument, may escalate to violence, and is often bidirectional in nature (Johnson, 1995). Some experts have also suggested that using these terms interchangably has provided false data about the rates and prevalence of IPV, suggesting that men are abused at rates similar to women (Johnson, 1995). Published rates suggest that SCV is equally likely to be perpetrated by males and females (Fincham et al., 2008; Gelles, 1980), whereas battering is more likely to be perpetrated by males against females (Dobash & Dobash, 1979; Smith et al., 1999). Although men certainly may be victims of battering in both

heterosexual and same-sex relationships, the focus of the current study will be upon male-perpetrated battering against women. Although a clear distinction between forms of violence has been identified, the terms continue to be used interchangeably, thus confounding our knowledge about violence against women.

Not surprisingly, women who have experienced battering are likely to present to counseling with a variety of issues ranging from low self-esteem, isolation, feelings of helplessness, vulnerability, depression, indecision, secrecy, and anxiety, to substance abuse and symptoms of post-traumatic stress disorder (PTSD) (Berry, 2000; Walker, 1994). Often times, women arrive at counseling seeking relief from these symptoms and the necessary resources for leaving an abusive partner.

Unfortunately, women attempting to leave an abusive partner often receive poor and/or inadequate services. Women seeking services have reported victim blaming, siding with the abuser, and inadequate or not useful community resources as some barriers to obtaining the help they need (Davis, 1984). Misdiagnosis and non-violent re-victimization have also been barriers for many women seeking relief (McLeod, Hays, & Chang, 2010). Many women hesitate to disclose their experiences with battering, and many counselors are unprepared to screen for abuse (McLeod et al., 2010), which can lead a counselor to attribute many of the women's symptoms to something other than violence (Goff, Shelton, Byrd, & Parcel, 2003). In addition, many women fear disclosing the abuse due to prior experiences with being blamed or having the abuse minimized, which may lead to feelings of re-victimization from a mental health professional (Carey, 1997; Lutenbacher, Cohen, & Mitzel, 2003).

In part, the lack of helpful services may be due to inadequate training in professional training programs. Few counselor education programs offer any sort of training in general family violence and no Council for Accreditation of Counseling and Related Educational Programs (CACREP) standards exist specifically requiring students to have knowledge in this area. Only under the CACREP requirements for Marriage, Couples, and Family Counseling is domestic violence mentioned as a topic to be addressed (CACREP, 2009). There are no CACREP standards for domestic or family violence for other coursework in counselor education programs, although students in community and clinical mental health tracks, as well as school and college counselors, will see individuals with these difficulties as well. Few programs even offer coursework related to issues of family violence (Campbell, Raja, & Grining, 1999). With limited coursework related to intimate partner and domestic violence in counselor training programs, counselors may not be challenged in terms of their self-awareness and personal biases, thus contributing to negative or blameful attitudes toward survivors of battering. In addition, some researchers have suggested that counselors may be resistant to increasing their competency around working with domestic violence issues due to some level of cynicism, feeling helpless to create change, or viewing battering as a minor problem (Hays, Green, Orr, & Flowers, 2007).

In order to begin to examine some of counselors' hesitations to increasing their competency in working with women who have been battered, it is important to understand those factors influencing counselors' attributions of blame toward these women. One factor that has been shown to have some influence on attributions is an

individual's gender role attitude. Individuals in societies with more traditional gender role adherance may be more supportive of rape myths, sexual violence, and general aggression (Hamburger, Hogben, McGowan, & Dawson, 1996). Investigations of communities and cultures with more stereotypical and traditional sex role orientations have shown a greater acceptance of interpersonal violence, male dominance, sexual separation (Sanday, 1981), and violence in general among individuals in these communities (McConahay & McConahay, 1977). Even more salient are the results of a study suggesting that counselors-in-training have gender role attitudes similar to others in the community (Gold & Hawley, 2001).

Researchers have also identified ambivalent sexism (Glick & Fiske, 1996) as a factor strongly related to attitudes toward battering. Ambivalent sexism refers to the bridging of the dichotomy where social patriarchal dominance interacts with individuals' desire for intimate connection with the opposite sex. Hostile and benevolent sexism are the two converging traditions along the dichotomy, stemming from social attitudes in which male dominance, gendered divisions of labor, and dependence based on sexual intimacy and reproduction collide. Hostile sexism (HS) refers to the more traditional forms of sexism, such as discrimation, offensive jokes, and harassment, and represents a hostile antipathy toward women. In contrast, benevolent sexism (BS) refers to the more subtle, subjectively positive feelings one has toward women and may be represented by a man's unsolicited offers to carry things or do work for women, based on the implicit assumption she is incapable of completing the task on her own. The ambivlance arises in an attempt to reconcile these two converging forms of sexism (Lee, Fiske, & Glick,

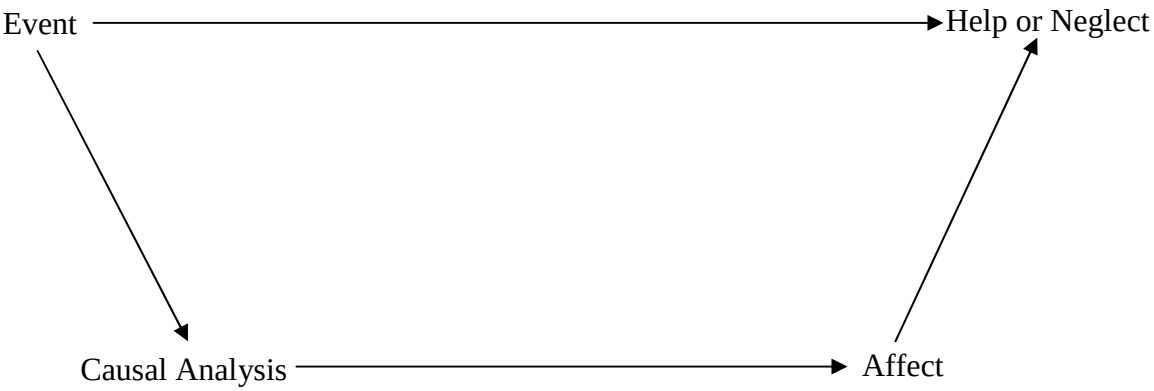
2010), where individuals may struggle between what society tells them about gender roles and the intimacy they desire in a relationship with a partner of the opposite sex. Individuals with higher levels of hostile sexism display greater acceptance of domestic violence myths (Driskell, 2009).

Gender role attitudes and ambivalent sexism are both ways in which gender biases are displayed. By ignoring one's own gender biases it is possible for a counselor to limit a client's life options, (DeVoe, 1990), impose his or her own value system on the client (Daniluk, Stein, & Bockus, 1995), and guide treatment based on biased assessments of the client (Crose, Nicholas, Gobble, & Frank, 1992).

Factors in womens' lives may also be salient in counselors' blame attribution formation process. Although many variables have been examined in previous literature, some client factors have proven to be more influential, particulary among helping professionals. When a woman is unmarried (Langhinrichsen-Rohling, Shlien-Dellinger, Huss, & Kramer, 2004), has children (Landsman & Hartley, 2007), and reports violence in previous relationships (Wandrei & Rupert, 2000), there seems to be an increase in helping professionals' attributions of blame toward women who have experienced battering.

Previous researchers have examined attitudes and blame attributions toward women who have been battered, considering several client, counselor, and situational characteristics. One shortcoming, however, is that an established theoretical foundation has not guided the research. Weiner's (1980) Cognitive-Emotion-Action Model of

Motivated Behavior provides a sound theoretical model for explaining attributions of blame toward women who have been battered (see Figure 1).



Adapted from "A Cognitive (Attribution)-Emotion-Action Model of Motivated Behavior: An Analysis of Judgments of Help Giving" by B. Weiner, 1980, *Journal of Personality and Social Psychology, 39*, p. 187.

Figure 1. Weiner's (1980) Model of Motivated Behavior

This tri-partite model explains the process through cognitive, emotional, and behavioral dimensions of attribution formation. Furthermore, Weiner (1980) established a model of attribution formation that explains the process by which individuals decide to provide help to another. By establishing how individuals determine their willingness to help others, we may also determine how counselors' attributions influence their willingness to help female clients who have been battered. For this study, the cognitive process by which previously held values and beliefs (i.e., gender role attitudes and ambivalent sexism) influence counselors' attributions of blame toward women who have been battered was examined, therefore identifying the relationship between previously held biases and attributions of blame. This study attempts to improve upon previous

studies through the use of Cognitive- Emotion-Action Model of Motivated Behavior theory in identifying how counselors think about women who have been battered.

Purpose of the Study

The purpose of this study was to test a conceptual framework of attributions of blame toward women who have been battered with a sample of counselors. A goal of this study was to identify the impact of counselors' values and beliefs about gender roles and relationships on their attributions toward women who have experienced battering. Specifically, does a relationship exist between counselors' gender role attitudes, ambivalent sexism, and attributions of blame toward female clients who report battering in an intimate relationship?

An additional purpose of this study was to address the methodological limitations present in previous studies. Past studies have had several methodological limitations, including a lack of sound theory to guide research, a lack of clearly defined constructs and an inconsistent inclusion of a large number of variables related to victims (i.e., race, provocation, marital status, etc.), little use of social desirability measures, the use of written vignettes, and finally, the lack of research specific to professional counselors, an important group of providers of services to women who have been battered.

The lack of sound theory to guide research plays a critical role in current literature exploring attributions of women who have been battered. Wandrei and Rupert (2000) used general attribution theory to explain the process by which psychologists formed attributions of hypothetical female clients who had experienced battering and, in turn, therapeutic outcome expectations, but without an actual model to organize their variables.

In order to strengthen the assumption that attributions of battering survivors inform practice, the cognitive portion of Weiner's (1980) Cognitive-Emotion-Action model of Motivated Behavior was utilized as a beginning step in the present study.

Regarding the lack of clearly defined constructs, the terms *domestic violence*, *battering*, *spouse abuse*, and *intimate partner violence* have been used interchangeably to describe the cycle of violence, also known as battering, in which coercion and power are used in a systematic pattern of control (Smith et al., 1999). This definition is often implied but not specified in other studies and in everyday language about IPV, which leads to an understanding of violence in terms of static violent events, not the overarching cycle and process of battering (Smith et al., 1999). For the purposes of this study, the specific process of battering, rather than a description of a single, violent episode, was conveyed to participants in order to make this distinction clear. Previous researchers also have suggested many victim variables may be influential in attributions toward women, which further adds to the difficulty among researchers in clearly defining terms and constructs. Although specific client factors were not examined in this study, some of these attributes are characteristic of the women typically seeking counseling and shelter services. For example, previous researchers studying samples of women in shelters have suggested that white women in their early 30's, in long-term married or cohabiting relationships, with 1-2 children, who have left their abusive partners at least one previous time are those most commonly seeking services (Clevenger & Roe-Sepowitz, 2009; Constantino, Kim, & Crane, 2005; Lundy & Grossman, 2009; Gordon, Burton, & Porter, 2004; Harding & Helweg-Larsen, 2009; Simmons, Lehmann, & Collier-Tenison, 2008).

Factors among women that have proven significant in studies of helping professionals are history of abuse in previous relationships (Wandrei & Rupert, 2000), having children (Landsman & Hartley, 2007), and relationship status (Langhinrichsen-Rohling et al., 2004). These variables have been included in the video vignette used in this study in order to represent a clinical experience for participants that is as realistic as possible.

Further methodological limitations addressed in this study are the lack of social desirability measures in self-report studies of attributions toward women who have been battered. Self-report measures are often used in studies with vignettes. The difficulty with self-report measures lies in the risk of participants responding in a socially desirable manner (Worthington, Mobley, Franks, & Tan, 2000). Not only have studies of perceptions of IPV relied heavily on self-report measures, there has been a comprehensive lack of use of social desirability measures in these studies as well. Foshee and Linder (1997) suggested a possible gap between service providers' reported motivations to help and actual helping behaviors; a measure of social desirability may shed some light on respondents' propensity to answer in a socially desirable manner. As such, the Marlowe-Crown Social Desirability Scale- Short Form (Reynolds, 1982) was used in this study.

Studies of helpers' and lay-persons' perceptions have relied heavily on the use of written vignettes as well, primarily in order to manipulate variables related to victims/clients. The argument made in the literature for the use of vignettes is that they provide a reasonable way to obtain attitudes based on life-like scenarios, although the use of video vignettes, videos of real-life scenarios (Langhinrichsen-Rohling et al., 2004), or

actors portraying help-seekers (Foshee & Linder, 1997) may provide more realistic measures of attitudes. In order to address these methodological limitations, a video vignette was utilized in this study.

Additionally, the need for study of professional counselors was also addressed in this study. Among the studies exploring professionals' and lay-persons' perceptions of women who have experienced IPV, the majority of researchers have questioned samples of white, middle-class, undergraduate college students. Another limitation in sampling seems to be the lack of samples of counselors who may not work in domestic violence specific agencies, but who likely still come into contact with victims on a semi-regular basis. The attitudes of other mental health professionals such as social workers (Davis, 1984), social work students (McMullan, Carlan, & Nored, 2010), and psychologists (Wandrei & Rupert, 2000) have been examined. In addition, shelter workers (Davis, 1984) and victim advocates (Thapar-Bjorkert & Morgan, 2010) have shown similar attitudes as other mental health professionals, such as social workers and psychologists. An apparent vacancy in the literature, based on a thorough review, appears to be the attitudes and perceptions of a general population of counselors, who are likely to encounter IPV and battering in practice due to the alarming rates of violence experienced by a significant number of individuals (Tjaden & Thoennes, 2000).

This study contributes to the current literature by using a well-established attribution theory to identify counselors' attributions of blame toward women who have experienced battering while addressing the methodological limitations described above.

Statement of the Problem

For women seeking services in support of successfully leaving an abusive relationship, counseling is a commonly recommended intervention (Dienemann, Glass, Hanson, & Lunsford, 2007), and the response to battering for the past 35 years has focused primarily on providing shelter and counseling for women and children living in violent situations (Shepard, Falk, & Elliott, 2002). Many women have identified social support, personal validation, engaging in self-care, and reaching out to others as actions that were helpful in the leaving process. Community resources that provided adequate assessment, made the women feel validated, offered protection, and provided support and options were reported as helpful themes in a phenomenological study of women in the process of leaving abusive relationships (McLeod et al., 2010). Participants in this same study identified victim blaming, others siding with the abuser, and inadequate or not useful community resources as aspects of services that were not helpful in the process of leaving (McLeod et al., 2010). As little is being done to prepare professional counselors for working with women who have been battered (Campbell et al., 1999), it is not surprising that many women experience less than helpful services. If we are able to determine some of the attributions influencing counselors' ability in providing helpful, unbiased services to these women, we may be able to influence how these counselors are trained. This study attempted to improve on previous research methods through the use of Attribution Theory in order to identify how counselors think about women who have been battered.

Research Questions

To address the identified gap in the literature, the following research questions will be addressed through this study:

Research Question 1: What is the relationship between gender-role attitudes, ambivalent sexism, and counselor's attributions of blame toward female clients who have experienced battering?

Research Question 2a: Do counselors' gender role attitudes and ambivalent sexism predict attributions of blame toward women who have been battered?

Research Question 2b: Does counselors' training in family violence provide additional information to the prediction of attributions of blame toward women who have been battered?

Research Question 3: Is there an interaction between gender role attitudes and ambivalent sexism and the amount of blame attributed to women who have been battered?

Need for the Study

This study aims to address how counselors' gender role attitudes and ambivalent sexism impact attributions of blame toward women who have been battered. Counselors see many women who have experienced battering, but are often unqualified and underprepared to appropriately help these women (Berry, 2000; Hays et al., 2007). If we are able to determine some of the barriers counselors have to providing helpful, unbiased services to these women, we may also be able to influence how these counselors are trained. More specifically, if it is found that counselors make attributions of blame toward women, possibly based on gender role attitudes and ambivalent sexism, training

programs can begin to address these biases in the process of counselor training. In addition, service agencies and those who provide professional development will have a clearer vision of how to address this area with counselors in the field in order to provide more effective services to women seeking treatment. By examining counselors' values and beliefs regarding women who have been battered we may begin to provide more efficient and appropriate treatment for these women.

Definition of Terms

Intimate Partner Violence (IPV). For the purposes of this study, IPV is defined as physical, sexual, or psychological harm by a current or former partner or spouse. This type of violence can occur among both heterosexual and same-sex couples and does not require sexual intimacy (Tjaden & Thoennes, 2000). Furthermore, in order to create a common language for a specific type of patterned violence perpetrated toward women by men the term *battering* will be used.

Battering. Battering describes "a process whereby one member of an intimate relationship experiences vulnerability, loss of power and control, and entrapment as a consequence of the other member's exercise of power through the patterned use of physical, sexual, psychological, and/or moral force" (Smith et al., 1999, p. 186). Thus, a key distinguishing feature of battering as compared to other forms of IPV is that it occurs within a context of generalized power and control dynamics within the couple's relationship.

Gender role attitudes. Although great variability exists in the literature around the terms sex roles and gender roles, this study will use the term *gender role attitudes* to

describe individuals' beliefs about the appropriate role activities for women and men (McHugh & Frieze, 1997). Gender role attitudes in this study will be measured by the Sex Role Egalitarianism Scale (SRES; Beere, King, Beere, & King, 1984).

Ambivalent Sexism. Ambivalent Sexism, a theory of sexism formulated as an ambivalence toward women, posits two forms of sexism exist: hostile and benevolent sexism. *Hostile sexism* refers to the hostile feelings one has toward women. *Benevolent sexism* refers to the subjectively positive feelings toward women that often accompany hostile sexism. Ambivalence occurs in an attempt to reconcile hostile beliefs formed in a male dominant society and beliefs where benevolence is required to obtain intimacy in relationships. Hostile and benevolent sexism are characterized as a hostile antipathy toward women and a subjectively positive orientation toward women, respectively (Glick & Fiske, 1996). For the purpose of this study, ambivalent sexism will be measured by The Ambivalent Sexism Inventory (ASI; Glick & Fiske, 1996).

Attributions. Inferences about the causes of events and behaviors can be further defined by Weiner's (1980) Cognitive-Emotion-Action Model of Motivated Behavior, suggesting that attributions guide our feelings, but emotional reactions then provide motor and direction for behavior. In this study the first part of the model, examining attributions, will be utilized to identify attributions of blame toward women who have been battered.

Blame Attributions. Blame attributions suggest that women who experience battering are somehow at fault for the abuse to which they are subjected (Bryant & Spencer, 2003). In a conceptual article on causality, responsibility, and self-blame,

Shaver and Drown (1986) described blame attributions as occurring through a sequence of perceiving the cause of an event, evaluating moral responsibility, and arriving at a determination of blame. Kristiansen and Giulietti (1990) describe blame attributions as the assignment of responsibility to a person, place, or thing for an action or event; this will be the definition used for the purposes of this study. Blame attributions will be measured by a revised version of the Violence Blame Attribution Scale (VBAS; Yamawaki, Ostenson, & Brown, 2009).

Overview

The content of these five chapters includes a brief overview of the purpose and significance of this study in Chapter I, followed by a comprehensive review of the literature surrounding IPV and battering, Attribution Theory, attributions of women who have experienced battering, gender role attitudes, and ambivalent sexism in Chapter II. A detailed description of research questions, hypotheses, and methods is outlined in Chapter III. Finally, a description of the data and the results of the study will be discussed in Chapter Four, followed by discussion, limitations, implications for the counseling field, and suggestions for future research in Chapter V.

CHAPTER II

LITERATURE REVIEW

Chapter I offered a purpose and rationale for the study of counselors' attributions of blame to toward women who have been battered, specifically exploring the influence of gender role attitudes and ambivalent sexism on these attributions. The literature review in Chapter II will provide an in-depth examination of existing research related to (a) intimate partner violence (IPV), (b) counselor's role and responses to IPV, (c) gender role attitudes, (d) ambivalent sexism, (e) attribution theory, and (f) perceptions, attitudes, and attributions of women who have been battered. Additionally, the methodological limitations in previous research will be addressed, particularly the extensive use of written vignettes, the lack of attention to social desirability, and the sparse use of theoretical grounding.

Intimate Partner Violence

Intimate partner violence (IPV), characterized as the use of emotional, physical, and/or sexual abuse toward an intimate partner, affects an estimated 22% (Tjaden & Thoennes, 2000) to 55.1% of women over their lifetimes (Coker, Smith, McKeown, & King, 2000). Each year 2 million injuries and 1,300 deaths can be accounted for by violence between intimate partners (Tjaden & Thoennes, 2000). In heterosexual relationships where a man is the perpetrator, it is believed that anywhere from 5 to 5.3 million women over the age of 18 experience IPV each year. Other studies suggest that

1.5 million women and 800,000 men report having experienced IPV at some point in their lifetimes (Tjaden & Thoennes, 2000). IPV not only affects married or cohabitating couples; 34% of college students report acts of physical aggression in relationships each year (Straus & Ramirez, 2002). In addition, one-third of high school and college students have experienced some form of IPV, either as perpetrator and/or the victim at least once in their dating history (Fincham et al., 2008). Smith et al. (1999) cited findings from The World Bank, estimating "the global health burden from gender-based victimization among women aged 15-44 is comparable to that posed by other risk factors and diseases such as HIV/AIDS, tuberculosis, sepsis during childbirth, cancer, and cardiovascular disease" (p. 178).

Definitions of Violence

A primary limitation in IPV research lies in a lack of clearly defined constructs, particularly the use of the terms intimate partner violence (IPV) and domestic violence (DV) to define different forms of violence among intimate partners. In 1995, Michael P. Johnson coined the terms Situational Couple Violence (SCV) and Intimate Terrorism (IT; previously referred to as *patriarchal terrorism*). Generally, less severe forms of violence that lack patterns of power and control and are often bidirectional in nature have been categorized as SCV, whereas more severe forms of battering characterized by coercion, manipulation, financial dependence, isolation, and other forms of power and control dynamics have been termed as IT. Battering, similar in nature to intimate terrorism, is defined by Smith et al. (1999) as

> a process whereby one member of an intimate relationship experiences vulnerability, loss of power and control, and entrapment as a consequence of the other member's exercise of power through the patterned use of physical, sexual, psychological, and/or moral force. (p. 186)

The term *battering* is used to describe this form violence against women in this study, which is the primary focus of this study, although *IPV* will be used as the umbrella term for all forms of violence in relationships.

The original distinction between forms of violence by Johnson (1995) was the result of years of disagreement between family violence and feminist researchers and advocates from the 1960's through the mid 1990's. Family violence researchers asserted that most IPV was bidirectional and that men were victimized as often as women (Gelles, 1980). Conversely, feminist researchers and advocates argued that IPV was the result of men's patriarchal control and was primarily experienced by women (Dobash & Dobash, 1979; Martin, 1981; Walker, 1994; Yllo & Bograd, 1988). Johnson (1995) proposed that these two groups of researchers were sampling from very different populations. Family violence researchers were sampling from the general population and finding that much of the violence among couples was bidirectional and/or that men were also experiencing high levels of victimization. Researchers from the feminist stance were using samples of women in shelters and finding that these women were experiencing much more severe forms of violence and were being battered by men (Johnson, 1995).

Physical Consequences of Battering

In the 1980's, Surgeon General C. Everett Coop reported that IPV was the most serious health risk facing women, causing more injury to women than car accidents,

muggings, and rape combined (Disch, 2003). The annual costs of IPV to the U.S. range from around $4.1 billion to $5.4 billion in terms of medical and mental health care, in addition to lost days of work productivity (Doumas, Pearson, Egin, & McKinley, 2008; Fincham et al., 2008; Kwesiga, Bell, Pattie, & Moe, 2007). Women experiencing violence in relationships face myriad difficulties related to the abuse. Smith, Thornton, DeVellis, Earp, and Coker (2002) suggested that battering is a complex, traumatic, and long term experience that not only shapes the ways women behave, but also the ways they view themselves and the beliefs they hold about the controllability of their own lives. Although the symptoms women experience vary greatly from individual to individual, common consequences of battering include both physical and mental health symptoms.

Women who experience IPV, battering in particular, have been found to seek medical care more often than women who report not having experienced violence from an intimate partner. Coker et al. (2000) surveyed women in a health clinic regarding their experiences with all forms of IPV and health care seeking behaviors. Women in this study who reported IPV were more likely to rate their physical and mental health as fair or poor and to report chronic pain, migraine and other headaches, irritable bowel syndrome and dyspepsia, as well as difficulties more directly related to physical violence, such as broken bones, problems with vision, seizures, and arthritis. Significant sexual health problems were also reported by these women, including frequent bladder, kidney, and urinary tract infections, sexually transmitted diseases, pelvic inflamatory disease, and chronic pelvic pain. Findings in this study were similar to those of other studies of health

consequences of IPV (e.g., Bonomi, Anderson, Rivara, & Thompson, 2009; Campbell & Raja, 1999).

Bonomi et al. (2009) identified women currently experiencing IPV as most likely to seek medical and mental health care in a sample of women in a metropolitan area. Physically abused women in this study were the highest users of emergency department, hospital outpatient, primary care and pharmacy services, where the highest annual costs were for those women experiencing ongoing abuse. Even women who reported having experienced IPV at least five years prior had costs 33% higher than women reporting no history of abuse. By and large, women who experience both physical and psychologial abuse utilize health services at a greater rate than those who have not, particularly mental health services (Bonomi et al., 2009).

Mental Health Consequences of Battering

In a review of the mental health correlates of IPV, Robertiello (2006) identified fearfulness, anxiety, depression, phobias, low self-esteem, alcohol use, drug dependence, PTSD, and suicide as factors commonly associated with the experience of abuse. In a recent study examining the mental health consequences of IPV among civilian and military women, researchers found abused women reported a higher incidence of mental health symptoms than nonabused women in both groups (O'Campo, Woods, Jones, Dienemann, & Campbell, 2006). Rates of diagnosable mental illness among these two groups of women ranged from 25% (military) to 34% (civilian), with symptoms of major depression and PTSD most common.

Furthermore, researchers examining multiple forms of violence have found mental health correlates may vary depending on the type and severity of abuse. Mechanic, Weaver, and Resick (2008) surveyed 413 severely battered women who were seeking mental health services. Specifically, these researchers examined the unique contributions of physical, psychological, and sexual abuse, and stalking on symptoms of post traumatic stress disorder (PTSD) and depression. Hierarchical multiple regressions identified minor acts of violence, emotional abuse, verbal abuse, and harassing behavior accounted for the greatest amount of variance in PTSD symptoms, whereas symptoms of depression were accounted for by harassing behaviors and verbal and emotional abuse (Mechanic et al., 2008). Research such as this characterizing violence as a continuous process rather than a series of physical, violent events (Smith et al., 1999) illustrates the severe and long lasting effects of battering on women by male abusers.

Help Seeking among Women Who Have Been Battered

In order to find relief from the many symptoms of abuse, women, particularly those experiencing battering (Leone, Johnson, & Cohan, 2007), often seek resources in the community. Among these resources are both informal and formal supports such as social services, emergency rooms and medical professionals, legal aide, clergy, women's shelters, police, crisis lines, and counseling (Davis, 1984; Gordon, 1996). Many of these formal supports are well equipped to provide institutional and material support to women and children through advocacy, collaboration, education, and referral (Postmus, Severson, Berry, & Yoo, 2009). Women who have attempted to access community

resources have reported they were helped the most when agencies and services worked together and coordinated treatment efforts (Berry, 2000).

Although multiple services may be available, the diversity in services may aggravate rather than ameliorate the problems associated with battering (Davis, 1984). After turning to traditional helping agencies, such as social services, and finding these agencies unable to provide assistance, many women may become disheartened and feel there is nowhere to turn for help. As an example of this, Davis (1984) quotes Heppner's (1978) example of a battered woman seeking aide:

> Four years ago Melinda did seek help. First she went to a doctor who gave her tranquilizers to calm her and stop her hysteria. Next she went to a priest who explained the importance of patience and tolerance: her husband was simply insecure and frustrated, he needed her support and forgiveness. Once she called the police who responded by asking her husband to take a walk around the block to calm down. Finally, she went to a community mental health agency where she was told that it was really her husband who needed the help and unless she could get him to come in for counseling, there was really nothing the agency could do for her. (Heppner, 1978, as cited in Davis, 1984, p. 243)

Thus, many women find poor or inadequate services to be a major barrier in leaving abusive relationships. Although this example is dated, it continues to be a common experience even today for women seeking help (McLeod et al., 2010).

By and large, women have reported serious problems and barriers when attempting to access resources in terms of appropriateness of referrals, adequate availability of services, and services sensitive to the problems of IPV (McLeod et al., 2010). The long list of reasons why women may not leave an abusive relationship include, but are not limited to, financial reasons, emotional reasons, mental health issues,

substance abuse, lack of support from family and friends, isolation, low self-esteem and self-worth, fear of retaliation, fear of losing children, and religious beliefs. Many of the reasons women stay in abusive relationships are due to the consequences of abuse that has already occurred. Dobash and Dobash (1981) suggested that women who seek help from traditional agencies are often disappointed by the services they receive and feel convinced there is no one to help. Furthermore, many women report that those agencies they turn to for help fail to provide adequate assistance and may even make things worse by increasing her sense of blame and leaving her feeling even further isolated (Davis, 1984; Dobash & Dobash, 1981). More recently, Hamilton and Coates (1993) reported that 43% of the women they surveyed found the responses of their psychologists to be unhelpful and even blaming.

Counseling for Women Who Have Been Battered

Among the many resources available to women who have been battered, counseling is a commonly recommended source of support (Davis, 1984). Survivors who have sought counseling have reported that the most helpful actions by counselors have included validation of feelings, not being blamed for the abuse, having a counselor who listened respectfully, and having her story believed (Gordon, 1996; McLeod et al., 2010).

Counseling has not always proven to be helpful, however. Researchers also have found a connection between unsympathetic services and secondary traumatization for survivors of IPV. The secondary traumatic events often arise after violence has occurred and originate from those the survivor relied on for support and understanding (Campbell & Raja, 1999). In a study of mental health professionals' views of secondary

traumatization of rape survivors, 58% of those surveyed believed that other mental health professionals engage in harmful counseling practices that contribute to retraumatization (Campbell & Raja, 1999), and a similar study indicated that 85% of practitioners believe mental health professionals need further training in working with female survivors of violence (Campbell et al., 1999). Examples of potentially harmful counseling practices that may contribute to revictimization are a lack of attention to issues of safety and misdiagnosis due to lack of attention to violence.

Attending to immediate survival and safety needs may need to occur first within counseling before the mental and emotional needs of women can be addressed (Choate, 2008). However, mental health professionals often have a difficult time disengaging from traditional counseling roles and focusing on the immediate needs of women who have experienced battering, leaving survivors feeling disbelieved and blamed for the violence (Humphreys & Thiara, 2003). Some other barriers include feeling invalidated by counselors when the abuse is disclosed, feeling revictimized by their counselors' lack of support and validation, and being misdiagnosed due to lack of assessing for violence (Gordon, 1996; McLeod et al., 2010). Even the act of referring counseling services to these women can imply that she may be to blame for the abuse (Hattendorf & Tollerud, 1997). In general, helping professionals often place the responsibility for making changes on the woman, and they often suggest that the only appropriate change to be made is to leave the violent relationship (Dunn & Powell-Williams, 2007). This can be particularly problematic as separation has been proven a significant risk factor for lethality in cases of battering (Campbell, 1999) Campbell et al., 2003; McFarlane et al., 1999).

As described above, the high incidence and consequences of battering often lead women to seek counseling for issues related to the experience of violence (Leone et al., 2007); however, most counselors receive little to no training related to violence against women. Among programs accredited by CACREP, only Marriage, Couple, and Family Counseling tracks are required to address family violence of any kind. Attention to general trauma is required for counseling students in clinical, community, school, and college counseling tracks (CACREP, 2009), with no specific emphasis on intimate partner or family violence. A lack of training in assessment of battering, in addition to cultural discrepancies and norms in definitions of violence, often leaves violence unaddressed and may even discourage women from disclosure (Hays & Emelianchik, 2009).

Possibly due to the lack of training in counselor education programs, many counselors may not assess for or notice when clients experience violence (Harway & Hansen, 1993), and they may be resistant to increasing their competency in working with any form of domestic violence (Hays et al., 2007). The cause of this hesitancy may range from counselors' feelings of helplessness to create change, to viewing violence against women as a minor problem (Berry, 2000), to feelings of cynicism related to battering (Davis, 1984). Thus, Hays et al. (2007) emphasized the importance of assessing and articulating personal beliefs and values regarding violence against women.

A crucial part of providing helpful and effective counseling to women who have been battered is for counselors to first begin to examine personal biases related to IPV, taking into special consideration any cultural biases and/or influences (Choate, 2008;

Walker, 1994) as well as their acceptance of widely held beliefs or cultural myths about IPV (Harway & Hansen, 1993). Commonly accepted myths about IPV include the ideas that battered women are masochistic, that only poor women are battered, and that women who are battered somehow deserve what is coming to them (Bograd, 1982; Peters, 2008; Walker, 1979). Myths about domestic violence have been conceptualized as stereotypic beliefs about domestic violence that are generally false but are widely believed and persistently held and that serve to minimize, deny, and even justify aggression between partners (Peters, 2008). Although these myths have been empirically invalidated, they are still widely held by the American public. As these myths are so pervasive, it is unlikely that counselors and other mental health professionals are exempt from their influence. Bograd (1982) suggested that cultural myths about domestic violence often prevent clincians from assessing for violence and contribute to leading questions about what the woman has done to cause the abuse. Furthermore, clincians may link abuse directly to characteristics of the woman such as masochism, thereby suggesting that a woman who has experienced battering has her psychological needs gratified by the abuse. The notion of provocation by the victim also falls in line with these myths, where women who are abused are believed to have done something to ask for it (Bograd, 1982; Dobash & Dobash, 1979; Harrison & Esqueda, 1999).

Many approaches to counseling in the past have tended to view women in terms of their symptoms, held women to traditional gender roles, and even blamed women for the trauma they may have experienced, based on the idea that they (i.e., women) somehow provoked the violent acts (Choate, 2008). Though diagnosis may have an

important place in the treatment of women who have been battered, misdiagnosis based on widely held cultural myths about IPV can compound women's vicitmization. The misinterpretation of women's actions as dysfunctional as opposed to crucial to safety and survival can lead clinicains to search for underlying psychological explanations for the violence (Bograd, 1982), rather than considering the woman within the context of her unique strengths and survival techniques (Dunn & Powell-Williams, 2007).

Although there are many possible factors contributing to the lack of counselor effectiveness and non-violent revictimization (Campbell & Raja, 1999), gender role attitudes and ambivalent sexism have been shown to influence the way community members view women who have been battered (Esqueda & Harrison, 2005; Willis, Hallinan, & Melby, 1996) and may also influence attributions formed by counselors as well. The following section will provide a review of the literature on gender role attitudes, including a summary of their influence on counselors' perceptions of clients.

Gender Role Attitudes

In 1977, Sandra Bem (Bem, 1993) argued that gender schemas are developed in the early stages of childhood. Although past theorists argued that gender dichotomization was a naturally occurring process, Bem argued under the pretense that children are not drawn to this dichotomy due to nature, but rather find it appealing due to social cues and norms within society. She discussed gender schema theory as the way in which individuals develop an understanding of their own, and others', gender within society. Bem argued that gender is dichotomized in Piaget's preoperational stage and that gender

polarization is not naturalized, but developed through a cultural lens that polarizes reality (Bem, 1993).

It is clear that gender roles begin to develop from an early age and that they influence attitudes and perceptions (Hinkelman & Granello, 2003). The process of gender development also plays a role in one's views of the gender roles of others. That is, what are the appropriate roles for men and women? Furthermore, attitudes toward gender roles also seem to have an influence on counseling skills (Fong & Borders, 1985). Gold and Hawley (2001) examined counseling students' sex roles and attitudes toward gender role flexibility and expected to find these students to have more egalitarian gender role attitudes, when in fact, they did not. A sample of counseling students in a master's level counseling program accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) were asked to complete the Bem Sex Role Inventory (BSRI) and the Sex Role Egalitarianism Scale (SRES). The authors of this study hypothesized that counselors-in-training would be more egalitarian and more androgynous in their gender roles than those who the SRES and BSRI had been normed on. Results indicated that students surveyed did not evidence attitudes more flexible toward characteristics or relational roles of others than samples of non-counselors (Gold & Hawley, 2001). Although there were more female counseling students in this sample, the sample was chosen from one university in the Southeastern U.S., which could account for these students having no more egalitarian gender role attitudes than the general public.

Trepal, Wester, and Shuler (2008) found similar results in a Q-Methodology study of counselors' perceptions of gendered behavior. Men and women were found to be conceptualized as opposites throughout the study and the roles of males and females were seen as traditional in nature. The authors also cited previous research suggesting that counselors are more likely to find their clients behaviors as pathological or directed to fit into prescribed gender roles when they do not fit those stereotypical perceptions (Robertson & Fitzgerald, 1990; Trepal et al., 2008).

As suggested by previous literature, counselors appear to have similar gender role attitudes as individuals who are not in counselor training programs. Unfortunately, researchers have indicated that individuals in societies with more traditional gender role adherence may be more supportive of rape myths, sexual violence, and general aggression (Hamburger et al., 1996). In a study of traditional gender role adherence, Hinkelman and Granello (2003) found correlations between respondents' hypergender ideology (i.e., strict adherence to traditional gender roles) and attitudes toward the mentally ill. They reported that individuals who scored higher on a measure of gender ideology were more likely to be more authoritarian, more socially restrictive, as well as less benevolent toward those with mental illness. These respondents also proved to show less tolerant beliefs toward community mental health (Hinkelman & Granello, 2003). Although we often expect individuals in counselor training programs to have more tolerant attitudes and beliefs and be more open to egalitarian gender roles, the results of these studies lead to important questions about the potential effects of non-egalitarian gender role attitudes among counselors and counselors-in-training.

An additional study examined male therapists' clinical bias toward hypothetical male clients. Wisch and Mahalik (1999) examined male psychologists' gender role conflict, client sexual orientation, and client emotional expression in relation to clinical judgments. They identified that therapist gender role conflict, in combination with client sexual orientation and emotional expression, were related to male counselors' ratings of male clients' prognosis and how much therapists liked, had empathy for, had comfort with, and were willing to see the client. Participants were asked to respond to a measure of gender role conflict and answer questions following a brief vignette about either a gay or heterosexual male client who was expressing either sadness, anger, or being emotionally restricted. Results of this study indicated that male therapists who experienced greater rigidity around success/power/competition and greater rigidity around emotional expression and expressing affection to other men tended to like the client in the vignette less, be less empathic toward the client, to have less comfort with the client, and even be less willing to see the client (Wisch & Mahalik, 1999). By ignoring one's own gender biases it is possible for the counselor to limit a client's life options (DeVoe, 1990), impose his or her own value system on the client (Daniluk et al., 1995), and to direct treatment based on biased assessments of the client (Crose et al., 1992). Furthermore, Bem (1981) argued that "it is possible to be fully aware of a social stereotype and yet to act in ways that either violate the stereotype or are simply inconsistent with it" (p. 84).

Ambivalent Sexism

The concepts of hostile and benevolent sexism, the dichotomies presented under the concept of ambivalent sexism, also are discussed in the literature in relation to IPV. *Hostile sexism* is more blatant, and there tends to be more social pressure to avoid this type of sexism. *Benevolent sexism*, however, is a less obvious form of sexism and is based on general attitudes toward women as filling traditional gender roles and stereotypes (Allen, Swan, & Raghavan, 2009). Ambivalence occurs as one attempts to rationalize both forms of sexism frequently faced in everyday life.

Traditionally, sexism has been thought of in terms of hostility and negative attitudes toward women. When conceptualizing ambivalent sexism, Glick and Fiske (1996) emphasized that the traditional view fails to recognize the more subtle and subjectively positive attitudes toward women that also contribute to sexist antipathy, which they called *benevolent sexism*. Hostile sexism aligns with traditional views of prejudice as defined by Allport (1954): "Prejudice is an antipathy based on faulty and inflexible generalization. It may be felt or expressed. It may be directed toward a group as a whole, or toward an individual because he is a member of that group" (p. 9). Benevolent sexism, likened to the term "benevolent dictator," suggests

> a set of interrelated attitudes toward women that are sexist in terms of viewing women stereotypically and in restricted roles but that are subjectively positive in feeling tone (for the perceiver) and also tend to elicit behaviors typically categorized as prosocial (e.g., helping) or intimacy seeking. (e.g., self disclosure). (Glick & Fiske, 1996, p. 491)

Viewing sexism as a multidimensional construct allows for a broader conceptualization of how sexism is experienced by women.

The dimensions of ambivalent sexism portray the different types of sexism that may be experienced by women. Stereotypes of women often contain positive traits, where women are portrayed as nice but incompetent at many important tasks (Glick & Fiske, 1996). These stereotypes may also play a role in general perceptions of women as sexual beings and contribute to the high rates of sexual violence against women (Unger & Crawford, 1992). The role of patriarchal male dominance in violence against women was conceptualized by Glick and Fiske (1996) as an important aspect of benevolent sexism.

Hostile and benevolent sexism revolve around notions of social power, gender identity and sexuality (Glick & Fiske, 1996). Ambivalence toward women is reflected in each of these components and their underlying beliefs. First, *Paternalism* encompasses the philosophies both of dominance (dominative paternalism) and of affection and protection (protective paternalism). Patriarchy and paternalism are justified by the notion that women are not fully competent and in need of a dominant male to protect them. Glick and Fiske (1996) suggested protective paternalism coexists with dominant paternalism because heterosexual men are dependent upon women for their roles as wives, mothers, and romantic partners.

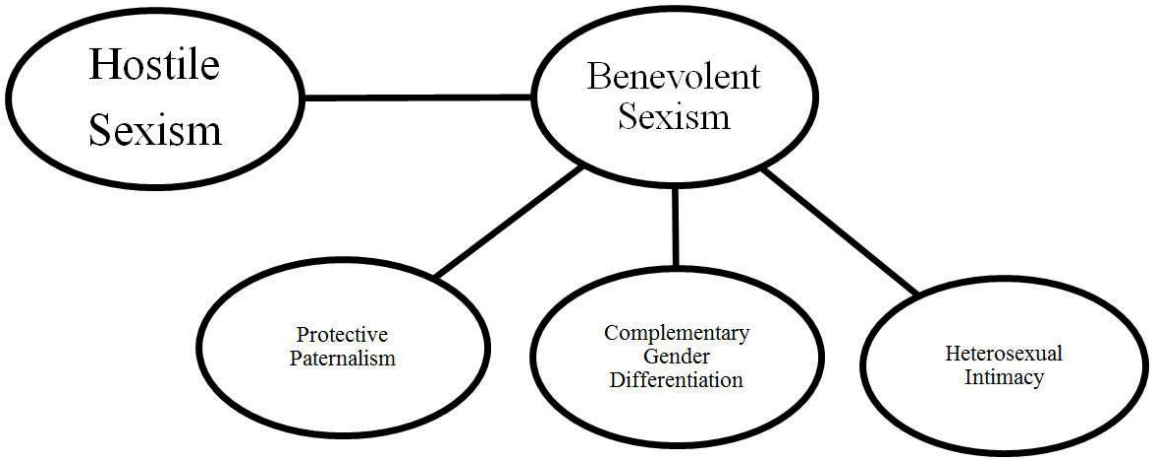
Gender differentiation, the second concept contributing to hostile and benevolent sexism, presents a social stratification where only men have the necessary traits to fulfill important institutional roles, suggesting a *competitive gender differentiation* (Glick & Fiske, 1996). A complementary gender differentiation suggests (similarly to protective

paternalism) that women have many positive traits that complement the traits of men, thus allowing and encouraging heterosexual intimacy. Someone with strong benevolent sexist beliefs may feel that a woman "completes" a man (Glick & Fiske, 1996).

Finally, the role of heterosexuality and the belief that men desire to be in close relationship with women also contributes to hostile and benevolent sexist beliefs. Heterosexual romantic relationships have been considered as one of the top sources of happiness for both men and women (Berscheid & Peplau, 1983; Demir, 2008) and are the most intimate and psychologically close relationships that men have (Berscheid et al., 1989). Unger and Crawford (1992) noted, however, that although intimate relationships may elicit many positive feelings, they also pose the greatest risk for violence against women. Because men in intimate, heterosexual relationships are placed in a situation where members of the dominant group are dependent on members of the subordinate group, they may be left with feelings of resentment due to this vulnerability. Furthermore, sex is often viewed as a gatekeeping method used by women (Zillmann & Weaver, 1989) to gain a sense of power within relationships, which may further contribute to men's feelings of being emasculated and of hostility toward women (Check, Malamuth, Elias, & Barton, 1985). For some, the connection between power and sex has become habitually reinforced by societal messages and cannot be separated (Bargh & Raymond, 1995). See Figure 2 for a model of Ambivalent Sexism.

Moreover, in a study examining perceptions of victims of IPV, Exposito, Herrera, and Moya (2010) found that women who had stricter gender role attitudes and higher levels of benevolent sexism were more likely to expect men to be violent toward their

partners. Researchers asked a community sample of women to complete the Ambivalent Sexism Inventory- ASI (Glick & Fiske, 1996) and were then asked to read a vignette in which a woman is abused by her husband after telling him about a promotion she has received at work. Participants who reported higher levels of benevolent sexism were more likely to expect the man in the vignette to be physically violent toward his wife (Exposito et al., 2010). Furthermore, Yamawaki (2007) and Viki and Abrams (2002) also found those with higher levels of benevolent sexism were also more likely to blame victims of rape.



Adapted from "The Ambivalent Sexism Inventory: Differentiating Hostile and Benevolent Sexism," by P. Glick and S. Fiske, 1996, *Journal of Personality and Social Psychology, 70,* p. 498.

Figure 2. Preferred Model for Confirmatory Factor Analysis of the Ambivalent Sexism Inventory

Driskell (2009) associated the concept of ambivalent sexism with forensic mental health specialists' domestic violence myth acceptance. Participants were asked to complete the Domestic Violence Myths Scale (Peters, 2008), the Interpersonal Reactivity Index (Davis, 1996), the Ambivalent Sexism Inventory (Glick & Fiske, 1996), the

Attitudes Toward Women Scale (Spence & Helmreich, 1972), and the Marlowe-Crowne Social Desirability Scale short form (Greenwald & Satow, 1970). The researcher reported that male participants in the study were more likely than females to ascribe to notions of ambivalent sexism, which was found to be a significant predictor of acceptance of domestic violence myths. Findings from this study were inconsistent with previous research, where women were more likely to ascribe to benevolent forms of sexism than hostile sexism (Driskell, 2009). Although Driskell (2009) applied ambivalent sexism to beliefs about domestic violence, the role of gender role attitudes was not taken into consideration as a comparison to the gender of participants.

Since the concept of ambivalent sexism was coined in the mid 1990's, the scale (ASI) has been used in a number of different countries with thousands of participants (Glick & Fiske, 2001). The constructs of hostile and benevolent sexism have been found consistently across cultures and also appear to be predictable based on their relationship to gender equality in a given nation. The Ambivalent Sexism Inventory provides some evidence as to the underlying nature of sexism, drawing attention to the way "subjectively benevolent, paternalistic prejudices (e.g., benevolent sexism) may reinforce inequality between groups" (Glick & Fiske, 2001, p. 110). These underlying sexist beliefs contribute to the way in which cognitive schemas are formed, suggesting a possible link between underlying beliefs and the attribution formation process.

Attribution Theory

Among the methodological limitations in research on attitudes' toward women who have been battered is a lack of strong theoretical grounding. To provide a more

precise look at the way individuals perceive women who have been battered, some researchers have begun to use attribution theory to understand this process. A review of attribution theory and the small number of studies that have used this sound theory to examine perceptions of abused women is provided here.

Research on cognitive schemas, especially on attribution theory, can provide important insights into counselors' understanding of IPV in general, and specifically, battering. Cognitive schemas are "a set of assumptions, beliefs, and expectations that individuals hold about themselves, others, and the world" (Wright, Collinsworth, & Fitzgerald, 2010, p. 1). When the cause of an action or event is difficult to understand, such as violence between intimate partners, people are inclined to search for a cause of their own and others' behavior (Kelley, 1973). Attribution theory "is a psychological theory about how people make 'causal attributions,' or explanations for the causes of actions and outcomes" (Plous, 1993, p. 174). Attributions, inferences about the causes of events and behaviors (Abraham, 1985), are said to develop out of an individuals' general cognitive schema about how certain kinds of causes interact to produce a specific kind of effect (Kelley, 1971b). In an attempt to gain and/or maintain control over one's world, individuals will ask themselves a series of questions: (a) what causes the event, (b) what is responsible for the event, and (c) to what is the event to be attributed (Kelley, 1971a) in response to some event, and thus form attributions based on the answers. The answers to these questions then contribute to subsequent behavior, means of interaction, and attitudes toward the other individual. This process of attribution formation aids the

attributor in effective management of herself/himself and the environment in which he/she lives.

Attribution theories such as the defensive attributional bias (Shaver, 1970) and "just world" beliefs (Lerner, 1977) also play a role in the attempt to control one's world. The defensive attributional bias (Shaver, 1970) suggests that individuals have a difficult time viewing events with severely negative consequences as purely accidental. The defensive attributional bias refers to "the idea that people attribute more responsibility for actions that produce severe rather than mild consequences" (Fiske & Taylor, 1991, p. 84). That is, in order to avoid feeling that the same severe consequence could happen to oneself, the observer will attribute a greater amount of blame to the actor in a given situation. Burger (1981), in a meta-analysis of the research on defensive attributional bias, discovered that observers' self-protective motives influence responsibility attributions, therefore confirming individuals' tendency to attribute greater blame when the consequences of an event or behavior are severe.

The "just world" beliefs theory of attributions (Lerner, 1977) is similar to the defensive attribution bias in that both are based on the need to defend real or imagined threats against the self (Wandrei, 1997). This theory suggests that individuals, again in an attempt to gain and maintain control over their world, believe that good things typically happen to people who deserve them and bad things happen to bad people. In a study of nursing students' perceptions of IPV, Coleman and Stith (1997) discovered that those participants with stronger "just world" beliefs tended to attribute greater levels of blame toward and have less sympathy for abused women portrayed in a vignette. Furthermore,

beliefs in a just world prevent distress caused by the possibility of random acts with severe consequences happening. The individual who observes negative events happening to another individual is then likely to blame dispositional traits of that individual, rather than situational circumstances.

The attribution of responsibility to dispositional characteristics rather than situational causes is called the *fundamental attribution error* (Ross, 1977). Jones and Nisbett (1972) suggested there are two kinds of data used in the formation of attributions: effect data and cause data. Effect data refers to data about the nature of the act being observed or discussed, data about the environmental outcomes of the act, and data about the actors' experience. Cause data includes information about the environment and the intention. In an attempt to determine the cause of an event, the observer may infer intentions from the actor's expressive behaviors or from the logic of the situation. An individual's behavior is likely to be judged based on characteristics that *appear* to be consistent, regardless of any inconsistencies that may occur (Heider, 1958); this includes judgments based on stereotypes and broad generalizations.

In attribution theory, stereotypes are regarded as cognitive schemas that automatically provide expectations and information about new situations and people (Jones & Nisbett, 1972). Behavior that is considered consistent with stereotypes is likely to be attributed to dispositional causes, rather than external causes, as with stereotype inconsistent behavior. Observers of an event are likely to attribute an individual's behavior to dispositional causes, rather than situational or external circumstances (Jones

& Nisbett, 1972). For this reason, it is likely that specific client characteristics influence the attributions a counselor makes of her.

Making correct attributions of a situation is highly subject to error due to the indirect experience of the observer and the likelihood of misinterpretation of actors' behavior due to differences in expressive style (Jones & Nisbett, 1972). In the case of attributions of blame, research shows that blame is more likely to be attributed to an individual who shows some level of intention, attitude, or motivation behind the event or action. For example, "for the observer, it is not the stimuli impinging on the actor that are salient, but the behavior of the actor. The observer will therefore tend to see the actor's behavior as a manifestation of the actor, as an instance of a quality possessed by him" (Jones & Nisbett, 1972, p. 86). Although several researchers have suggested that the "fundamental" attribution error is not as common as once suspected, observers still frequently over-attribute others' behavior to dispositional factors, rather than situational (Plous, 1993; Wandrei & Rupert, 2000). One such model that accounts for this attributional error is Weiner's (1980) Model of Motivated Behavior.

Weiner's (1980) Model of Motivated Behavior

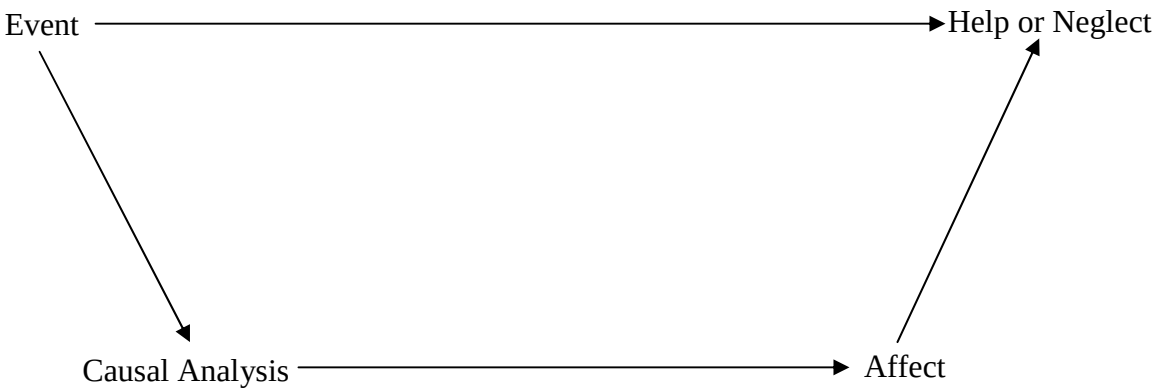
Weiner's (1980) model of motivated behavior provides a comprehensive framework in which to conceptualize how attributions are formed, the role of affect, and the motivation of helping behaviors or willingness to help. The model suggests a theory of attributions in which thoughts determine feelings, and feelings are then directly linked to behavior (Schmidt & Weiner, 1988). When a negative event is encountered, according to Weiner, an individual goes through a process of establishing a cause for the event.

Three dimensions of causality contribute to this process of establishing causal attributions, determining (a) locus of causality (does the cause lie outside or within the person), (b) stability (is the cause temporary or permanent?), and (c) controllability (is the subject able to change the situation?) (Weiner, 1993). Assignment of blame to the individual then leads to anger, lack of pity, and a decrease in helping behavior (Godfrey, 2007).

In the development of the model, Weiner (1980) performed a study of helping behavior using the simulation of a man falling in a subway. In this study, Weiner asked participants about their willingness to help the man who had fallen based on their perceptions of responsibility for the falling. Some participants were told that the man was intoxicated, others were told the man was ill. Those participants who were told the man was intoxicated were more likely to find the man responsible for the falling, thus attributing blame to the man and feeling less inclined to provide him with help. Conversely, those participants who believed the man fell due to being ill were less likely to find the man at fault for falling, less likely to attribute blame, and were more inclined to provide him with help.

Weiner's (1980) theory of attribution makes clear that attributions of responsibility and attributions of blame are very similar but distinct concepts. Attributions of responsibility have been found to be free of emotion and therefore do not contribute to subsequent judgments to help, whereas attributions of blame are emotionally laden and lead to the decision to provide or withhold aide (Schmidt & Weiner, 1988). Because it is unclear as of yet the nature of counselors' attributions of

blame toward women who have been battered, this study will begin by examining only the first link in this model, the formation of attributions of blame.



Adapted from "A Cognitive (Attribution)-Emotion-Action Model of Motivated Behavior: An Analysis of Judgments of Help Giving" by B. Weiner, 1980, *Journal of Personality and Social Psychology, 39*, p. 187.

Figure 3. Weiner's (1980) Model of Motivated Behavior

In an attributional analysis study of reactions to stigmas, Weiner, Perry, and Magnusson (1988) discovered that stigmas with an uncontrollable onset tend to be linked with affective reactions such as pity, liking, and low levels of anger. Conversely, stigmas judged to have controllable origins are associated with low emotion and judgments not to help. Kelley (1971a) reported on earlier work by Stevenson (1967) that ethical and moral judgments are made based primarily on the future. It seems that even if the event happened in the past, a judgment is made that similar acts likely will occur later on. These judgments are guided by estimates of future responsibility, or the idea that if the behavior continues one will be responsible in the future. The judgments of a negative situation or act may also be guided by the avoidability of that act (i.e., could the woman have avoided being battered?). Put plainly, when an individual is perceived to have some

control over a negative outcome and the conditions of the event(s) are perceived to be stable, he/she may be more likely to be blamed for her/his circumstances and in turn, less likely to be helped.

Impact of Attributions on Mental Health Perceptions

Attribution researchers have discussed the impact of attributions on clinical mental health perceptions and treatment implications (Plous, 1993). Treatment recommendations have been found to differ based on whether a clinician attributes the cause of an event or behavior to situational factors or to the client's disposition. More specifically, if a clinician attributes a client's difficulties to dispositional characteristics, the clinician is more likely to attempt to change the client. When the clinician attributes a client's difficulties to situational circumstances (e.g., Batson, 1975; Wisch & Mahalik, 1999), the clinician is more likely to aide in changing those circumstances (Plous, 1993).

Kernes and McWhirter (2001) examined the influence of counselors' attributions of responsibility and etiology on counseling strategy. Participants in the study were provided written vignettes of men and women seeking counseling services for either identity or adjustment problems. Results indicated that counselors in the study attributed both identity problems and adjustment problems to internal characteristics of the client, instead of considering the external influence of abuse. In addition, a study of counselors-in-training showed that those who were encouraged to explore their personal biases and attributions were less likely to attribute clients' difficulties to dispositional characteristics than those not trained to increase awareness of biases (Chen, Froehle, & Moran, 1997).

Attributions about Battering

Judgments of blame toward women who have been battered are all too common. Although it is the goal of counselor training programs to help students increase their awareness of biases and judgmental attitudes (Comstock, Duffy, & St. George, 2003), many counselors go out into the field with biases intact, increasing the possibility of doing harm (Harway & Hansen, 1993). The subsequent sections provide a review of the literature examining the influence of actor and observer characteristics on attributions of blame toward women who have been battered, followed by a review of the small number of studies examining these attitudes among other helping professionals, and finally, counselors.

Perceptions of Women Who Have Been Battered

A significant amount of research has been conducted on perceptions, attitudes, and attributions among college students and members of the general population toward IPV and battering, as well as the survivors of such. A primary limitation among this research has been the examination of a plethora of variables related to both actor and observer, but with little congruence between studies or significant effort to build upon previous research. Some factors have been shown to be more influential in the formation of attributions than others, however, and include factors related to the observer and to the woman who has been battered. More importantly, several of these factors also significantly contribute to attributions of blame toward survivors. Observer factors shown to increase attributions of blame include just world beliefs, history of violence in family of origin, attitudes toward women, ambivalent sexism, gender, and gender role attitudes,

among others. Characteristics of the survivor that increase attributions of blame include race (Esqueda & Harrison, 2005; Finn, 1986; Pierce & Harris, 1993; Willis et al., 1996), where African American women are blamed at greater rates than White women; and alcohol use (Harrison & Esqueda, 2000; Reddy, Knowles, Mulvany, McMahon, & Freckelton, 1997), where those who have been using alcohol are blamed at greater rates than those who are sober. Also shown to increase levels of blame are intimacy level of the relationship (dating vs. married; Langhinrichsen-Rohling et al., 2004; Willis et al., 1996), suggesting that women who are unmarried are blamed more than those women who are married; provocation by the victim (Harris & Cook, 1994; Pierce & Harris, 1993), where women who have done something to "provoke" the batterer are blamed more than those who did nothing to initiate the violence; and the victim's reaction to the abuse (Capezza & Arriaga, 2008), where women who do something to retaliate (such as yelling) are blamed at greater rates as well. Finally, severity of violence has shown to increase the amount of blame attributed to the abuser and decrease the blame placed on the survivor (Lane & Knowles, 2000; Pierce & Harris, 1993; Reddy et al., 1997; Witte, Schroeder, & Lohr, 2006). Following is an in-depth review of studies examining the influence of these factors on attributions of blame toward women who have been battered, as well as their methodological strengths and limitations.

Finn (1986). In an early study of attitudes toward IPV, Finn (1986) examined the relationship between attitudes toward sex roles and attitudes endorsing the use of physical force by men in marital relationships among a sample of college students. The researcher had two questions: (a) what is the relationship between sex role attitudes and attitudes

toward marital violence in a nonclinical population, and (b) are there racial differences with regard to the association between sex role attitudes and attitudes toward marital violence. Finn created the Personal Opinion Scale to assess sex role attitudes and attitudes toward the use of physical force by husbands against wives; the instrument has two subscales. The Attitudes Toward Sex Role (ASR) subscale includes 7 items on a 5-point Likert-type scale ranging from strongly agree to strongly disagree. The Attitudes Toward Force in Marriage (AFM) subscale includes 5 items along a similar 5-point Likert-type scale. Results indicated that the majority of students surveyed held egalitarian sex role attitudes and disapproved of marital violence, although male participants held significantly more traditional sex role attitudes than female participants and were also more likely to hold attitudes endorsing the use of force in marriage. In addition, White participants were significantly more traditional in their sex role attitudes than Black respondents, although there was no significant interaction between sex and race. A multiple regression analysis revealed that sex role attitudes accounted for the greatest amount of variance in attitudes toward force in marriage.

As an early study examining attitudes toward IPV, it is important to note its limitations. Although several gender role attitude measures were available at the time (e.g., Attitudes Toward Women, Sex Role Egalitarianism Scale, Traditional Egalitarian Sex Roles), the scale used for this study appears to have been created for this study and lacks reliability and validity information to support its use. The use of an undergraduate student sample also may limit the generalizability of this study. Further examination of

these and additional variables, especially among other populations, is needed in order to gain a broader understanding of perceptions of battering.

Kristiansen and Giulietti (1990). Improving upon previous research, in a seminal study of college students' perceptions of wife abuse, Kristiansen and Giulietti (1990) explored the effects of gender, attitudes toward women, and just world beliefs among a sample of 157 college students. Using a widely used and validated scale, participants' attitudes toward women and gender roles were assessed using the Attitudes Toward Women Scale (AWS; Spence & Helmreich, 1972), which includes 25 items assessing attitudes toward feminism and the equality of women. Participants also completed the Beliefs in a Just World Scale (BJW; Lydon, Ellard, & Lerner, 1984, as cited in Kristiansen & Giulietti, 1990), which is a 3-item, 7-point Likert-type scale assessing individuals' beliefs about the fairness and justice of the world. The researchers then asked participants to read a scenario describing an incident of theft and one of two vignettes depicting a domestic dispute, one in which the woman did something that could be perceived as "provoking" the violence and one without the provocation variable. Participants then completed a 20-item measure assessing derogation of the victim and abuser using bipolar adjective scales (e.g., attractive-unattractive, likeable-unlikeable), as well as a measure of blame. The blame measure consisted of two pairs of 7-point items, ranging from "not at all" to "completely" for both the abuser and the victim. Finally, participants were asked to identify to what degree the victim provoked the abuser on a 2-item, 7-point scale. Results indicated that participants who read the provocation scenario attributed more blame to the victim than those who read the no-provocation scenario.

Furthermore, those who had more favorable attitudes toward women attributed less blame to the victim in the scenario. Participants who held stronger just world beliefs and less favorable attitudes toward women were more likely also to blame the victim.

Some important strengths and limitations of this study should be noted. Although many researchers since have not used a sound theoretical underpinning to rationalize their work, Kristiansen and Giulietti (1990) used various attribution theories to support their work, thus providing a basis for future attributional research. This study provides an early look at how blame is attributed to battered women among lay persons; however, the authors suggest a need to compare these perceptions to those of individuals more closely involved with women experiencing abuse. They recommended examining attributions of blame among police officers, medical personnel, and jury members (Kristiansen & Giulietti, 1990), but did not consider the role of mental health professionals in helping survivors of abuse. Additionally, previous research suggested examining the influence of gender role attitudes rather than gender (Finn, 1986) due to their relationship with the acceptance of the use of physical force in relationships, regardless of gender. This study failed to recognize the importance of gender role attitudes, rather than simply gender, when assessing for attributions of blame.

Willis et al. (1996). Contributing to the body of literature examining the influence of gender role stereotypes and race on blame for IPV, Willis et al. (1996) surveyed undergraduate students from a Midwestern university. Sex role stereotypes, race, and intimacy level were examined in relation to culpability attributions for IPV among undergraduate college students. One-hundred twenty White college students were

surveyed in regard to their gender role attitudes via the Traditional Egalitarian Sex Roles scale (TESR; Larsen & Long, 1988). Scores on the TESR have been found to be related to other attitudes such as religious orthodoxy and fanaticism, authoritarianism, sex role orientation, abhorrence of same-sex touching, and acceptance of rape myths that blame the victim. Participants rated their agreement with statements on the TESR along a 7-point Likert-type scale, with lower scores indicating more traditional views of gender roles. Participants then read a transcript of a court hearing for a situation involving IPV, followed by measures for the dependent variables. Participants with more traditional gender role attitudes showed a favorable bias toward the perpetrator in the study, particularly when the man was married, and suggested a shorter sentence for the man. Furthermore, traditionalists also thought the incident was less abusive when the woman in the study was African American, and both egalitarians and traditionalists showed more sympathy to the man when the woman was African American and married. Researchers suggested further studies to examine the content of stereotypes and how they influence and bias observers' attributions of culpability (Willis et al., 1996).

Limitations of this study include the lack of a reliable and valid measure of the dependent variable (i.e., culpability). As with other studies examining attributions of blame, responsibility, and cause (e.g., Harrison & Esqueda, 2000), simple questions are used to ask about culpability, instead of using a reliable and valid instrument to assess these beliefs (i.e., Domestic Violence Blame Scale, DVBS; Petretic-Jackson, Sandberg, & Jackson, 1994).

Harrison and Esqueda (2000). Finn (1986) suggested the importance of examining additional variables related to both the actor and observer in order to gain a better understanding of the attribution formation process toward IPV and women who have been battered. Putting aside variables already determined to influence attributions such as gender role attitudes (Willis et al., 1996) and just world beliefs (Kristiansen & Giulietti, 1990), Harrison and Esqueda (2000) examined the role of alcohol in attributions of battering, as well as the role of race in attribution formation. Two hundred White, middle class college students were randomly assigned to the 2 (victim race: Black or White) x 2 (batterer race: Black or White) x 2 (victim drinking: drinking or abstinent) between participants design. They asked participants to read one of 8 vignettes depicting interviews between a police officer and a couple involved in IPV, varying the conditions described above. After reading an opening paragraph in the vignette, setting the scene for two police officers responding to a domestic dispute, each participant read an interview between the officer and the victim, then the batterer and the officer. Participants then completed a 13-item questionnaire which included manipulation checks to ensure participants had read the vignettes and items measuring the dependent variables, behavior and culpability of the batterer and victim.

Harrison and Esqueda (2000) reported several significant findings from this study. First, univariate analyses revealed that alcohol consumption by the victim negatively influenced IPV attributions. Specifically, participants attributed more blame to the victim who had been drinking than to the victim who had abstained from alcohol; the drinking victim was also seen as less truthful and having provoked the batterer's assault to a

greater degree than the non-drinking victim. Additionally, a two way interaction between victim race and drinking revealed that Black victims who had been drinking were viewed more negatively than the White victim who had been drinking. Further significant results of this study indicated that participants were more likely to blame and derogate victims when the couple involved was interracial, particularly where the batterer was Black and the victim was White, as well as when the batterer was White and the victim was Black (Harrison & Esqueda, 2000).

Although this study was a significant contribution to the research on perceptions of IPV, there was no examination of gender or racial differences among participants, although this was a key characteristic of the hypothetical individuals in the vignettes. Second, the researchers reported no reliability or validity for the dependent measure and appeared to use a series of questions rather than an empirically validated measure of culpability and derogation. This study also employed written vignettes and did not include a measure of social desirability, although it assessed for attitudes toward sensitive issues that tend to initiate socially desirable responses.

Esqueda and Harrison (2005). In an effort to improve upon their previous study, Esqueda and Harrison (2005) examined the role of race, provocation, and gender role stereotypes on culpability attributions of IPV. A sample of White undergraduate students (N = 288) was asked to read a vignette depicting an interview between a woman and a police officer after an incident of violence between she and her husband. Vignettes varied in their descriptions of the couples' race (White vs. African American), her level of resistance (none, hitting the man, stabbing the man), and level of provocation by the

woman (none vs. hitting the man with her hand). Participants then completed a 22-item questionnaire assessing their perceptions of the behavior and culpability of both the male and female, the expected frequency of violence, and the incident's seriousness on a scale of 1 (not at all) to 7 (very much so). Finally, participants were asked to complete the Traditional Egalitarian Sex Role inventory (TESR; Larsen & Long, 1988), a 20-item self-report measure assessing the degree to which an individual adheres to traditional vs. egalitarian gender role stereotypes. Results indicated that African American women were attributed greater culpability than White women. Results also indicated when the woman "provoked" the violence, mandatory arrest was recommended less than when there had been no provocation, regardless of the couples' race. Finally, participants with more traditional gender role attitudes suggested mandatory arrests were less justified, abuser's guilt was lower, and abuser sentences should be shorter than those with more egalitarian beliefs. Findings from this study suggest there is a significant influence on perceptions of IPV based on gender role attitudes.

Again, this study used a series of questions to measure the dependent variables rather than a reliable and valid measure of perceptions and culpability, therefore limiting the generalizability and validity of these results. Additionally, the use of self-report measures without assessment of social desirability in responses continues to be a limitation of perception research, although Esqueda and Harrison (2005) did intersperse the TESR and dependent variable questions among other "social attitudes" questions in order to minimize socially desirable responding.

Pierce and Harris (1993). As suggested by the past few studies discussed, provocation by the victim appears to influence perceptions of IPV. Pierce and Harris (1993) examined the role of provocation, race and severity of injury in perceptions of IPV. Undergraduate students from a large public university read a fabricated newspaper report depicting an incident of battering. The vignette was adapted from that used in an earlier study examining gender, attitudes toward women, and just world beliefs among college students' perceptions of IPV (Kristiansen & Giullietti, 1990). A 2 (race of the man; black or white) X 2 (provocation statement: absent or present) X 2 (injury description: explicit or implicit) X 2 (sex of subject) between-subject factorial design was employed to examine the relationships between variables. Fourteen separate ANOVAs were used to determine significant results at $p > .05$. In scenarios where the wife verbally "provoked" the batterer she was viewed much less sympathetically than when there was no provocation, especially for male respondents, regardless of severity of violence. Furthermore, male participants in the study felt that men had more of a right to use physical force when the victim provoked the batterer (Pierce & Harris, 1993). A theme throughout this study noted by the authors was that of traditional stereotypes of gender, race, and crimes of violence. When women in the vignettes acted in non-stereotypical ways by swearing and cussing, this was considered non-traditional and she then received greater amounts of blame from participants.

This study used a sample of White undergraduate students at a Midwestern university, rather than a sample of helpers or those closely associated with survivors of violence. Additionally, no consideration was given to the influence of attitudes toward

gender roles, although these factors have proven to be significant predictors of blame toward survivors as well.

Witte et al. (2006). Adding additional victim behavior variables, Witte et al. (2006) sought to determine the effects of the victims' behavior, expectations about the perpetrator, severity of violence, and observer gender on attributions of IPV. They hypothesized that participants would view the victim as a cause for the assault based on her behavior prior to the violence, and therefore attribute greater blame to the victim than the perpetrator based on traditional theories of attribution (Jones & McGillis, 1976; Kelly, 1971b). Also hypothesized was that more blame would be attributed to the victim when she provoked the violence, when the perpetrator used moderate forms of violence, and when the perpetrator was not expected to be violent. Male participants were also expected to attribute less blame to the perpetrator and more blame to the victim than female participants. Approximately 300 undergraduate students were asked to read a set of four vignettes (modified from those used by Kristiansen & Giulietti, 1990) and respond to a series of questionnaires. First, participants rated on a 10-point scale the extent to which the victim and perpetrator caused, was responsible for, and was to blame for the violent incident. Participants were also asked if the perpetrator's behavior was expected based on the description about him, how much the victim provoked the incident, and how severe the violence was on a scale of 1-10, with 10 being the highest.

Results indicated significant main effects for many of the manipulated variables, aligning with the researchers' hypotheses. The victim's use of verbal aggression predicted lower levels of blame for the perpetrators and higher for the victims, and men

were more likely to attribute blame to the victims in general than female respondents. One unexpected result was that when the perpetrator was described as passive, participants rated the violence as less severe. According to Witte et al. (2006), based on Kelley's (1971b) target-based theory of attribution, those perpetrators who were described as passive would likely be judged as less violent simply based on their membership among the non-violent group, regardless of the severity of violence enacted.

Although this study improved upon previous research by grounding hypotheses in sound attribution theories, a significant limitation of this study was the lack of attention to gender role attitudes, rather than gender itself. Research beginning in the 1980s (Finn, 1986) began to examine the significant influence of gender role attitudes on attributions, and a major oversight since that time has been to examine gender instead of gender role attitudes, which have been shown to have greater predictive validity.

Chabot, Tracy, Manning, and Poisson (2009). Taking the influence of abuser's sex, severity, and attributions one step further, Chabot et al. (2009) examined these factors in relation to intervention decisions made by informal helpers. A convenience sample of undergraduate students (N = 71) was asked about abuse history, self-worth and esteem (Rosenburg's Self-Esteem Scale, 1965), and aggressive tendencies (Aggression Questionnaire, Buss & Perry, 1992). Participants were then asked to read four different scenarios depicting violence between partners, ranging from least to most severe and answer questions about their likelihood of intervening. Participants rated their likelihood of intervention on a scale of 1 (no chance) to 5 (definitely) and what kind of intervention they would engage in: call 911, talk to the victim, talk to the abuser, get physically

involved. To examine the influence of the abuser's behavior on likelihood of intervention, participants were asked which of the following reasons explained the behavior: being drunk, being poor, having negative personality characteristics, reacting to the situation, being abused as a child. The sex of the abuser was also manipulated so that respondents only read about either a male or female abuser.

Results in this study indicated that respondents were more likely to intervene if the abuser was male and if the participant had experienced abuse in childhood. Furthermore, participants were also more likely to intervene as the severity of abuse increased, suggesting that when abuse is more severe, bystanders may be more likely to provide help.

The results of this study suggest that severity of violence has some degree of influence on others' willingness to help victims. The researchers suggest that attributions about the abuser also have an influence on intervention; however, there are several limitations to the methodology used in this study. First, although the term *attributions* is used, the researchers appear to actually be looking at personal attributes or characteristics of the abuser, not inferences about the causes of behaviors. Second, this is yet another study using written vignettes to examine attributions and helping behaviors, where previous research suggests using more life-like methods to examine the congruence between reported and actual helping behaviors such as video vignettes (Foshee & Linder, 1997; Langhinrichsen-Rohling et al., 2004). In order to improve upon these methodological limitations, the current study will use both a sound theory of attributions and video vignettes to assess attributions of blame.

Bryant and Spencer (2003). In a study examining college students' attitudes about attributing blame in IPV, Bryant and Spencer (2003) used the Domestic Violence Blame Scale (DVBS; Petretic-Jackson et al., 1994) to measure the attribution of blame for IPV to situational, perpetrator, societal, and victim factors. Participants were asked to complete the DVBS and the Conflict Tactics Scale (CTS; Straus, 1979). The CTS measures reasoning, verbal aggression, and physical violence used by individuals to resolve conflict and consists of 19 seven-point Likert-type items. Results of this survey indicated that 39% of respondents had used emotional, physical, or sexual violence in relationships within the past year. Furthermore, male respondents were more likely to blame the victim for provoking her abuser into using violence. Results also suggested that individuals who reported participating in verbal aggression, minor violence, severe violence, and very severe violence were more likely to blame the victim for IPV. Bryant and Spencer reported these findings were similar to those in other studies and suggested that gender differences found were likely due to males being more traditional in their gender roles, where those who are more traditional also support greater levels of family violence (Bryant & Spencer, 2003).

Significant limitations of this study include the lack of attention to gender role attitudes rather than gender alone, even though this was discussed by the authors upon finding male participants were more likely to blame the victim possibly due to being more traditional in their gender roles. Furthermore, the use of self-report measures of conflict tactics and blame allow for a great deal of incongruity between what is reported and the participants actual behaviors (Bryant & Spencer, 2003). Providing more realistic

measurement options might help researchers to gain additional insight into how individuals will actually behave in a given situation.

Yamawaki et al. (2009). The aim of this study was to identify the mediating role of ambivalent sexism, gender role traditionality, victim injury, and frequency of assault on Japanese and American college students' perceptions of an incident of IPV. Participants in this study included 101 American undergraduate psychology students at a private American university and 103 Japanese undergraduate education students at a private Japanese university. Each participant read one of three vignettes depicting an incident of IPV between a husband and wife. The first scenario, control, included no description of injury to the victim and no mention of a history of abuse. The second scenario included details about the injury the victim incurred. The third scenario varied in the description of the frequency of violence. After reading the vignette, participants completed the perceived seriousness of violence measure, the victim blame attribution measure, the excuse-perpetrator measure, the Ambivalent Sexism Inventory (ASI; Glick & Fiske, 1996), and the Sex Role Ideology Scale (Kalin & Tilby, 1978). Results indicated that Japanese students found the violence less serious than American students, but that male students in general tended to blame the victim more than female students. For the victim blame attribution measure, there were main effects for country, benevolent sexism, and gender role attitude, and Japanese students with greater endorsement of benevolent sexism and more traditional gender roles expressed greater levels of blame toward victims (Yamawaki et al., 2009).

This study provided insights into the influence of gender role attitudes and ambivalent sexism on attributions toward women who have experienced battering. This study reiterated earlier research findings (McConahay & McConahay, 1977; Sanday, 1981) that those with more traditional gender role attitudes were also more accepting of violence toward women. This study followed suit with previous research and used written vignettes and self-report measures to assess the dependent variables. Furthermore, this study is among a long list of others examining similar factors without consideration of the tendency of participants to respond in a socially desirable manner.

Summary of Community Members' Perceptions

There has been a wealth of research to identify how others perceive violence between intimate partners, but several methodological limitations are pervasive across studies. Not only have these studies relied heavily on self-report measures, but there has been a comprehensive lack of use of social desirability measures in these studies as well. Foshee and Linder (1997) suggest a possible gap between service providers' reported motivations to help and actual helping behaviors. Adding a measure of social desirability may help researchers to begin to narrow this gap between reported and actual helping behaviors by exploring respondents' propensity to answer in a socially desirable manner.

An examination of counselors' perceptions may or may not be any different from those of lay persons when it comes to women who have experienced IPV, due in large part to being socialized under many of the same societal norms, expectations, and values (Wandrei & Rupert, 2000). An additional benefit to investigating factors shown to increase blame among lay-persons is the counseling field can begin to understand the

processes that helpers (both lay and professional) use to form judgments regarding IPV and the variables that may play important roles in these judgments. Such an understanding of a wide range of factors may help those who work with survivors of IPV (e.g., counselors) to assess their own attributions about the causes of violence. Furthermore, greater understanding can lead to a reduction in biases and inaccurate interpretations of women who have experienced battering (Witte et al., 2006).

Non-counseling Helping Professionals' Perceptions of Women Who Have Been Battered

Prior to or in concordance with counseling, many women who have experienced battering also utilize other community services and come in contact with other types of helping professionals. These helpers include nurses and emergency room staff, social workers, police, and legal aide, among others. The following section will provide a review of the research examining these helpers' attitudes toward and perceptions of women who have experienced battering.

Coleman and Stith (1997). Some of the first helpers to come in contact with a woman who has experienced battering are nurses and other staff of emergency rooms and health care clinics. Coleman and Stith (1997) examined the role of gender role attitudes and sense of control over one's life in sympathy toward women who had been battered among nursing students. Two hundred and twenty-one students in bachelor's and associate's nursing programs at three universities were surveyed to examine their gender role attitudes via the Sex Role Egalitarianism Scale (SRES; Beere et al., 1984), perceived control via the Perceived Control measure (Mirowsky & Ross, 1991), conflict tactics via

the Conflict Tactics Scale (CTS; Straus, 1979), family violence in family of origin via the Family Violence Scale (Bardis, 1973), and sympathy for battered wives via the Inventory of Beliefs about Wife-Beating (Saunders, Lynch, Grayson, & Linz, 1987). Results revealed that those nursing students who had more egalitarian gender role attitudes and more perceived control over their lives had more sympathy toward battered women. Furthermore, gender role attitudes as measured by the SRES were found to be the best predictor of attitudes toward victims of IPV.

These researchers asked participants to self-report their own experiences of violence in their lives, which, due to the difficulty some have in disclosing their abuse histories, may be a limitation of this study. The CTS also uses stereotypic descriptions of violence, possibly limiting participants' responses to these alone and discounting other acts the participants considered abusive in their own lives.

McMullan et al. (2010). Not only do nurses and medical professionals come into contact with women who have been battered, police officers and social workers also play a large role on the front lines of helping these women. McMullan et al. (2010) explored the attitudes of college students planning to work in three different helping fields and asked about their perceptions of IPV. They compared future law enforcement officers to future social workers and non-law-enforcement criminal justice majors on measures of whether or not various scenarios were related to IPV and worth being reported to law enforcement. They also examined perceptions in relation to the victim's sexual orientation, severity of the violence, and the gender of both victim and offender. Participants in this study completed a survey instrument designed for this study, based on

previous studies investigating perceptions of IPV. Forty-nine scenarios were included in the survey and were divided into three social classifications (married, heterosexual dating partners, same-sex dating partners), then further divided six subcategories. These included victim-offender dyads (number of scenarios included in survey follow in parentheses): husband to wife (8), wife to husband (7), boyfriend to girlfriend (8), girlfriend to boyfriend (7), boyfriend to boyfriend (8), and girlfriend to girlfriend (7). Each subgroup also included varying severities of violence ranging from serious to less serious for physical, sexual, and psychological violence. Each scenario was rated by participants on a 4-point Likert-type scale ranging from "never" to "always," regarding whether it qualified as IPV. Results of this study indicated that graduate students, females, and White students were more likely to identify IPV and suggest it be reported to law enforcement than were undergraduates, males, and African American students. Law enforcement students also appear to be less likely to identify IPV than those in social work majors.

Although this study bridged an important gap in helping professionals' perceptions of IPV, there are limitations to mention as well. A number of different factors were examined, both related to the actor and the observer, which made the results difficult to follow. Violence between same-sex and heterosexual relationships, violence inflicted by both male and female partners in heterosexual relationships, and severity of violence were examined among three different groups of students in three different universities, categorized as having either primarily African American student bodies or

White student bodies. The addition of these variables makes this study difficult to understand and to replicate.

Thapar-Bjorkert and Morgan (2010). In a qualitative discourse analysis, Thapar-Bjorkert and Morgan (2010) interviewed 15 victim services volunteers who work closely with women who have experienced battering. This study provides important insights into some of the underlying structures that contribute to continued blame of women. The authors argue that the social context in which victimization and violence are conceptualized inform the way in which helpers (formal and informal) view victims as well. A dichotomy between a culture of blame and a culture of responsibility may contribute to an ideological dilemma for those who are supposed to support victims. This dichotomy occurs based on three cultural norms: placing responsibility on women for their victimization and absolving perpetrators of responsibility, the surveillance of victims and the expectation they should act in specific ways, and unintended attitudes that may not challenge the language used toward victims of violence.

When asked whether the women they worked with were ever to blame for the violence they experienced, there were mixed responses. Several volunteers gave absolute statements indicating there was no blame on the part of the victim; others however, were less firm in their blame attributions. For example, one victim services volunteer stated "but sometimes I think . . . they put themselves in the situation," and another stated "So I—you know—I'm not a subscriber to the view that women do bring it on themselves, although sometimes I think people don't know when to stop and they don't know when to shut up!" (p. 41). Another volunteer expressed this dichotomy between blame and

responsibility as, “And I think she had a pretty raw deal . . . but on the other hand, so did he, because you knew he was violent, but again she kept going back for more, didn’t she? And she married him knowing how violent he was” (p. 45).

Results of this study point to the need for and understanding of the underlying processes in the formation of beliefs and attributions of women who have been battered. Even those who work closely with battered women clearly struggle with the dichotomy between victim blame and a culture of responsibility. The following studies will provide additional insight into these processes for mental health professionals.

Mental Health Professionals’ Perceptions of Women Who Have Been Battered

Although a great deal of research has examined the roles of various factors in influencing perceptions and attitudes toward women who have experienced IPV, the research examining the perceptions held by mental health professionals is much more limited. Even more limited is research examining counselors specifically.

Harway and Hansen (1993). In order to examine how therapists assess for and intervene in cases of IPV, Harway and Hansen (1993) conducted two separate studies. In the first study, a sample of (N = 362) marriage and family therapists (members of AAMFT) were surveyed by mail regarding their perceptions of IPV. Respondents were primarily master’s level clinicians, while 32% reported having a doctorate. Participants were asked to read one of two actual cases (in one of which, unknown to participants, the woman was later killed) and give a conceptualization of that case, as well as recommended interventions. Results indicated that 40% of those surveyed failed to acknowledge the violence as an issue and 91% of those who did acknowledge the

violence suggested it was mild or moderate. Over half of participants, 55%, stated no immediate intervention was necessary regarding the violence, while only 11% reported they would help the woman obtain a protection order and work on safety planning. Furthermore, 14% of these marriage and family therapists would work on the couples' communication style. This intervention has been contraindicated for couples where violence is present (Bograd & Mederos, 1999; Simpson, Doss, Wheeler, & Christiansen, 2007).

In the second study, Harway and Hansen (1993) surveyed 405 members of the American Psychological Association (APA). Nearly all (99%) of respondents were doctoral level psychologists. Participants were provided with the same case vignettes as those in the first study and were then asked to provide a diagnosis. Participants were then told that the woman in the case vignette ended up being murdered by her husband. Researchers asked participants to describe interventions they might have made and goals of the interventions, the underlying dynamics in the case, expected outcomes of interventions, and any relevant legal and ethical issues.

The most common diagnosis given by psychologists was focused on the couple's marital problems (23% of respondents), followed by diagnosing both the husband and wife with some form of pathology. After discovering the wife had been murdered, a number of respondents (31%) indicated that dynamics between the couple were most salient, followed by 19% indicating the husband's underlying dynamics, and an additional 8% actually blamed the wife for the abuse. Additionally, even after being told

that the wife was murdered, only 50% of respondents reported they would seek a protection order for her.

Results of both above studies suggest that therapists across disciplines are not able to identify IPV among clients at alarming rates and are also, by and large, not able to identify appropriate interventions if violence is recognized. Although these studies did not give a great deal of attention to therapists' underlying beliefs and attributions, some of these attributions were portrayed in the results, as indicated by those respondents who blamed the victims. Results are consistent with other research suggesting battered women who have sought counseling have reported feeling blamed when the therapist failed to recognize or accurately validate the abuse (Davis, 1984; Heppner, 1978; McLeod et al., 2010).

Wandrei and Rupert (2000). Wandrei and Rupert (2000), nearly a decade later, examined psychologists' conceptualizations of IPV. These researchers began to build upon previous research by examining some of the factors that may contribute to psychologists' lack of awareness of and attention to violence between intimate partners. Participants in this study were practicing clinical and counseling psychologists from across the U.S. Researchers used a correlational design based on Weiner's (1980) Model of Motivated Behavior (Wandrei, 1997; Weiner, 1980) to determine attributions of IPV. Participants were asked to read a short vignette depicting a woman seeking counseling, in which the severity of violence and the woman's history of violence in previous relationships were varied. Each respondent then completed a measure of causal attributions and outcome expectations for the relationship. Results of this study indicated

that the woman in the vignette was attributed higher levels of responsibility for the violence when she had a history of violence in previous relationships. As the women portrayed in the vignette for this study had left her abuser more than one time, this variable may also impact the level of blame attributed to the woman in the current study.

Although results of this study suggest that psychologists may not be as blaming as other helpers and lay perceivers, there still seems to be some gap between attributions and conceptualization of clients. Several factors have been shown to increase the amount of blame and/or responsibility that is placed on women who have been battered, but there was little attention to these factors in this study. Furthermore, mental health professionals are encouraged to examine personal biases as to not influence their clients with their personal beliefs and so may not be as open to expressing their true opinions about women who have been battered and IPV for fear of not being seen as open and empathic. A limitation of this study is that no measure of social desirability was employed in order to assess for psychologists' tendency to respond in a socially desirable manner.

Counselors' Perceptions of Women Who Have Been Battered

Jackson, Witte, and Petretic-Jackson (2001) emphasized the importance of research examining the perceptions of women who have been battered, suggesting a focus:

> on the underlying attitudes and beliefs held by clinicians, clients, and other groups of individuals, both lay and professional, who interact with victims and perpetrators of interpersonal violence, in particular, domestic violence. We suggest that clinicians must be aware of these attitudes and the salient factors that contribute to beliefs such as acceptance of violence or victim blame. (p. 154)

This section provides an overview and critique of the limited research on counselors' attributions of women who have been battered, while providing evidence to support further research in this area.

Cline (1999). In an unpublished dissertation Cline (1999) began to identify counselors' perceptions of female clients who had been battered. This researcher explored the impact of a hypothetical client's causal attributional style on counselors' perceptions of therapeutic change. Although the term "counselor" was used in this research, participants ranged from master's level counseling and counselor education students (76%) to doctoral students in counseling psychology at one large Midwestern university. Each participant read four vignettes representing a female client's intake summary; each of the four vignettes varied in client's attributional style (external/stable, external/unstable, internal/stable, internal/unstable). Participants then completed a 7-item, 7-point Likert-type scale assessing their perceptions of the hypothetical clients.

Results of this study indicated a significant interaction between attributional style of the hypothetical client and the gender of the participant, suggesting that participants' perceptions varied based on how the hypothetical client presented in counseling. Male participants seemed to view the hypothetical client similarly to other clients, predicting that a client who took greater responsibility for causing and solving the issue would make a greater amount of change in therapy. Although male and female participants differed when the client in the vignette had an Internal/Unstable attributional style, there were no gender differences for the other three attributional styles.

A major limitation of this study may be the self-selection of participants, where those who chose to participate already may have already had more egalitarian views. Furthermore, researchers suggested that participants may have chosen to respond in ways that were socially acceptable or politically correct; this suggests the importance of using a measure of social desirability in the future, as well as employing a methodology to close the gap between reported and actual behavior. The factors explored in previous research proven to influence attributions also were not examined in this study, suggesting there may have been underlying beliefs and values impacting participants' attitudes and perceptions of the clients' attributional style.

Preece (2008). In a more recent unpublished dissertation, Preece (2008) examined counselors' attitudes toward women who have been battered, while also considering some factors that have been shown to influence perceptions. In this exploratory study, the researcher surveyed a sample of professional members of the American Counseling Association (ACA) in order to investigate the relationship between just-world beliefs, attitudes toward women, blame attribution, and personal abuse history (independent variables) and attitudes toward battered women (dependent variable). Participants were asked to complete measures for each of the above variables via an online survey in order to assess general attitudes toward women who have been battered using a measure of acceptance of interpersonal violence. Results indicated that a combination of all independent variables significantly predicted attitudes toward battered women, accounting for 11.4% of the variance, where blame attribution alone accounted for 9.9% of the variance in the dependent variable (Preece, 2008).

Although this study is a first step in assessing attitudes toward and perceptions of women who have been battered, there were several limitations to this study as well. First, a clear definition of attitudes toward battered women, the dependent variable, was never provided, particularly in relation to the dependent variable measure, the Acceptance of Interpersonal Violence Scale (AIVS; Burt, 1980). Additionally, this important study lacked a sound theoretical underpinning to justify the examination of counselors' attitudes.

Summary of Counselors' Perceptions of Women Who Have Been Battered

Although there is a dearth of research examining counselors' perceptions of women who have been battered, the previously described studies provide a great deal of new insight into how counselors may conceptualize IPV and battering. First, personal beliefs have been found to predict attitudes toward women who have been battered. More importantly, attributions of blame have proven to be a significant predictor of attitudes of acceptance toward the use of violence within relationships.

Personal beliefs shown to influence counselors' perceptions include just world beliefs and attitudes toward women; however, these factors in combination with one another provide additional predictive information regarding perceptions of women who have been battered. Additionally, information gathered from studies of other mental health professionals (e.g., Wandrei & Rupert, 2000) provides further evidence of how personal beliefs and attitudes influence perceptions of and attitudes toward clients. Although it is often the goal of counselors and other mental health professionals to leave

their personal beliefs and attitudes outside of the therapeutic office, it appears that these beliefs and attitudes may somehow influence our perceptions of our clients regardless.

Next, the client's attributional style has proven to impact counselors' perceptions; however, attribution theory has not been applied to the process by which counselors' formulate attributions toward their clients who have been battered. Participants' gender is also a significant predictor of attitudes toward women who have been battered, suggesting further examination of the underlying beliefs of men and women that may contribute to these varying attitudes. In previous literature, some researchers have suggested that more influential than the individual's gender, is the individual's gender role attitude (Hamburger et al., 1996); that is, what are an individual's beliefs about the roles of men and women. Examining counselors' gender role attitudes vs. their gender alone may provide additional insights into if and how these attitudes are impacting attitudes toward female clients who have experienced battering.

A further aim of the current study is to improve upon the methodological limitations of previous research examining counselors' attributions of women who have experienced battering. Particular attention to social desirability may begin to account for some of the methodological limitations in assessing for attitudes toward a potentially vulnerable population, particularly among samples of counselors who are trained to increase their awareness and decrease bias toward all clients. Additionally, both Cline (1999) and Preece (2008) noted the specific importance of assessing attributions, yet, only Cline (1999) used attribution theory to support this claim. Finally, important information regarding attributions of blame have been gained from previous research;

however, it is the aim of the current study to improve upon the assessment of attributions by also exploring the variables that contribute to the attribution formation process, such as gender role attitudes and ambivalent sexism.

Summary

Upon review of the relevant literature, the need to assess for counselors' attributions of blame toward female survivors of battering is clear. Battering affects a significant number of women each year and is the cause of a number of physical and mental health consequences. Counselors are often on the front lines as these women begin to seek relief from the many consequences of battering, but may not be well prepared to meet the needs of their clients. Therefore, women seeking counseling services are often left feeling blamed and revictimized by the counselor's response; however, we do not yet know what specific factors influence counselors' interaction with women who have been battered.

Not only has the literature examining attitudes toward women who have been battered closely examined the role of gender role attitudes on perceptions, the extant literature on gender roles has provided strong evidence to suggest that our perceptions and behaviors are heavily influenced by our beliefs about the roles of men and women (McConahay & McConahay, 1977; Sanday, 1981). Gender role attitudes have been shown to influence individuals attitudes toward mental illness (Hinkelman & Granello, 2003), perceptions of men and women (Kernes & McWhirter, 2001), and even counselor skill development (Fong & Borders, 1985).

Furthermore, the extant literature surrounding community members' attributions of blame toward women who have been battered suggests a link between levels of blame and gender role attitudes and ambivalent sexism. A series of studies suggest the influence of underlying beliefs on attributions toward women who have been battered; it has also been suggested that counselors are not exempt from these attitudes (Harway & Hansen, 1993). Since the mid 1980's, gender role attitudes and attitudes toward women have been linked to attributions of blame toward women who have been battered (Finn, 1986; Esqueda & Harrison, 2005; Kristiansen & Giulietti, 1990; Willis et al., 1996; Yamawaki et al., 2009). Although not as commonly examined, ambivalent sexism has shown to influence attributions of blame as well (Driskell, 2009; Yamawaki et al., 2009). In particular, ambivalent sexism has been used as a way to examine the influence of subjectively positive sexist attitudes toward women. As it is unlikely that counselors are exempt from these attitudes, an important next step is to explore the relationship between gender role attitudes, ambivalent sexism, and blame toward women who have been battered among counselors. Furthermore, by examining these attitudes among counselors we can begin to determine how to provide more comprehensive, unbiased treatment to women who have experienced battering.

Studies of helpers' and lay-persons' perceptions have relied heavily on the use of vignettes, primarily in order to manipulate variables related to victims/clients. The argument made in the literature for the use of vignettes is that they provide a reasonable way to obtain attitudes based on life-like scenarios, although the use of video vignettes,

videos of real-life scenarios (Langhinrichsen-Rohling et al., 2004), or actors portraying help-seekers (Foshee & Linder, 1997) may provide more realistic measures of attitudes.

The proposed study will permit counselor educators to facilitate increased awareness of biases among counselors. The goals of this study are to identify the roles of gender role attitudes and ambivalent sexism on counselors' attributions of blame toward women who have been battered and to validate a long-used model of attribution formation as it applies to this population. Weiner's (1980) model of motivated behavior provides a framework within which to tie these pieces together. By using the first section of Weiner's (1980) model, the proposed study will explore the link between an incident of battering and the factors that influence counselors' attributions of blame, setting the stage for future examination of the influence of attributions of blame on counselors' willingness to help survivors of battering.

CHAPTER III

METHODOLOGY

The focus of this study was to assess counselors' attributions of blame toward women who have been battered and identify the influences of gender role attitudes and ambivalent sexism in these attributions through the use of a clinical video vignette. In this chapter the following sections summarize the research questions and hypotheses, sample, design, stimulus materials, pilot procedures, full study procedures, and analyses. In addition, pilot study revisions conclude the chapter.

Research Questions and Hypotheses

Research Question 1: What is the relationship between sex-role egalitarianism, ambivalent sexism, and counselors' attributions of blame toward clients who have experienced battering?

Hypothesis 1: A negative relationship exists between gender-role egalitarianism, and counselors' attributions of blame, and a positive relationship exists between ambivalent sexism and counselors' attributions of blame toward female clients who have experienced battering.

Research Question 2a: Do counselors' sex role attitudes and ambivalent sexism predict attributions of blame toward women who have been battered?

Hypothesis 2a: Counselors' gender role attitudes and ambivalent sexism predict attributions of blame toward women who have been battered.

Research Question 2b: Does counselor training in family violence add any additional information to the prediction of attributions of blame toward women who have been battered? *Hypothesis 2b:* Counselors' training in family violence provides additional information to the prediction of attributions of blame toward women who have been battered.

Research Question 3: Is there an interaction between gender role attitudes and ambivalent sexism and the amount of blame attributed to women who have been battered?

Hypothesis 3: There will be an interaction between gender role attitudes and ambivalent sexism, where counselors with less egalitarian gender role attitudes and higher levels of ambivalent sexism will attribute greater blame to women who have been battered.

Participants

Participants for this study were recruited via listservs of members sent out by each listserv administrator of various state counseling associations. The listserv for each state counseling association includes professional counselors and those under provisional licensure. One additional state provided a list of members directly to this researcher for participant recruitment. Criteria for participation include at least one full year of post-master's counseling experience and either a professional or provisional license such as a Licensed Professional Counselor (LPC), a Licensed Mental Health Counselor (LMHC), or a Licensed Professional Counselor Associate (LPCA). Based on an a priori analysis using G*Power (Faul, Erdfelder, Lang, & Buchner, 2007), a minimum of 68 participants

were needed for adequate power (.80) in order to obtain a moderate effect size (.15) and $p > .05$ for the multiple regression analyses with two predictors.

Instrumentation

Participants in this study completed several instruments in an online survey format. After completing the informed consent document, each participant viewed a short video created by this researcher that depicts a woman presenting for an initial counseling session. Next, participants completed a revised version of the Victim-Blame Attribution Scale (Yamawaki et al., 2009). Participants then completed the Sex Role Egalitarianism Scale- Short Form KK (Beere et al., 1984), the Marlowe-Crowne Social Desirability Scale- Short Form (Reynolds, 1982), and the Ambivalent Sexism Inventory (Glick & Fiske, 1996) in that order, followed by a brief, demographic questionnaire. In order to avoid the introduction of gender role and sexism biases into the Blame scale, the video vignette and blame scale were completed prior to the instrumentation for the predictor variables. Psychometric properties of each instrument are detailed below.

Video Vignette

A vignette was developed by this researcher to portray a “typical” woman seeking counseling for difficulties related to having been battered. A “typical” case was developed based on demographic trends reported in existing research studies investigating samples of women who are residents of shelters. The primary consumers of shelter and counseling services for issues related to battering are Caucasian women in their early thirties (Clevenger & Roe-Sepowitz, 2009; Constantino et al., 2005; Gordon et al., 2004; Harding & Helweg-Larsen, 2009; Lundy & Grossman, 2009) who are either

married or in long-term cohabiting relationships (Constantino et al., 2005; Gordon et al., 2004; Harding & Helweg-Larsen, 2009; Lundy & Grossman, 2009). Most of these women have a high school education, are unemployed, have 1-2 children (Clevenger & Roe-Sepowitz, 2009; Constantino et al., 2005; Gordon et al., 2004; Harding & Helweg-Larsen, 2009; Lundy & Grossman, 2009; Simmons et al., 2008), and sought shelter at least one previous time (Harding & Helweg-Larsen, 2009; Griffing et al., 2002). The woman in the vignette will represent the "typical" woman who seeks both shelter and counseling and was specifically designed for the present study. She is attending an initial counseling session and describes a recent incident of violence with her partner, as well as provides details suggesting a pattern of violence and battering in the relationship (see Appendix D for the script of the vignette). The vignette script was created by the primary researcher, then reviewed and revised with the aid of the dissertation committee. The script was developed around common themes and client characteristics identified in the literature. The script was first reviewed by two committee members from the Department of Counseling and Educational Development. This researcher and one faculty committee member with expertise in IPV then practiced and made final revisions to the vignette script. Finally, the vignette script was sent to a committee member from the Women's and Gender Studies and Public Health Departments with expertise in IPV for final review.

The video vignette was created with the aid of a master's level counseling student with a background in theater and a master's level counseling student with a film studies background. The first student portrayed the woman in the vignette. The second student

both directed the production of the video vignette and aided in editing and use of technology. Upon completion of all editing, the video vignette was sent to both dissertation committee chairs for review. It was determined that the video was appropriate for use and was approved for use in both the pilot and full study.

Violence Blame Attribution Scale (VBAS)

The Violence Blame Attribution (VBAS) Scale (Yamawaki et al., 2009) was derived from a scale of rape blame attributions (Langhinrichsen-Rohling & Monson, 1998) in order to assess blame attributions toward victims of IPV. The original scale of rape attributions, the Sex-Role Stereotypical Victim Blame Attributions Scale, was developed to assess the amount of blame that was attributed to a wife in a case of marital rape. In this study, a sample of 50 male and 50 female undergraduate students were recruited as part of a larger study "investigating situational and individual difference variables related to acquaintance rape attributions" (p. 436). The larger study examined whether a history of consensual intercourse between a victim and perpetrator influenced attributions about nonconsensual intercourse across varying levels of relationships between perpetrator and victim. Participants were assigned to one of four conditions (i.e., stranger, early dating, late dating, or marriage). The subsample of participants assigned to the marriage condition was used in the development of the rape attributions scale. A within-group variable (i.e., the presence, absence, or lack of information about physical violence) was used to test the influence of a history of between partner violence on perceptions of marital rape. Vignettes were designed specifically to manipulate the married couples' history of IPV. After viewing vignettes, participants were asked to

complete a series of questionnaires, including the Sex-Role Stereotypical Victim Blame Attributions Scale created by these researchers. The four questions on the scale included the following: "(1) how much control did 'Jenny' have in this situation?, (2) How much did 'Jenny' enjoy this situation?, (3) How obligated was 'Jenny' to engage in sexual relations in this case?, (4) How interested was 'Jenny' in having sexual relations?" (Langhinrichsen-Rohling & Monson, 1998, p. 439). Responses to the four items were summed to create a BLAME score, where higher BLAME scores indicated "the endorsement of greater sex-role stereotypical attributions about the victims' blame in the rape" (Langhinrichsen-Rohling & Monson, 1998, p. 439). Langhinrichsen-Rohling and Monson (1998) reported a reliability coefficient of .64 on the original scale, which consisted of four, 10-point Likert-type items ranging from 1 (minimum) to 10 (maximum).

Monson, Langhinrichsen-Rohling, and Binderup (2000) further validated this scale in a study of college students' perceptions of blame in cases of marital rape, while controlling for participant gender and situational factors. The alpha reliability coefficient for the BLAME scale in this study was .64 (Monson et al., 2000). Additionally, this scale has been used to assess rape blame in a study of marital dissolution (Ewoldt, Monson, & Langhinrichsen-Rohling, 2000).

The adapted scale for battering included five self-report items on a Likert-type scale, ranging from 1 (strongly disagree) to 7 (strongly agree). Yamawaki et al. (2009) added an additional item to the previously described blame scale in order to account for differences between rape attributions and IPV. Example items include, "Marci had some

faults in this incident" and "Marci provoked this incident." Higher scores on the scale indicate greater levels of blame toward women who have been battered. This IPV blame scale was developed in a study of victim blame attributions among Japanese and American college students and showed an alpha reliability coefficient of .82 (Yamawaki et al., 2009). Items on the scale are reverse scored and summed, providing a total Blame score; higher scores indicate greater attribution of blame. This scale has not been used in any additional known studies at this time. Additionally, the inconsistent alpha reliability coefficient of this measure is a limitation, possibly representing the difficulty of measuring this construct, as people may not be consistent in their opinions and attributions.

Finally, the scale created by Yamawaki et al. (2009) was revised for the current study (Appendix E). The current scale includes six self-report items on a Likert-type scale ranging from 1 (Strongly disagree) to 7 (Strongly agree). Again, items on the scale are reverse scored and summed, providing a total blame score.

Sex Role Egalitarianism Scale (SRES)

The Sex Role Egalitarianism Scale (SRES; Beere et al., 1984) Short Form (King & King, 1990) assesses attitudes toward gender role flexibility. An individual who holds an egalitarian sex-role attitude "believes that the sex of an individual should not influence the perception of an individual's abilities or the determination of an individual's rights, obligations, and opportunities" (Beere et al., 1984, p. 564).

The measure specifically addresses traditional and nontraditional gender roles. An individual who scores high on this scale is expected to be less discriminatory and more

tolerant of both women and men who exhibit nontraditional gender roles. The primary factor distinguishing this scale from similar scales purporting to measure gender role attitudes is that this scale attempts to assess the attitudes toward both men and women in non-traditional roles, whereas others focus only on the roles of women or general sexist attitudes (e.g., The Attitudes Toward Women scale, Spence & Helmreich, 1972; the Modern Sexism scale, Swim, Aikin, Hall, & Hunter, 1995). Creation of the items was based on ensuring that both sexes were made reference to and compared with one another. Example items include, "Husbands and wives should be equally responsible for the care of their aging parents" and "Women should be given special courtesies not given to men." In addition, some items were created to reflect a radical sex-role bias, defined as a bias toward one sex or the other. The authors originally suggested that items representing egalitarian and nonegalitarian ideals would be opposite one another; however, it was then found that responses to some of these items may suggest a bias toward men or a bias toward women. Specific items were included to identify those individuals who believed men or women were superior to one another, rather than egalitarian (Beere et al., 1984). These items measure either a radical feminine bias (RFB) or a radical masculine bias (RMB).

Originally, 524 items were created for the initial assessment and were divided into their respective domains by psychology graduate students (Beere et al., 1984). Domains were created *a priori* based on literature representing the major roles present in an adult's life. Five differential domains are measured within the final items: Marital Roles, Parental Roles, Employment Roles, Social-Interpersonal-Heterosexual Roles, and

Educational Roles. Items on which all reviewers were in agreement were retained; of these remaining items, between 40 and 42 items were selected from each domain, depending upon the number of items in each domain determined necessary to measure each construct adequately. These 204 items were then administered to 530 undergraduate and graduate students and other individuals from the community around Central Michigan University in order to validate the remaining items. Items that did not correlate highly with the total score for a specific domain were removed. To further validate the instrument, the authors constructed alternate forms using the remaining items. All items were separated into (a) unambiguous egalitarian items, (b) RFB items, and (c) RMB items. Item-total correlations were used to eliminate any items that reduced the internal consistency of each domain score until there were 38 items in each domain, with equal numbers of RFB and RMB items. Items were then alternately assigned to Form B or Form K in order to increase construct validity of the instrument. The scale was also later separated into two 25-item short forms, BB and KK (Form KK is used in this study), by taking alternating items from each of the five domains, resulting in five questions from each domain. In examining the psychometric properties of the short forms, King (1990) determined an alpha coefficient of .94, a stability coefficient of .88, and an equivalence reliability of .87 between the two short forms. Domain subscale scores are not recommended for either short form of the SRES due to just five items of each domain being included, which was considered too small a number to adequately determine significance (Beere, King, & King, 1991).

To determine the psychometric characteristics of the resulting full Sex Role Egalitarianism Scale, Forms B and K were administered to 56 police officers, 59 older adults, 141 undergraduate students enrolled at a private business college, and 111 undergraduate students at Central Michigan University. Some respondents in each group completed both forms B and K on a single occasion, some completed both forms 3-4 weeks apart, some completed the same form on two separate occasions, and some completed both forms on two separate occasions. Internal consistency for both scales total score was a = .97, with a mean internal consistency for the domains ranges of a = .873. Scores were obtained for each of the five domains, as well as the total score. The scale has been used with samples of female and male college students, police officers, students in an undergraduate business college, female employees at a military installation, men enrolled in substance abuse and anger abuse programs, and feminist women (Gold & Hawley, 2001; King & King, 1983a). Respondents rate their degree of agreement with each of the 25 items along a 5-point Likert-type scale ranging from "strongly agree" to "strongly disagree." There are no cut-off scores that serve to classify participants into "non-egalitarian" and "egalitarian" categories, but rather the authors suggest the goal is to reliably measure individual differences to obtain meaningful answers to scientific questions (King & King, 1983a).

Although a limitation of this instrument is its age, it has remained one of the most widely used scales of gender role attitudes for roughly 25 years. An additional strength of the SRES is its ability to measure attitudes toward both men and women in nontraditional roles, whereas other similar scales measure only attitudes toward women (i.e., Attitudes

Toward Women Scale, Spence & Helmreich, 1972; Modern Sexism Scale, Swim et al., 1995). In a study of just-world beliefs and sympathy among female nursing students, Coleman and Stith (1997) used the SRES to predict attitudes toward women who had been battered. The reliability coefficient for the short form SRES in this study was .88 (Coleman & Stith, 1997). More recently, in a study of rape perceptions among college students, Yamawaki (2007) found the SRES to be a significant predictor of victim blame, excuse of the perpetrator, and minimization of the seriousness of the rape. Internal consistency for the SRES in this study was .93 (Yamawaki, 2007). Furthermore, changes in the expression of nonegalitarian and sexist attitudes have been found to be expressed in more covert forms and have encouraged the development of scales to assess these attitudes, such as the ASI that examines both overt and subtle forms of sexism (Glick & Fiske, 1996).

Ambivalent Sexism Inventory (ASI)

The Ambivalent Sexism Inventory (ASI), developed by Glick and Fiske (1996), was designed to measure both benevolent and hostile feelings toward women. The instrument consists of two subscales of Hostile Sexism (HS) and Benevolent Sexism (BS), and three subfactors, power, gender differentiation, and heterosexuality (McHugh & Frieze, 1997). This measure was developed under the assumption that sexism should be conceptualized under two distinct reflections of attitudes toward women. Historically, sexism has been thought of as hostility toward women. The authors purported that this view neglects “the subjectively positive feelings toward women that often go hand in hand with sexist antipathy” (Glick & Fiske, 1996, p. 491). The scale was created with the

goal of assessing both hostile and benevolent sexism and of being administered and scored quickly and easily. The scale was also developed with the goal of tapping 3 subcomponents hypothesized to comprise hostile and benevolent sexism: Paternalism, Gender Differentiation, and Heterosexuality. Paternalism refers to the dominant and protective ways in which men interact with women. Gender differentiation proposes a social justification for male power, where only men are perceived as having the traits to govern and men's and women's traditional roles complement one another. Finally, Heterosexuality refers to the intimacy men desire with women in relationships. Data were compiled from six studies in order to develop and validate the ASI. A total of 2,250 participants were part of this process; samples for four of the six studies were selected from groups of undergraduate students at three different universities, data from two of the studies were collected from nonstudent samples of adults in the community.

In the initial study, data were gathered from three subsamples of similar size to develop the initial 140-item questionnaire. Undergraduate students from three different universities were asked to complete a survey of "attitudes toward men and women and their relationships in contemporary society" (Glick & Fiske, 1996, p. 495). The primary goal of this initial study was to reduce the 140 original items through the use of exploratory factor analysis. Items with extreme means were excluded; those with a score of 1 or less or more than 4 (0-5 scale) were excluded, leaving 112 items for the principal components analysis with a varimax rotation. The principal components analysis with varimax rotation indicated the two strongest factors were HS and BS, accounting for 23% and 6% of the variance, respectively.

The ASI was narrowed to 22 items following the principal components analysis, consisting of 11 HS and 11 BS items. An exploratory factor analysis of these 22 items indicated one hostile sexism factor and 3 benevolent sexism factors (paternalism, gender differentiation, and heterosexuality). Glick and Fiske (1996) proposed a model of Benevolent Sexism that consisted of 3 distinct components; Paternalism, Gender Differentiation, and Heterosexuality. Confirmatory factor analysis with LISREL was then used to establish a model for these components of BS with the data from Study 1.

Several further studies were conducted in order to complete the development of this instrument. Both student and non-student samples were used to validate different configurations of the 22-item ASI and other psychological inventories were completed by participants to further assess the factor structure of the instrument. Participants completed the 22-item ASI and a questionnaire regarding their attitudes toward and traits they ascribe to women or to men, depending on random assignment of questionnaires.

The factor structure and model indicated by the results of Study 1 were examined in the follow-up studies. Goodness of Fit Index (GFI) and Adjusted Goodness of Fit Index (AGFI) were used to assess the fit of the data from the additional samples to the model. All data from the five samples fit with two factor structure determined in the principal components analysis in Study 1. In addition, the three subfactors of BS emerged even more clearly in the analysis of the data from the additional samples. The reliability reported for Benevolent Sexism and Hostile sexism were .89 and .81, respectively.

Table 1

Summary of Studies 1-6 Used to Develop the Ambivalent Sexism Inventory

Study	Sample	Sample Size	Cronbach's Alpha
Study 1	Undergraduate students	*N* = 833 (353 men, 480 women)	ASI α = .92 HS α = .92 BS α = .85
Study 2	Undergraduate students	*N* = 171 (77 men, 94 women)	ASI α =.88 HS α = .87 BS α = .75
Study 3	Undergraduate students	*N* = 937 (396 men, 541 women)	ASI α = .83 HS α = .80 BS α = .77
Study 4	Community members	*N* = 144 (72 men, 72 women	ASI α = .83 HS α = .87 BS α = .78
Study 5	Community members	*N* = 112 (36 men, 76 women)	ASI α = .87 HS α = .91 BS α = .73
Study 6	Undergraduate students	*N* = 85 (44 men, 41 women)	ASI α = .90 HS α = .89 BS α = .83

As of 2001, the ASI had been completed by 15,000 participants in 19 countries, indicating consistent use of this scale. The inventory includes 22 self-report items, with separate 11-item Hostile and Benevolent sexism scales (Glick & Fiske, 2001). Items in each subscale are added and scored to provide a score in each domain and an overall ambivalent sexism score. High scores on the instrument indicate high levels of both HS and BS and are considered high in ambivalent sexism. Those who score low on both the

HS and BS scales are considered to hold non-sexist attitudes toward women (Glick & Fiske, 1996).

Marlowe-Crowne Social Desirability Scale–Short Form (MCS)

The Marlowe-Crowne Social Desirability (MCS) Scale–Short Form (Reynolds, 1982) is a true-false measure intended to assess for individual differences in social desirability responses. This scale measures whether respondents admit to symptoms of maladjustment by responding to statements that are true of most people but are undesirable. The original Marlowe-Crowne Social Desirability scale was created by Douglas Crowne and David Marlowe in order to determine respondents' propensity to respond in a socially desirable way to other measures. The items were developed based on other measures of social desirability such as the Lie scale of the Minnesota Multiphasic Personality Inventory (MMPI) and the Edwards Social Desirability scale (1957). A primary objective of the development of this scale was the exclusion of items designed to assess for pathology.

The scale includes short forms ranging from 10-13 items. As the 13-item scale has similar reliability to the long form, the 13-item scale will be used in this study; it generally takes about 10 minutes to complete. A Kuder-Richardson formula was employed to test the reliability of the 13 item short-form; $r_{KR\text{-}20} = .76$. Concurrent validity was examined using correlations between the Marlowe-Crowne (MC) short forms and the standard version, as well as the Edwards Social Desirability Scale. The MC Form C showed an $r = .93$, $p > .001$ with the MCS standard form and $r = .41$, $p > .001$ with the Edwards Social Desirability (ESD) Scale (Reynolds, 1982). The original MCS was also

weakly correlated with the ESD and the Lie scale of the MMPI, although the two latter scales achieved a significantly stronger correlation with one another, possibly indicating they are not measuring different constructs (Crowne & Marlowe, 1960).

Demographic Questionnaire

A questionnaire developed by the researcher will be distributed via the online survey to all participants. Information obtained will include age, gender, race/ethnicity, religion, number of years in practice, and what type of training they have had related to IPV (e.g., undergraduate course, graduate course, continuing education workshops, experience counseling survivors of IPV, experience counseling survivors of other forms of violence such as rape, other).

Procedures

A sample of counselors holding a professional or provisional license was invited to participate in this study. Each state counseling association in the U.S. was contacted in order to either obtain a list of counselors in that state or send the participation invitation out via their association's listserv. Of the 50 state associations contacted, a final 6 associations either agreed to send the list via their listserv or provided instructions for purchasing a list of counselors. Initially, the invitation to participate was sent to counselors in five states via listservs. A second wave of invitations was sent to all counselors in one final state whose association was able to provide the researcher with a list of counselors in the state. Participants were informed that $1 will be donated to a national organization aiding women and children for each participant, up to a total of $200. Participants first completed the informed consent and provided an electronic

signature. Each participant then viewed the video vignette depicting a woman in an initial counseling session who has experienced battering, and then completed the Victim Blame Attribution Scale-Revised. Respondents then completed the Sex Role Egalitarianism Scale- Short Form KK, the Ambivalent Sexism Inventory, the Marlowe-Crowne Social Desirability Scale- Short Form, and the demographic questionnaire. No identifying information was attached to the surveys.

Data Analysis

After completion of the data collection period, all results were entered into SPSS 2.0 for Windows (SPSS, Inc., 2011) for data analysis. Descriptive statistics, including frequency, mean, standard deviation, range, and variance were run for all variables prior to analyzing data specific to research questions.

Research Question 1 (What is the relationship between sex-role egalitarianism, ambivalent sexism, and counselors' attributions of blame toward clients who have experienced battering?) was analyzed using a correlation matrix to determine whether or not significant relationships exist between gender role attitudes, ambivalent sexism, and attributions of blame.

Research Questions 2a and 2b (Do counselors' gender role attitudes and ambivalent sexism predict attributions of blame toward women who have been battered? and Does the counselor's training in family violence add any additional information to the prediction of attributions of blame toward women who have been battered?) were analyzed using a multiple regression analysis. Predictor variables are gender role attitudes, ambivalent sexism, and counselor training in family violence. This analysis

assessed for the extent to which this combination of variables contributes to the variance in attributions of blame.

Research Question 3 (Is there an interaction between gender role attitudes and ambivalent sexism and the amount of blame attributed to women who have been battered?) was analyzed using a multiple regression analysis as well. This analysis was used to determine the relationship between the predictor variables gender role attitudes and ambivalent sexism.

Pilot Study

The purposes of conducting a pilot study were twofold. First, the pilot was conducted to field test the instruments and procedures for data collection in order to determine feasibility and implications of each inventory. The second purpose of the pilot was to determine if any procedural adjustments needed to be made, primarily related to the video vignette.

Participants

Participants in the pilot study were first-, second-, and third-year master's counseling students in a CACREP accredited program. After obtaining IRB and departmental approval, a recruitment e-mail was sent to all current master's students in the Department of Counseling and Educational Development at The University of North Carolina at Greensboro. Participants were given the option of being entered into a drawing for a $25 gift card by providing contact information upon completion of the online survey.

Fifteen participants completed the online survey in full. The majority of participants were female (n = 12, 80.0%), Caucasian (n = 12, 80.0%), and between the ages of 22 and 28 (n = 11, 66.7%; M = 31.29, SD = 11.17). The majority of participants were also in their second year of the master's program (n = 8, 53.3%) and had had no training in any kind of family violence (n = 9, 60.0%). Demographic data for the participants in the pilot study are presented in Table 2.

Table 2

Demographics of Pilot Study Participants

Demographic Characteristic	*N*	%
GENDER		
Male	3	20.0
Female	12	80.0
TOTAL	15	100.0
ETHNICITY		
Asian	1	6.7
African American	1	6.7
Latino	1	6.7
Caucasian	12	80.0
TOTAL	15	100.00
YEAR IN PROGRAM		
1st	6	40.0
2nd	8	53.3
3rd	1	6.7
TOTAL	15	100.0
AGE		
22	2	13.3
23	1	6.7
25	3	20.0
26	1	6.7

Table 2 (cont.)

Demographic Characteristic	*N*	%
AGE (cont.)		
27	2	13.3
28	1	6.7
35	1	6.7
49	1	6.7
51	1	6.7
53	1	6.7
TOTAL	14	100.0
TRAINING		
Undergraduate Course	1	6.7
Graduate Course	1	6.7
Continuing Ed. Workshop	2	13.3
Experience counseling survivors of other forms of violence	1	6.7
None	9	60.0
Other: “experience with both sexual assault and intimate partner violence survivors”	1	6.7
TOTAL	15	100.0

Instrumentation

Participants were asked to view a short video vignette and then complete the Victim Blame Attribution Scale (Yamawaki et al., 2009), the Sex Role Egalitarianism Scale- Short Form KK (Beere et al., 1984), the Ambivalent Sexism Inventory (Glick & Fiske, 1996), and the Marlowe-Crowne Social Desirability Scale, Short-Form (Reynolds, 1982). Finally, participants responded to a brief demographic questionnaire regarding their age, gender, status in the program, training in domestic violence, and two open ended questions regarding the believability of the video vignette. The online survey also

included an informed consent statement and optional entry into a gift-card drawing. Reliability calculations for each scale are listed in Table 3.

Table 3

Number of Items Per Scale and Alpha Coefficients for VBAS, SRES, ASI, and MC Procedures

Instrument/Subscale	Number of Items	Alpha Coefficient
VBAS	5	.597
SRES- Short Form KK	25	.479
ASI	22	.882
Hostile Sexism	11	.862
Benevolent Sexism	11	.723
MC Scale- Short Form	13	.702

Note: VBAS=Victim Blame Attribution Scale; ASI=Ambivalent Sexism Inventory, HS=Hostile Sexism, BS=Benevolent Sexism; SRES=Sex Role Egalitarianism Scale; MC=Marlowe-Crowne Social Desirability Scale

A video vignette was created specifically for the purposes of this study. The primary researcher wrote a vignette depicting a woman seeking counseling after being referred by a women's shelter. The primary researcher and one member of this researcher's dissertation committee reviewed and practiced the written vignette.

Revisions to the vignette were also made through this process. A final version of the script was sent to two other dissertation committee members, one from Counseling and Educational Development and one from Women's and Gender Studies. Once the written vignette had been finalized, the primary researcher recruited two master's students to aide in the production of the video vignette. The first student, who had a

background in film studies, agreed to film and edit the video. The second student, who had a background in theatre, agreed to play the role of the woman in the video vignette. Both students signed contracts and were compensated for their time. Upon completion of the video, editing was performed and the video vignette was distributed to both co-chairs of the primary researcher's dissertation committee for final approval.

The Institutional Review Board at the University of North Carolina at Greensboro provided permission for the pilot study. A recruitment e-mail was then distributed to all master's level students in the Department of Counseling and Educational Development at the University via the departmental listserv requesting their participation in a short survey regarding "counselors' attitudes toward women and gender roles" (see Appendix C). The recruitment e-mail contained an overview of the pilot study, online survey procedures, and the estimated time of survey completion. One follow-up e-mail was also sent to students to encourage participation. If students were interested in participating they were asked to click on the survey link and complete the online questionnaire. As an incentive for participation, respondents were offered entry in a drawing for a $25 gift card upon completion of the survey, such that responses would not be connected to entry into drawing.

Secondary Pilot

After the initial pilot study and dissertation proposal, significant changes were proposed for the blame attribution measure, the Victim Blame Attribution Scale (VBAS; Yamawaki et al., 2009). The proposed changes included removing one item and adding two additional items for a total of 6 items, as well as adding a prompt for open-ended

feedback. The revised VBAS can be found in Appendix E. Once IRB approval was obtained for this change, the video vignette and revised questionnaire were piloted with a sample of second-year master's students (n = 28) in the same counseling program where the initial pilot study was conducted. Participants first completed the informed consent, then watched the video vignette, and responded to a pencil and paper format of the revised VBAS. No demographic information was collected from participants. Responses on the revised VBAS were similar to those provided in the original VBAS. Participants provided open-ended responses to each of the six items on the revised scale, allowing for explanation of the scale responses.

Data Analysis

Several analyses were conducted in order to provide a tentative look at the research questions and to determine the feasibility of the proposed study. First, descriptive statistics were calculated using SPSS. A correlation matrix was used to provide a preliminary look at Research Question 1: What is the relationship between sex-role egalitarianism, ambivalent sexism, and counselors' attributions of blame toward clients who have experienced battering? The small sample (N = 15) participants did not allow for the additional two research questions to be examined via the required multiple regression analysis.

Results

Fifteen participants responded to the online survey sent via the departmental listserv and completed the VBAS, SRES, ASI, MC, and Demographic Questionnaires.

One participant left the final item on the MC Scale—Short Form blank and another participant did not indicate her or his age.

The first hypothesis in relation to research question 1 was that a negative relationship would exist between gender-role egalitarianism, and counselors' attributions of blame and a positive relationship would exist between ambivalent sexism and counselors' attributions of blame toward female clients who have experienced battering. A table of means and standard deviations was first calculated prior to addressing research question 1. Mean scores for the VBAS and ASI suggest that participants were low in victim blame (M = 7.2, SD = 2.37) and in ambivalent sexism (M = 31.67, SD = 15.24). Pilot study participants were in the middle range on the SRES (M = 87.6, SD = 5.21), suggesting participants fall somewhere between traditional and egalitarian gender role attitudes. Additionally, according to the low mean scores for the MC Scale, participants did not tend to respond in a socially desirable manner (M = 16.92, SD = 2.70). These results may indicate that students in this sample have a low propensity to respond in a socially desirable manner and attribute blame to victims. It is also possible that participants were aware of what the items were assessing for and responded accordingly. The average VBAS, SRES, ASI, and MC scores are reported in Table 4.

A correlation matrix of the independent and dependent variables was calculated to preliminarily explore the relationships between the variables. Results of the correlation matrix did not support the hypothesis that a significant relationships exist between gender role attitudes, ambivalent sexism, and attributions of blame. Contrary to the hypothesis, no significant relationship was found between gender role attitudes and ambivalent

sexism and attributions of blame. There was, however, a significant correlation between the total ASI and ASI subscale scores. See Table 5 for a full report of correlations.

Table 4

Descriptive Statistics for VBAS, SRES, ASI, and MC (*N* = 15)

Instrument/Subscale	*M*	*SD*	Possible Range	Actual Range
VBAS	7.2	2.37	5-25	5-11
SRES	87.6	5.21	25-125	79-99
ASI	31.6	15.24	0-110	0-56
Hostile Sexism	13.6	8.93	0-55	0-33
Benevolent Sexism	18.0	7.53	0-55	0-28
MC Scale	16.9	2.70	13-26	13-21

Note: VBAS=Victim Blame Attribution Scale; ASI=Ambivalent Sexism Inventory, HS=Hostile Sexism, BS=Benevolent Sexism; SRES=Sex Role Egalitarianism Scale; MC=Marlowe Crowne Social Desirability Scale

Table 5

Correlation Matrix for VBAS, SRES, ASI, and MC

	VBAS	ASI	ASI-HS	ASI-BS	SRES	MC
VBAS	1					
ASI	-.05	1				
ASI-HS	.02	.93**	1			
ASI-BS	-.13	.91**	.71**	1		
SRES	.23	-.21	-.20	-.18	1	
MC	-.08	-.21	-.38	.02	.18	1

Note. * $p < .05$ (2-tailed); ** $p < .01$ (2-tailed)
VBAS=Victim Blame Attribution Scale; ASI=Ambivalent Sexism Inventory, HS=Hostile Sexism, BS=Benevolent Sexism; SRES=Sex Role Egalitarianism Scale; MC=Marlowe Crowne Social Desirability Scale

Discussion

Tracking by the Qualtrics survey software indicated that several participants completed the survey in 16 minutes or less (n = 6). Several participants took over 1 hour to complete the survey, however, possibly indicating some distraction by other activities or difficulties with the video that were not indicated by participants' responses.

Several participants provided more in-depth responses to the questions regarding the video vignette. One participant, in response to the question, "Was there anything distracting to you in the video vignette?," reported "it didn't mention the recent event that sent Sara to the ER." This is helpful information as these details were intentionally left out of the vignette in order to allow participants own beliefs about battering to emerge in the VBAS. Some research indicates that when a detailed description of the violence and physical consequences is given, respondents are more likely to feel sympathy toward survivors of battering (Chabot et al., 2009).

In response to the second video vignette question, "Was the video vignette realistic?," one respondent stated,

> sort of. I'm not sure she would really say generically that 'he threatened me' but might name what those threats were that stick out to her. She, before she first came back to him, she might have been first swayed by his pleas before considering for herself that she wanted her kids to have a father. She likely sees some good in the relationship too, like maybe he's a good dad or provides financial security, even with all the violence he also brings to the relationship.

This feedback provides useful information as to how battering is conceptualized and some of the additional information that comes to mind when participants begin to explore

their beliefs about women who have been battered. One other participant reported that the video vignette was “mostly” realistic but stated he/she could “tell it was acting.”

Research Question 1 was examined in this pilot study as well as the correlations among study variables. A correlation matrix in Table 5 shows the relationships between both the predictor and dependent variables. Both of the subscales of the ASI are statistically significantly correlated with total scores for the ASI with *p* values less than .01. This is one indication of construct validity of ambivalent sexism with a population of counselors-in-training and also evidence of the interrelatedness of hostile and benevolent sexism. Hostile sexism had the strongest correlation with total ambivalent sexism (r = .938, $p < .01$), but was closely followed by benevolent sexism (r = .911, $p < .01$). This strong correlation between the HS and BS scales indicate that if participants were high in one form of sexism, they were also high in the other.

Limitations

The sample size of 15 participants limited the analyses to correlations among the variables. Thus, Research Questions 2 and 3 were unable to be answered. Several other limitations also exist in regard to this pilot study. First, due to the use of a convenience sample of master’s students in one program in the Southeastern U.S., generalizability to a larger population of counselors-in-training or licensed counselors is limited. The sample used was also very homogeneous in terms of age, gender, and race. The data in this pilot study are also self-report which could negatively influence individual bias and subjectivity of responses. Finally, the small sample size (n = 15) allowed for little in-depth analysis of the results.

Implications for Full Study

The pilot study allowed for a preliminary exploration of the research questions, procedures, relationships among variables, and the functionality and believability of the video vignette in order to help inform the main study. The feedback variables included at the end of the survey provided helpful feedback regarding the video vignette. Several participants also provided open-ended feedback regarding the format of the online survey when submitting contact information for the gift card drawing. Additionally, further review of the research questions and demographic variables has revealed a need for a follow-up question to Research Question 2 and the addition of a demographic variable regarding religion.

The final two questions included in the demographic questionnaire allowed participants to provide feedback regarding the video vignette. Most participants stated that the video vignette did not include anything distracting (n = 10, 73.4%) and that the video vignette was realistic (n = 11, 80.1%). One participant suggested the sound quality of the video was distracting; the primary researcher followed-up with this statement by reviewing the video and did not find any sound quality issues with the video vignette, suggesting the sound may have been influenced by the participants' speakers.

One participant suggested a reminder of the scale options during the survey, as it was difficult to scroll up and down the page to be sure the correct option was being chosen. This participant also suggested a revision of the instructions for the SRES, as they did not make as much sense for an online survey as they would have for a paper-pencil questionnaire. Another participant pointed out that the demographic item for

race/ethnicity was missing an “Asian” option. These suggestions will be incorporated into the online survey for the full study.

Upon review of the original research questions and hypotheses used in the pilot study, an addition to Research Question 2 may provide additional information for the interpretation of results. The follow-up question to RQ2 will be:

Research Question 2b: Does the counselor’s training in family violence add any additional information to the prediction of attributions of blame toward women who have been battered?

Hypothesis 2b: Counselors who have had training in family violence will be less likely to attribute blame to women who have been battered.

In addition, it has been suggested that a demographic variable regarding counselors’ religion may also provide additional insight into results, particularly in regard to gender role attitudes. The two demographic questions regarding the video vignette will be removed from the final survey and items regarding participants’ religion and number of years of practice will be included.

Based on the correlations offered by the original correlation matrix, the same inventories will be used for the full study. Although significance was not reached, the initial correlations among the variables warrant further exploration among a larger sample.

CHAPTER IV

RESULTS

The current study was designed to assess how counselors' gender role attitudes, ambivalent sexism, and training in family violence impact attributions of blame toward female survivors of battering, based in Weiner's (1980) Model of Motivated Behavior. In this chapter, the results of the data analyses are presented. First, demographics of the sample are described. Next, preliminary analyses are presented, including reliability analyses of each instrument and descriptive statistics of each variable. Finally, the analyses used to test each research hypothesis are described along with the results of each.

Sample Characteristics

Participants were recruited from listservs and e-mail lists of several state counseling associations across the United States. The researcher contacted each state counseling association via e-mail with a request to provide either a list of professional counselors in that state or to send the invitation to participate via their state counseling association listserv. Once IRB approval was obtained, those state counseling associations who originally agreed to provide aide (n = 9) were sent an official request to send the invitation to participate to counselors in their states. A final sample of six states either sent the invitation to participate via their association's listserv or provided the researcher with a list of e-mail addresses for counselors in their state. Counselors holding a

professional or provisional license with at least one year of counseling experience were eligible to participate.

Of the nine state associations who agreed to participate, five states actually sent the invitation to professional counselors in their states. One additional state was able to provide a list of counselors directly to the researcher; counselors in this state received the invitation directly from the researcher. Of those individuals who received the invitation to participate either via the individual e-mail (n = 739) or state listserv and clicked on the survey link, 144 completed the entire survey.

For the purposes of this study, only the results of those respondents with at least one year of experience and held a professional mental health counseling license were analyzed (n = 122). That is, those respondents who indicated they held licenses in school counseling or were in master's level training programs were excluded from analyses (see Table 6). Based on power analyses, the minimum number of participants needed for adequate power and a moderate effect size in the data analyses was 68; therefore, the sample size was considered sufficient in this regard. Years of experience ranged from 1-3 years (n = 42; 34.7%) to more than 15 years of professional counseling experience (n = 28; 23.1%), whereas those having 13-15 years of experience were the smallest number of participants (n = 6; 5%). The greatest number of participants were in the 31-40 range (n = 32; 26.2%). The majority of the participants were female (n = 94; 77%) and Caucasian (n = 101; 82.8%); others identified as African American (n = 13; 10.7%), Native American (n = 3; 2.5%), and multiracial (n = 2; .8%). In addition, a majority of participants also identified as Christian (n = 88; 72.2%). The most commonly held

professional license was Licensed Professional Counselor (LPC; *n* = 67; 47.8%), followed by those in the Other category (*n* = 34), such as Licensed Additions Counselor (LAC) and Alabama Licensed Counselor (ALC). See Table 6 for a demographic summary of the full study sample.

Table 6

Demographic Description of Full Study Sample (*N* = 122)

Demographic Variable	*n*	%
Age		
22-30	18	14.8
31-40	32	26.2
41-50	29	23.8
51-60	25	20.5
61-70	18	14.8
Gender		
Female	94	77.0
Male	28	23.0
Race		
African American	13	10.7
Caucasian	101	82.8
Asian	1	0.8
Hispanic or Latino	1	0.8
American Indian or Alaska Native	3	2.5
Multiracial	2	0.8
Other: Black	1	0.8
Religion		
Christian	88	72.2
Agnostic	9	7.4
Atheist	7	5.7
Other	18	14.8
Spiritual	4	1.6

Table 6 (cont.)

Demographic Variable	*n*	%
Years of Practice		
1-3	42	34.7
4-6	20	16.5
7-9	13	10.7
10-12	12	9.9
13-15	6	5.0
More than 15	28	23.1
Professional/Provisional License		
LPC	67	57.8
LPCA	4	3.4
LCPC	1	0.9
LMHC	6	5.2
CMHC	2	1.7
LMFT	2	1.7
Other	34	29.3
ALC	2	0.8
Registered Psychotherapist	4	1.6
LAC	2	0.8

Finally, a majority of participants also reported having had some training and/or experience in family violence (n = 283); as this was a multiple response item, the most common types of training reported were “continuing education workshop” (n = 66) and “graduate course” (n = 66), followed by “experience counseling IPV survivors” (n = 60). For the purposes of subsequent data analyses, training in family violence will be computed as either having had a graduate course in family violence or not, as all but 8 participants reported having had some sort of training in family violence. A complete summary of training experience is provided in Table 7.

Table 7

Training in Family Violence

Type of Training	*n*	%
Undergraduate Course	19	7.4
Graduate Course	66	25.8
Continuing Education Workshop	66	25.8
Experience Counseling Intimate Partner Violence Survivors	60	23.4
Experience Counseling Survivors of Other Forms of Violence Such as Rape	54	21.1
None	8	3.1
Other	18	7.0
Addressed briefly in graduate coursework	3	1.2
Counseling batterers	2	.8
Personal experience	4	1.6

Instrument Psychometrics

Descriptive statistics were used to examine the variance in participant responses. Ranges, means, and standard deviations were calculated for the scores on all scales and subscales administered in this study. The resulting values are presented in Table 8. The ranges of scores obtained with the current sample of counselors varies widely. Based on the results of the multiple regression analysis discussed under Additional Analyses, it is possible that individuals who responded in a socially desirable manner on the Marlowe-Crowne Social Desirability Scale-Short Form (MC Scale) also influenced the range of scores indicated in Table 8.

Table 8

Sample Score Ranges, Means, and Standard Deviations (*N* = 122)

Instrument	Possible Range	Sample Range	M	SD
Sex Role Egalitarianism Scale	25-125	86-125	111.62	10.29
Ambivalent Sexism Scale	22-110	24.05-80.14	51.99	11.55
Hostile Sexism	11-55	11-45	25.80	6.72
Benevolent Sexism	11-55	11-47	28.59	7.06
Marlowe-Crowne Social Desirability Scale	13-26	13-26	18.85	3.46
Victim Blame Attribution Scale-Revised	6-35	6-33	20.88	6.10

Table 9

Sample Score Ranges, Means, and Standard Deviations (*N* = 122) by Gender

	Range		*M*		*SD*	
Instrument	M	F	M	F	M	F
Sex Role Egalitarianism Scale	89-125	86-125	108.67	112.52	11.01	9.95
Ambivalent Sexism Scale	29.18-80.14	24.05-78.23	54.29	51.29	12.36	11.27
Hostile Sexism	16-40	11-45	26.50	25.58	6.63	6.77
Benevolent Sexism	11-47	14-41	30.25	28.08	8.85	6.39
Marlowe-Crowne Social Desirability Scale	14-26	13-26	20.17	18.44	3.54	3.35
Victim Blame Attribution Scale-Revised	9-33	6-33	21.00	20.72	6.85	5.90

Cronbach's alpha coefficients were calculated as measures of internal consistency for all instruments used in this study to provide evidence of reliability with this sample. The coefficients for each scale are reported in Table 10 below. Estimates of internal consistency ranged from .69 to .77. Social science researchers suggest that instrument reliability of .70 is adequate, while .80 or greater is desirable (Heppner, Wampold, & Kivlighan, 2008). According to this standard, all but one of the primary scales met acceptable alpha levels for this study; the only exception to this standard was the benevolent sexism scale of the ASI.

Table 10

Instrument Reliabilities (*N* = 122)

Instrument	# of Items	Cronbach's Alpha
SRES	25	.74
ASI	22	.70
HS	11	.76
BS	11	.69
MC Scale	13	.74
VBAS—Revised	6	.77

Note. VBAS=Victim Blame Attribution Scale; ASI=Ambivalent Sexism Inventory, HS=Hostile Sexism, BS=Benevolent Sexism; SRES=Sex Role Egalitarianism Scale; MC=Marlowe Crowne Social Desirability Scale

Hypothesis Testing

The purpose of this study was to examine factors that impact counselors' attributions of blame toward female survivors of battering. Three research questions and

the corresponding hypotheses were examined. The results of the analyses used to examine these hypotheses are reported below.

1. A negative relationship exists between gender role egalitarianism and counselors' attributions of blame and a positive relationship exists between ambivalent sexism and counselors' attributions of blame toward female clients who have experienced battering.

2a. Counselors' gender role attitudes and ambivalent sexism predict attributions of blame toward women who have been battered.

2b. Counselors' training in family violence provides additional information to the prediction of attributions of blame toward women who have been battered.

3. There will be an interaction between gender role attitudes and ambivalent sexism, where counselors with less egalitarian gender role attitudes and higher levels of ambivalent sexism will attribute greater blame to women who have been battered.

Research Question 1

The first research question explored the relationships between gender role attitudes, ambivalent sexism, and counselors' attributions of blame toward clients who have experienced battering. A correlation matrix was used to assess for relationships between variables. Hypothesis 1 suggested there would be relationships among attributions of blame, gender role attitudes, and ambivalent sexism. Consistent with this hypothesis, there were significant relationships between attributions of blame and both predictor variables, gender role attitudes (r = -.226, p < .01) and ambivalent sexism (r =

.315, $p < .01$). The negative relationship between blame attributions and gender role attitudes is consistent with Hypothesis 1, suggesting that as gender role attitudes decrease or become less egalitarian, attributions of blame increase. Significant relationships also existed between the predictor variables, gender role attitudes and ambivalent sexism (r = -.619, $p < .01$); this relationship will be explored further in Research Question 3. An additional statistically significant relationship was found between social desirability and the benevolent sexism scale of the ASI (r = .215, $p < .05$), suggesting that participants who had higher levels of benevolent sexism may have also been responding in a socially desirable manner. Although social desirability was only found to have a significant relationship with benevolent sexism, the measure was included in further analyses in order to determine its possible role in the regression equation. In order to perform the multiple regression analysis required for Research Questions 2a-3, the SRES and ASI variables were first centered in SPSS, the interaction term for the two variables was then created and are displayed in the correlation matrix below. The full correlation matrix is presented in Table 11.

Table 11

Correlation Matrix for VBAS, ASI, SRES and MC

	VBAS	ASI	ASI-HS	ASI-BS	SRES	MC	SRES-C	ASI-C	SRES x ASI
VBAS	1								
ASI	.31**	1							
ASI-HS	.37**	.87**	1						
ASI-BS	.16	.85**	.50**	1					

Table 11 (cont.)

	VBAS	ASI	ASI-HS	ASI-BS	SRES	MC	SRES-C	ASI-C	SRES x ASI
SRES	-.22**	-.61**	-.57**	-.48**	1				
MC	-.10	.16	.07	.21*	-.092	1			
SRES-C	-.22**	-.61**	-.57**	-.48**	1.00**	-.09	1		
ASI-C	.31**	1.00**	.87**	.85**	-.61**	.16	-.61**	1	
SRES x ASI	-.23*	-.55**	-.53**	-.41**	.98**	-.05	.98**	-.52**	1

Note. $^{*}p < .05$ (2-tailed); $^{**}p < .01$ (2-tailed)
VBAS=Victim Blame Attribution Scale; ASI=Ambivalent Sexism Inventory; SRES=Sex Role Egalitarianism Scale; MC=Marlowe Crowne Social Desirability Scale; SRES-C=Sex Role Egalitarianism Scale-Centered; ASI-C=Ambivalent Sexism Inventory-Centered; SRES x ASI=Sex Role Egalitarianism Scale x Ambivalent Sexism Inventory

Research Questions 2a–2b

The next questions in this study explored the ability of counselors' gender role attitudes, ambivalent sexism, and training in family violence to predict attributions of blame toward female survivors of battering. A linear multiple regression analysis was used to test the hypotheses that these variables would significantly predict attributions of blame. In order to avoid repeating the amount of variance accounted for by the ASI by including the full and subscales, the separate HS and BS scales were entered into the equation alone rather than the total ASI. When both gender role attitudes and ambivalent sexism (BS and HS) and social desirability were entered into the regression equation, only hostile sexism (HS) accounted for a significant proportion of the variance. Thus, Hypothesis 2a was partially supported. Together, these variables accounted for only about 16% of the variance in attributions of blame.

The directionality of *t* scores in the regression should also be explored here. First, the *t* = -.111 indicated in the regression analysis for the SRES suggests that as participants scored higher on that scale, indicating more egalitarian gender role attitudes, they also scored lower on the VBAS, indicating lower levels of blame attribution. Furthermore, the negative t score (*t* = -1.824) obtained in the regression analysis for the MC social desirability scale also suggests that those who responded in a socially desirable manner also indicated lower levels of blame attributions. The results of this multiple regression analysis are presented in Table 12.

Table 12

Multiple Regression Analysis: Predictors of Blame Attributions Gender Role Attitudes and Ambivalent Sexism

Variable	Adj. R^2	B	*SE*	Stand. β
Model Summary	.156			
SRES- Gender role attitudes		-.007	.066	-.013
ASI- Hostile sexism		.337	.101	.383**
ASI- Benevolent sexism		.031	.092	.037
MC- Social Desirability		-.290	.159	-.165

Note. ** *p* < .01

An additional multiple regression analysis was run for Research Question 2b in order to examine the ability of counselors' graduate training in family violence to add any additional predictive information to the model. When the graduate training variable was added into the regression equation, it did not add any additional predictive information to the model. Thus, Hypothesis 2b was not supported. The addition of this variable to the

regression equation did not have a significant effect on the ability of this model to predict attributions of blame toward female survivors of battering. The results of the multiple regression analysis used to explore Hypothesis 2b are displayed in Table 13.

Table 13

Multiple Regression: Predictors of Blame Attributions Graduate Training in Family Violence

Variable	Adj. R^2	*B*	*SE*	Stand. β
Model Summary	.156			
Gender role attitudes		-.006	.066	-.010
ASI- Hostile sexism		.353	.102	.402**
ASI- Benevolent sexism		.026	.092	.031
Social Desirability		-.314	.161	-.179
Graduate Training in Family Violence		1.062	1.087	.088

Note. * $p < .01$

Research Question 3

Finally, the third research question explored the interaction between gender role attitudes and ambivalent sexism and counselors' attributions of blame toward female survivors of battering. A multiple regression analysis was also used to examine the interaction between these two variables.

Hypothesis 3 suggested there would be an interaction between gender role attitudes and ambivalent sexism, therefore influencing the amount of variance explained by these two variables. The hypothesis was not supported, as the interaction term was not

a significant predictor of attributions of blame (r = .36). Table 14 represents the results of the Multiple Regression used to test Hypothesis 3.

Table 14

Multiple Regression: Predictors of Blame Attributions Interaction Effects

Variable	Adj. R^2	*B*	*SE B*	β
Model Summary	.15			
Gender role attitudes-centered		.24	.29	.41
Ambivalent Sexism- centered		.23	.06	.43**
Social Desirability		-.33	.15	-.18
Graduate Training in Family Violence		1.03	1.05	.08
ASI x SRES		-.005	.005	-.43

Note. ** p < .01 (2-tailed)
ASI=Ambivalent Sexism Inventory; SRES=Sex Role Egalitarianism Scale

Additional Analyses

Although gender role attitudes and ambivalent sexism were the primary independent variables in this study, discussion with dissertation committee members suggested exploration of gender may be warranted as well. Although it was hypothesized in the current study that gender role attitudes would account for differences in blame attributions, some researchers have found a significant interaction between gender and gender role ideology (Fitzpatrick, Salgado, Suvak, King, & King, 2004), further justifying the exploration of gender differences in the current study.

First, Pearson Product Moment correlations suggested that males were more likely than females to answer in a socially desirable manner, possibly resulting in lower

correlations among the remaining predictor variables and dependent variable. The results of the correlation matrices divided by gender are presented in Tables 15 and 16.

Table 15

Correlation Matrix for VBAS, SRES, ASI, and MC for Males

	VBAS	ASI	ASI-HS	ASI-BS	SRES	MC
VBAS	1					
ASI	-.04	1				
ASI-HS	.12	-.54**	1			
ASI-BS	.40*	-.35*	.76**	1		
SRES	-.14	-.52**	.83**	.28	1	
MC	-.40*	-.23	.37*	.11	.45**	1

Note: *$p < .05$ (2-tailed); **$p < .01$ (2-tailed)
VBAS=Victim Blame Attribution Scale; ASI=Ambivalent Sexism Inventory; SRES=Sex Role Egalitarianism Scale–Short Form; MC=Marlowe Crowne Social Desirability Scale–Short Form

Table 16

Correlation Matrix for VBAS, SRES, ASI and MC for Females

	VBAS	ASI	ASI-HS	ASI-BS	SRES	MC
VBAS	1					
ASI	-.30**	1				
ASI-HS	.41**	-.65**	1			
ASI-BS	.39**	-.64**	.90**	1		
SRES	.34**	-.49**	.87**	.58**	1	
MC	.01	-.05	.09	.05	.11	1

Note. **$p < .01$ (2-tailed)
VBAS=Victim Blame Attribution Scale; ASI=Ambivalent Sexism Inventory; SRES=Sex Role Egalitarianism Scale; MC=Marlowe Crowne Social Desirability Scale

Accordingly, a follow-up analysis was conducted to explore how gender affected counselors' attributions of blame. A multiple regression analysis was conducted, using the same four predictor variables (gender role attitudes, hostile sexism, benevolent sexism, and social desirability) as in Research Question 2a, and controlling for gender. When gender role attitudes, hostile and benevolent sexism, and social desirability were entered into the regression equation for male participants, the Adjusted R^2 was .372, suggesting that about 37% of the variance in blame attributions was accounted for by these predictor variables when only males were observed. This regression model for females accounted for 17% of the variance in attributions of blame, while for males the model accounted for 37% of the variance in attributions of blame (as compared to 16% when males and females were analyzed together). For female participants, none of the predictor variables accounted for a significant amount of variance in the regression model. For males, however, hostile sexism ($r = .013$, $p < .05$) and social desirability ($r = .010$, $p < .01$) accounted for significant amounts of variance in attributions of blame. Furthermore, it also appears that social desirability accounts for a greater amount of variance in attributions of blame than does hostile sexism for males. This gender difference suggests that male and female counselors attribute different levels of blame toward female survivors of battering, and possibly for different reasons as well.

Table 17

Multiple Regression Analysis: Predictors of Blame Attributions Gender Role Attitudes and Ambivalent Sexism for Males

Variable	Adj. R^2	*B*	*SE*	Stand. β
Model Summary	.372			
Gender role attitudes		-.011	.120	-.018
ASI- Hostile sexism		.493	.181	.490
ASI- Benevolent sexism		-.114	.148	-.153
Social Desirability		-.981	.347	-.494

Note. $^{*}p < .05$ (2-tailed)

Table 18

Multiple Regression Analysis: Predictors of Blame Attributions Gender Role Attitudes and Ambivalent Sexism for Females

Variable	Adj. R^2	*B*	*SE*	Stand. β
Model Summary	.171			
Gender role attitudes		-.039	.075	-.068
ASI – Hostile sexism		.181	.120	.216
ASI – Benevolent sexism		.228	.116	.249
Social Desirability		-.063	.175	-.036

Note. $^{*}p < .05$ (2-tailed)

Summary

The results of this study were presented in this chapter. Descriptions of how the sample was obtained and the demographics of the sample were provided. Descriptive statistics of the instruments used were provided, including the means, ranges, standard deviations, and reliability coefficients for the current sample. All scales, with the

exception of the benevolent sexism subscale of the ASI, were determined to have adequate reliability with this sample. Finally, data analyses for each hypothesis were described and the results were presented. The correlation matrix displayed significant relationships between many of the variables used in this study, with the exception of the social desirability scale, suggesting the low probability of respondents answering in a socially desirable manner for the full sample. The multiple regression model did not predict a significant amount of variance in attributions of blame. Hostile sexism, however, predicted the greatest amount of variance among the sample.

Finally, the multiple regression analysis also indicated no interaction effects between gender role attitudes and ambivalent sexism, indicating the two variables combined did not add any additional predictive information to the regression model. A follow-up correlation matrix identified strong, significant relationships among blame attributions, gender role attitudes, ambivalent sexism, and social desirability for both males and females separately, where males were more likely to respond in a socially desirable manner than females. In Chapter V, these results and their implications for counselors and counselor educators are discussed. Additionally, limitations of the study are described and directions for future research are proposed.

CHAPTER V

DISCUSSION

In Chapter IV, results of the study examining the impact of gender role attitudes and ambivalent sexism on counselors' attributions of blame were presented. In this chapter, a discussion of these results is offered, along with a description of the study's limitations, implications for counselors and counselor educators, and directions for future research.

Overview

Research examining the rate and incidence of IPV is staggering. Although we do know that violence among intimate partners affects a significant number of women each year (Tjaden & Thoennes, 2000), little is known about how to best meet the needs of women seeking treatment after having been victimized. Intimate partner violence (IPV) researchers have indicated that women seeking services for difficulties associated with the consequences of battering have often felt blamed by the responses received by counselors and other helping professionals (McLeod et al., 2010). Gender role attitudes and ambivalent sexism have been shown to influence these attributions among the general public, college students, and non-counselor helping professionals. Although these variables have been examined among many other groups, counselors' attributions of blame have not been examined, particularly grounded within a model such as Weiner's (1980) Model of Motivated Behavior, which was used in this study.

Therefore, this study was designed to examine the factors that impact counselors' attributions of blame toward survivors of battering, while also testing the interaction effects of these variables. Additionally, as blame attributions, gender role attitudes, and ambivalent sexism are susceptible to social desirability, a measure to control for respondents' propensity to respond in a socially desirable manner was included. Counselors from six states across the U.S. participated in an electronic survey. The survey included a video vignette created specifically for this study depicting a woman receiving counseling after leaving an abusive partner, a revised version of the Victim Blame Attribution Scale (VBAS; Yamawaki et al., 2009), the Sex Role Egalitarianism Scale- Short Form KK (SRES-Short Form; King & King, 1990), the Ambivalent Sexism Inventory (ASI; Glick & Fiske, 1996), and the Marlowe-Crowne Social Desirability Scale- Short Form (MC-Short From; Reynolds, 1982). Finally, the online survey instrument also included a brief demographic questionnaire. A total of 122 completed surveys were used in the data analysis.

Bivariate correlations indicated that relationships do exist between gender role attitudes and ambivalent sexism, as well as between gender role attitudes, ambivalent sexism, and blame attributions. Although relationships among gender role attitudes, ambivalent sexism, and blame attributions were found, these variables did not account for a significant amount of variance in blame attributions in the analysis of the prediction of attributions of blame. Finally, additional analyses provided a more in-depth exploration of gender differences among gender role attitudes, ambivalent sexism, social desirability, and attributions of blame toward female survivors of battering. The results related to

preliminary analyses, research hypotheses, and follow-up analyses are discussed in detail below.

Discussion of Results

Preliminary Analyses

Preliminary analyses, including descriptives of the sample and means, standard deviations, ranges, and reliability coefficients of the instruments were completed for this study. The sample consisted of counselors from six states across the U.S. with at least one year of counseling experience and a professional or provisional counseling license. The majority of the participants in this study were Caucasian (n = 101; 82.8%) and female (n = 94; 77%), which is consistent with the overall population of professional counselors in the U.S. (Emerson, 2010; Preece, 2008). Inconsistent with the average population of counselors, the vast majority of counselors who participated in this study reported some degree of training in family violence (n = 114; 93%). This inconsistency may be due to the possibility that counselors who chose to participate in this study were those with some professional experience and interest in family violence and/or IPV, so were more inclined to have had training as well.

Reliability coefficients were also calculated for each instrument used in this study. All measures resulted in adequate reliability coefficients, above a = .70, with the exception of the benevolent sexism (BS) subscale of the Ambivalent Sexism Inventory (Glick & Fiske, 1996), which had an alpha of a = .69. Reynolds (1982) reported that reliability for the MC-Scale–Short Form is generally low, between a = .70 and a = .80, which is consistent the Cronbach's alpha in the current study of a = .74. In addition, the

revised version of the Victim Blame Attribution Scale had a higher than usual reliability coefficient of $a = .77$. Previous researchers reported an alpha of $a = .73$ on the scale (Yamawaki et al., 2009).

Research Question 1

Research Question 1 examined potential relationships among attributions of blame, gender role attitudes, and ambivalent sexism. Due to the great amount of research in the areas of gender role attitudes and ambivalent sexism, Hypothesis 1 suggested there would be relationships among these variables, as well as between these variables and the dependent variable, blame attributions. This hypothesis was supported.

The correlation matrix indicated several significant findings. First, there was a strong, negative relationship between gender role attitudes and ambivalent sexism ($r = -.619$, $p < .01$), suggesting the two constructs are highly related. Higher scores on the sex role egalitarianism scale (SRES) represent more egalitarian attitudes, whereas higher scores on the ambivalent sexism scale indicate higher levels of sexism. That is, individuals who reported higher scores on the SRES had less traditional views of the roles of men and women and be more accepting of both men and women who fell outside of traditional employment, educational, parenting, marital, and social-interpersonal-heterosexual roles (King & King, 1983a). Those participants who reported higher scores on the ASI may have more sexist views of women and be more likely to hold women to stereotypical female roles. Those with high levels of hostile sexism may even hold negative views of women in general, particularly women who do not conform to

traditional gender roles (Glick & Fiske, 1996). In short, participants who had less traditional views of the roles of men and women also had less sexist views of women.

Although these two constructs were expected to be related, it is clear based on the Pearson Product Moment Correlation that they are still measuring two separate ideas (r = -.619, $p < .01$). While the Sex Role Egalitarianism Scale purports to measure the beliefs about the roles of men and women (Beere et al., 1984), the Ambivalent Sexism Inventory (ASI) examines beliefs about women only and both the hostile and subversive forms of sexism (Glick & Fiske, 1996). That is, when Glick and Fiske (1996) created the Ambivalent Sexism Inventory, they noted that this scale would likely be similar to other scales purporting to measure attitudes toward women. The primary difference anticipated between the ASI and other measure of attitudes toward women (e.g., Attitudes Toward Women Scale, Modern Sexism Scale, Sex Role Egalitarianism Scale) was the goal to measure the aspects of sexism that serve to perpetuate stereotypes about women, termed *benevolent sexism* by the authors. As there is a strong, negative relationship between gender role attitudes and ambivalent sexism for participants in this study, it is likely that those individuals who have more traditional gender role attitudes also have more sexist attitudes toward women.

Next, a significant negative relationship between blame attributions and gender role attitudes was found (r = -.226, $p > .01$), suggesting that counselors' gender role attitudes are related to attributions of blame toward female survivors of battering. As expected, participants who had more egalitarian and equitable views of the roles of men and women were less likely to blame female clients who have experienced battering.

Consistent with previous research examining gender role attitudes and blame among non-helping professionals (Esqueda & Harrison, 2005; Willis et al., 1996; Yamawaki, 2007), counselors who had less egalitarian gender role attitudes also appeared to be more likely to blame women who had experienced battering. These counselors may have more traditional views of the roles of men and women which may contribute to greater amounts of blame attributed to them for the abuse occurring.

Additionally, as levels of ambivalent sexism increased, so did attributions of blame (r = .315, p > .01). Participants in this study who had higher levels of ambivalent sexism, particularly hostile sexism, also appeared to attribute greater amounts of blame to the woman in the vignette. This is consistent with the results of previous research suggesting that individuals with higher rates of ambivalent sexism will be more accepting of domestic violence myths (Driskell, 2009) and more likely to blame women who have experienced violence (Yamawaki et al., 2009). In addition, the relationships between gender role attitudes, ambivalent sexism, and blame attributions are also theoretically consistent with Weiner's (1980) Model of Motivated Behavior. That is, Weiner asserted that when an event occurs, the observer of that event makes a decision about the cause of the event and, eventually, determines whether or not to provide help based on that causal attribution. There are a number of factors that may contribute to the formation of the causal attribution and it appears that gender role attitudes and ambivalent sexism are related to these attitudes of blame toward women who have experienced battering.

The model of motivated behavior (Weiner, 1980) suggests that attributions are formed based on several factors, including, but not limited to, the observers' underlying

values and beliefs (Jones & Nisbett, 1972; Weiner, 1980). The correlation matrix conducted for Research Question 1 suggested there are relationships between the underlying values of gender role attitudes and ambivalent sexism. Although more information is needed in order to determine the predictability of attributions of blame, the relationship between these variables necessitates further exploration within the model.

Research Questions 2a–2b

Research Questions 2a and 2b were aimed at examining the ability of gender role attitudes and ambivalent sexism, as well as graduate counselor training, to predict attributions of blame. Hypotheses 2a and 2b suggested that each of these predictor variables would account for a significant portion of the variance in attributions of blame. Overall, this hypothesis was not supported, though one of the predictors was significant. Together, gender role attitudes and ambivalent sexism accounted for only about 14% of the variance in attribution scores. Attributional research suggests that the severity of an event may cause one to attribute more or less responsibility to the actor in a given event. That is, had the woman in the vignette described in detail a severely violent event leading to her visit to the E.R., participants may have been more inclined to attribute greater amounts of blame to her, regardless of underlying values and beliefs. Attributing greater amounts of blame to a victim who has been severely injured aligns with an individual's desire to believe such an event could not happen in their own lives (Shaver, 1970). Additionally, graduate training in family violence did not add any significant amount of information to the regression model, and together with the other two predictor variables, only accounted for 14.2% of the variance.

Although the predictor variables did not account for a significant portion of the variance in blame attributions, hostile sexism did prove to be a significant contributor to attributions of blame. Hostile sexism tends to be the more blatant form of sexism and is often considered to be less socially acceptable (Glick & Fiske, 1996), which makes this result surprising, given that most individuals frown upon more blatant forms of sexism and it is unlikely that many counselors would admit to holding sexist views of women, particularly given gender-sensitivity experiences in training programs. Counselor training programs have emphasized the importance of exploring sexist beliefs for decades (Comstock et al., 2003). It is often the aim of counselor educators to assist counselors-in-training in their examination of all underlying values and beliefs that may influence their work with clients; gender and gender roles have been given particular attention in the training process due to CACREP standards (CACREP, 2009). It appears, based on the results of the current study, that further exploration of how best to address sexism in counselor training programs is warranted.

Researchers vary in their interpretations of what is considered a small, medium, and large effect size. According to Cohen (1988), for the Multiple Regression Analysis used in this study, the Adjusted R^2 of .156 for this study is considered a moderate effect size. Based on this information, the effect size of the regression model indicates that gender role attitudes, ambivalent sexism, and graduate counselor training have a moderate effect on counselors' attributions of blame. Although it is clear that other factors may also influence the formation of blame attributions, it also seems that counselors who have more traditional attitudes toward the roles of men and women, as

well as more sexist and stereotypical beliefs about women, may be more likely to blame female clients who have experienced battering. Thus, when considering meeting the needs of these clients, understanding the role of gender role attitudes and ambivalent sexism may be crucial.

These findings are inconsistent with previous research examining the effects of gender role attitudes and ambivalent sexism on attributions of blame and other perceptions of IPV (Wandrei & Rupert, 2000). Ambivalent sexism and gender role traditionality were examined as predictors of blame attributions in a recent study of Japanese and American students (Yamawaki et al., 2009). Yamawaki et al. found that both predictor variables had a significant effect on the prediction of blame attributions in domestic violence situations. The primary difference between previous studies and the current study may be the population of interest. Previous researchers have examined the attitudes of the general public, college students, and helping professionals other than counselors. In the development of the short forms of the SRES, King and King (1990) suggested that previous research had shown the SRES to be a predictor of attitudes toward interpersonal violence and appeared to be sensitive to a tendency to endorse IPV. As previous researchers have shown these variables to be stronger predictors of attitudes toward violence than were found in the current study, it is possible that counselors are not influenced in the same way by these attitudes as are others in the greater community. As one of the first known studies examining these attitudes in relation to attributions of blame among counselors, the moderate amount of variance in blame attributions may be accounted for by the differences in counselor training vs. that of other helpers.

Although there are many similarities among training programs in the helping professions, there are some key differences in programs for counselor training that may impact counselors' values and beliefs as they relate to attributions of clients, particularly attributions of blame. Myers, Sweeney, and Witmer (2000) outlined the revisions made to a previous model of wellness (Sweeney & Witmer, 1991) while emphasizing the importance of a strength based and wellness focused model to providing counseling and therapy. Within the Wellness model, the authors provided a unique approach to counselor training in which all aspects of a client's struggles are assessed, rather than focusing on the struggles and diagnoses of the client. Furthermore, counselor training and supervision have focused on cognitive development within the context of training in skills and theory and maintaining a developmental approach to training. Fong, Borders, Ethington, and Pitts (1997), rather than focusing solely on aspects of skill development and didactic courses. Further exploration of these findings will be examined below. Moreover, previous research on counselors' attributional styles has warranted further exploration of the role of underlying values and beliefs on attribution formation (Cline, 1999).

Research Question 3

Research Question 3 was aimed at determining the interaction effects of gender role attitudes and ambivalent sexism on the prediction of attributions of blame. That is, does the interaction between these two variables supply any additional variance to the regression model? Contrary to Hypothesis 3, there were no interaction effects of gender role attitudes and ambivalent sexism on attributions of blame. Although contrary to the original hypothesis, based on the Multiple Regression Analyses conducted in Research

Questions 2a and 2b, the results of this additional analysis align with earlier results. As gender role attitudes, ambivalent sexism, and training in family violence did not appear to account for much of the variance in blame attributions, it is not surprising that no interaction effects appeared among gender role attitudes and ambivalent sexism. If there had been a significant amount of variance explained by the regression model, it may have been that the variance was explained by the combination of the two predictor variables, rather than the variables themselves. However, it does not appear there is an interaction between these two variables impacting the amount of blame attributed to women who have experienced battering.

Additional Analyses

Participants in the current study appeared, in general, to respond in a way that was not socially desirable. Additionally, when male and female participants were analyzed together, the results of the regression analysis suggested that gender role attitudes and ambivalent sexism did not provide a great amount of prediction of attributions of blame. However, gender role attitudes and ambivalent sexism have often been found to vary significantly according to the gender of the respondent (Glick & Fiske, 1996; King & King, 1990). For heuristic purposes, gender differences among the study variables were examined using Pearson Product Moment correlations and multiple regression analyses. The unexpected findings of the additional analyses were twofold. First, although it was suspected that these analyses would reveal that males attribute significantly higher amounts of blame than females, it was not expected that, male respondents in this study would respond in a socially desirable manner. In fact, social desirability and hostile

sexism contributed significant amounts of variance in the regression model for male respondents. While significant differences were found between males and females, due to the small number of male participants the results of the additional analyses must be interpreted with caution and should be considered preliminary results.

Second, the correlation matrices revealed that males in this study were more likely than females to respond in a socially desirable manner on measures of hostile sexism, gender role attitudes, and blame attributions. Those males who had higher scores on the Marlowe-Crowne Social Desirability Scale-Short Form also had lower scores on the Victim Blame Attribution Scale-Revised, indicating these respondents responded in a way they thought they should respond vs. how they actually may have felt about women who have experienced battering. Male respondents in this study also seemed to respond in a way they thought they should respond on the measure of gender role attitudes, rather than how they may have actually felt about the appropriate roles of men and women. Finally, there was also a significant, moderate and positive relationship between hostile sexism and social desirability among male participants. This relationship is counter to what might be expected, as respondents indicated that when they did respond in a socially desirable way they also reported higher levels of hostile sexism. As outwardly sexist attitudes are less acceptable, particularly for counselors who are encouraged to examine these beliefs in training programs, it is surprising that these individuals still reported high levels of hostile sexism. It was expected that hostile sexism and social desirability would be negatively correlated; counter to this expectation, the two are positively correlated for male participants.

One possible explanation for this unexpected finding among hostile sexism and social desirability is that males may be unaware of some hostile sexist beliefs due to gender socialization. Researchers focused on the socialization of gender have explored these processes for decades and have also attempted to explain the effects of gender socialization on counselors (Vogel, Epting, & Wester, 2003). In a seminal study of clinicians' perceptions of men and women, Broverman, Broverman, Clarkson, Rosenkrantz, and Vogel (1970) examined counselors' perceptions of the health of individuals based on the individual's sex. Results of this illuminating study indicated that stereotypic male behaviors were considered healthier than stereotypic female behaviors, and that clinical judgments are based on perceptions sex differences. Although nearly 40 years have passed since this study was conducted, results of the current study indicate that gender socialization and perceptions of the appropriate roles for men and women remain relevant variables among studies of counselors' perceptions of both male and female clients.

Gender socialization processes not only affect clinicians' perceptions of male and female clients; they also seem to influence these perceptions based on the gender of the counselor. Because gender is an essential part of the way individuals view society (Geis, 1993), it is also expected that clinicians enter the therapeutic process as gendered beings (Mintz & O'Neil, 1990). Furthermore, male and female therapists have been shown to form attributions differently, where male counselors attribute greater amounts of responsibility to clients in the change process than female counselors (Cline, 1999). The exploration of the differences between male and female respondents in the current study

signifies that male and female counselors may continue to view and respond to clients differently.

Finally, the tendency for males to respond in a socially desirable manner also accounted for a significant amount of the variance in attributions of blame. That is, those male respondents who answered in a way they suspected was socially acceptable also attributed less blame to the woman in the vignette. These findings indicate that if males had responded in a less socially desirable manner, results may have indicated higher levels of blame attributions overall. One possible explanation for this is that male counselors, just as females, are encouraged in counselor training programs to examine gender self-awareness (CACREP, 2009). Although this process is crucial to counselors increasing their ability to facilitate growth among clients, male counselors in contemporary society are still subject to the same gendered socialization messages as others (Mintz & O'Neil, 1990). Thus, male counselors in modern society have likely increased their awareness through counselor training, but their underlying values and beliefs may remain heavily influenced by societal messages about gender roles (Mobley, 2004). The dissonance between awareness and socialization may have encouraged males in this study to respond in a socially desirable manner, thus indicating their true beliefs may be different from those indicated in the results of the predictor and criterion variable measures.

Limitations

As the first known study of counselors' gender role attitudes and ambivalent sexism as predictors of blame toward battered women, the reader should view this study through its strengths and limitations.

The limitations of this study include the use of self-report instrumentation which has its inherent limitations. Although self-report instruments are the most commonly used dependent measures, they are vulnerable to several intentional and unintentional distortions. The self-report instrument may allow participants to (a) respond in a socially desirable manner, (b) respond in a manner they presume aligns with the researchers' hypothesis, and (c) respond in a way that makes them look more distressed in order to receive services (Heppner et al., 2008). In addition, self-report measures allow for the phenomenological view of the participant to be expressed which may not be congruent with data gathered in a strictly behavioral manner (Heppner et al., 2008). The SRES, ASI, and the VBAS are based on self-report methods which may allow for participants to respond in socially desirable ways. Therefore, a social desirability scale was employed to assess for socially desirable responses. In addition, the SRES (Beere et al., 1984) is a nearly 30-year-old instrument. With this in mind, an instrument using more contemporary views of egalitarianism may provide a more accurate representation of attitudes.

An additional limitation of the SRES (Beere et al., 1984) is its restricted range of scores with the current sample of counselors. Scores on the SRES ranged from 86-125, while the possible range of scores for this particular measure is 25-125. This restricted range may be accounted for by the possibility that counselors in general could be more

egalitarian in their gender role attitudes than other individuals, although the opposite has been suggested by previous researchers (Gold & Hawley, 2001).

Although all but one measure used in the current study proved to have sufficient reliability, the reliabilities were somewhat lower than those reported in previous research. Low reliability with the current sample may indicate a low amount of variance in scores among the sample, resulting in a sample that is relatively homogeneous in their attitudes and beliefs. Although it may be helpful to know that many counselors hold similar attitudes toward women who have experienced battering, low reliability in instrumentation may also indicate these measures may not have been appropriate for this particular sample.

Another limitation relates to the use of case vignette research. Case vignettes cannot replicate real-world situations unless they are excessively complicated, in which case various sources of bias may be introduced (Landsman & Hartley, 2007). In order to address one limitation with case vignettes, a video vignette was used to increase the realistic portrayal of the woman in the vignette. The use of video vignettes, however, may also introduce additional biases due to the actors' appearance and behavior. Research in the area of social psychology and appearance bias has indicated that physical attractiveness (Agthe, Sporrle, & Maner, 2010), obesity (Rothblum, Miller, & Garbutt, 1988) and other physical characteristics may influence observers' attributions. Rothblum et al. (1988) surveyed college students regarding job applications of obese and non-obese female job applicants. Photographs of obese and non-obese women were attached to the resumes and participants were asked to rate the attractiveness of each applicant.

Researchers found that those applicants considered obese based on the attached photographs were considered by participants as less attractive and may therefore be negatively evaluated. As the current study used a video vignette to determine the amount of blame attributed to women who have been battered, there may be some influence of the actors' appearance on levels of blame obtained.

In addition, the current study sought to understand the relationship between gender role attitudes, ambivalent sexism, and attributions of blame toward survivors of IPV. Accordingly, other factors may relate to these perceptions, including attitudes toward victims in general, counselors' personal experience with IPV and/or treatment of those who have experienced battering as well as demographic characteristics of the respondent and the portrayed survivor.

Additional dependent variables may have been at play here as well. Although this study sought to understand attributions of blame, it is entirely possible that the VBAS (Yamawaki et al., 2009) provides a measure of responsibility vs. a measure of blame and, therefore, must be understood on a preliminary basis. In addition, blame is not a factor generally associated with how counselors view their clients, whereas many counselors believe their clients are responsible for their own lives and choices, particularly based on perceived attributional style of the client (Cline, 1999).

Furthermore, although the woman in the vignette portrays a woman similar to those commonly seeking counseling and shelter services, some of the factors portrayed have also been shown to invoke higher levels of blame toward women who have been battered. Most recently, Wandrei and Rupert (2000) examined psychologists' attributions

of causality, responsibility, and outcome expectations while varying the severity and history of violence in case vignettes of women who had been battered. They determined those women who had experienced battering in previous relationships were attributed higher levels of blame for violence in current relationships. Although Wandrei and Rupert (2000) provided an example of blame in recurring violent relationships, it did provide some evidence that blame is more likely when it is repetitive and may influence the blame attributions made by participants in this study. Higher levels of blame have also been found among battered women with children. Landsman and Hartley (2007) used a factorial survey approach with case vignettes to examine factors that influence social workers' attributions of responsibility in cases of child maltreatment in homes where IPV is present. Regardless of the severity of child maltreatment, females were held more responsible for exposing a child to IPV, even though each scenario described a male batterer and female victim (Landsman & Hartley, 2007). Due to the inclusion of these high blame variables in the current study, (e.g., it is possible that participants attributed more blame to the woman portrayed than if the woman in the vignette had not described a history of violence and had not had children, thus restricting our knowledge about factors influencing attributions of blame).

Additionally, previous research has suggested that survivor variables such as race (Esqueda & Harrison, 2005) and gender of the victim (Oswald, Fonseca, & Hardesty, 2010) may also have an effect on attributions of blame toward women who have experienced battering. Although the current study begins to provide some insight into the variables that do and do not seem to influence blame attributions, additional information

could be gained from including different client/victim variables in future research. The experience of survivors in this process was also missing from the current study. The implications and future directions of this research will be discussed further below.

Finally, another possible limitation of this study was the use of a differential response scale for the ambivalent sexism scale (ASI; Glick & Fiske, 1996). The traditional scale response options range from Strongly Agree to Strongly Disagree on a 6-point Likert-type scale with no fence sitting (neither agree nor disagree) option. For this study a 5-point scale with a "neither agree nor disagree" option was used. Although this response option differed from that traditionally used in the ASI, previous research has shown that allowing respondents an ambivalent option produces more reliable results (Presser et al., 2004).

Implications

Many factors have been identified in the examination of counselor and client perceptions and the relationship between client and counselor. When it comes to variables of interest in examining counselors' perceptions of, and work with, women who have experienced IPV, unique considerations must be taken into account. Although counselor training programs make a considerable effort to incorporate such information into training, there seems to be substantial variability in helpers', lay-persons', and practitioners' attitudes based on factors such as gender, theoretical orientation (Jackson et al., 2001), age (McChrystal, 1994), gender role orientation (Gold & Hawley, 2001), personal history of violence (including both physical and sexual child abuse and violence in past or current relationships; Cappell & Heiner, 1990; Coleman & Stith, 1997; King &

Ryan, 1989), and client factors such as history of abuse, severity of violence (Wandrei & Rupert, 2000), gender (Trepal et al., 2008; Vogel et al., 2003), sexual orientation (Barrett & McWhirter, 2002; Wisch & Mahalik, 1999), age (Foshee & Linder, 1997), comorbidity with substance abuse (Harrison & Esqueda, 2000), and race (Fisher, Matthews, Robinson Kurpius, & Burke, 2001; Harrison & Esqueda, 2000). When working with women who are currently or have experienced battering, it is also important to consider counselor-client relationship factors as well. Numerous factors, both related to counselor and client variables, are at play in influencing the process and outcomes of counselors work with clients, as well as the interactions of these factors between client and counselor. For this reason, it is often difficult to distinguish between the influence of counselor factors and client factors. As a result, it may be even more necessary to consider the unique therapeutic alliance and relationship variables (Hubble, Duncan, & Miller, 2006) at play between the counselor and her or his client who has experienced battering. Since the 1970's, researchers in the field of mental health have been examining issues related to the influence of gender in counseling (Broverman et al., 1970). Previous literature suggests that by ignoring one's own gender biases it is possible for the counselor to limit a client's life options (DeVoe, 1990), impose his or her own value system on the client (Daniluk et al., 1995), and to direct treatment based on biased assessments of the client (Crose et al., 1992).

Results of the current study indicate significant gender differences exist in attributions of blame toward female survivors of battering. As such, counselor educators must continue to aid students in examining perceptions of their own and others' gender

roles through integrating the importance of assessing for violence into coursework. In particular, results of this study may help us to improve the way in which we approach male counselor trainees, as they may be at particular risk of increased levels of blame toward female survivors of battering. Although CACREP currently maintains standards for addressing issues of gender within accredited counseling programs, a new approach to addressing male gender role socialization may be necessary in helping students mediate their values and beliefs.

Further implications of this study include those for the practicing counselor. Results of this study indicate that there is still much we do not know about why our clients are left feeling revictimized and blamed when they disclose experiences of intimate partner violence. For this reason, counselors may need to learn to step outside of traditional counseling approaches in order to address the more basic safety needs of clients experiencing IPV (Choate, 2008). By addressing safety and responding to clients based on where they are, many women may feel heard and understood, rather than responsible for the abuse.

In addition to stepping outside of traditional counseling approaches, practicing counselors may also need to work to gain insight into their personal biases and acceptance of domestic violence myths (Jackson et al., 2001). Males and females appear to have different perceptions of female clients who have experienced battering and attribute different levels of blame as well. As the current study examined these biases and attitudes among practicing counselors and obtained significant differences between male and female clinicians, it is clear that more effort must be placed on aiding male

counselors-in-training in the examination of the underlying beliefs and biases that may influence these attributions. Possibilities for gaining greater insight into the needs of practicing counselors through future research are discussed below.

Future Research

Although the amount of variance explained by the regression model was somewhat small, the results of this study provide a number of possibilities for future research. First, it appears that the combination of gender role attitudes and ambivalent sexism, particularly hostile sexism, provide some amount, although very small, of predictive validity toward attributions of blame; there are likely other significant factors such as client race, gender, socioeconomic status, provocation, and age, to examine in future research. Second, Weiner's (1980) Model of Motivated Behavior provides a clear framework for examining additional predictor variables, as well as additional dependent variables, while also building a model for a greater understanding of client's perceptions of blame from their counselors when presenting with issues related to battering and IPV. Finally, a critical factor missing in the present research is the experience of the client. Weiner's (1980) model also provides a clear framework in which the client's experience and the counselor's perceptions of their own behavior can be examined simultaneously.

Additional client variables to be considered within Weiner's (1980) model include race, socioeconomic status, gender, age, and provocation, among other possibilities. Although the results of the current study did not indicate that significant levels of blame were attributed to the woman in the vignette, it is possible that had the hypothetical client been of another race or gender, or had done something to "provoke" the abuse, greater

levels of blame may have been attributed to her. Previous research on several of these factors has indicated that greater amounts of blame may be placed on survivors when examined among populations of college students and the general public (Esqueda & Harrison, 2005; Finn, 1986; Foshee & Linder, 1997; Harris & Cook, 1994; Hillier & Foddy, 1993; Pavlou & Knowles, 2001; Pierce & Harris, 1993; Reddy et al., 1997; Willis et al., 1996), yet little is known about the influence of these factors on populations of counselors.

Furthermore, the exploration of dependent variables other than blame are warranted at this point. It is possible that gender role attitudes and ambivalent sexism are significant predictors of other counselor behaviors that are perceived as blame by clients, such as acceptance of domestic violence myths (Peters, 2008) and lack of acknowledging the client's experience as something to be taken seriously (Hays et al., 2007). A possible direction for future research is to examine these and other factors within Weiner's (1980) model, while specifically assessing for the experience of the client. For example, a clearer view of the client's experience may be gained by sampling counselor/client dyads. Expanding the current study to include the experience of the client, while also examining the counselor experience, may provide unique insight into client's perceptions of counselor's behaviors. By comparing and contrasting counselor and client experiences, a wealth of information regarding improving treatment may be gained. Further insight may also be gained by separating the constructs of blame and responsibility. Although the VBAS (Yamawaki et al., 2009) aims to measure victim blame, it also includes questions assessing for responsibility. By separating these two different constructs, researchers may

gain a greater understanding of counselors' perceptions of female clients who have experienced battering.

Finally, future research will also benefit from examining client-counselor relationship factors. Due to the significant number of factors at play, both those associated with counselor and client, it may be necessary to examine counselors' work with battered women through the lens of the helping relationship in order to best determine the most salient factors to consider. Gelso and Carter (1985) define the therapeutic relationship as "the feelings and attitudes that counseling participants have toward one another, and the manner in which these are expressed" (p. 159). The therapeutic relationship is said to account for as much as 30% of change that occurs in counseling and is considered an important component in therapeutic outcomes. In addition, research indicates that when a therapeutic alliance is achieved early in the counselor-client relationship, there appears to be a significant impact on therapy outcomes as well (Hubble et al., 2006). How this alliance is achieved and the role it plays in the relationship between the counselor and a client who has experienced battering is of key significance.

Beliefs, attribution processes, and value orientation among helping professionals may be of particular interest when considering the relationship (Betancourt, Hardin, & Manzi, 1992) between counselors and their work with victims of battering. Counselors and clients make attributions of one another in the first few moments of counseling (Hubble, Duncan, & Miller, 2006), primarily based on beliefs and value orientation (Betancourt et al., 1992). A key component of the therapeutic relationship, then, is to

begin to foster mutuality and genuineness early on, where both the client and counselor inevitably growth and change. Due to the unavoidable power imbalance between counselor and client (Murphy & Dillon, 2011), it is important for the counselor to be aware of how beliefs and values may influence this relationship (Enns, 2004).

Several important components of the counselor-client relationship include creating a supportive presence, warmth and caring, acceptance, genuineness, availability, validation, affirmation of client strengths, provision of concrete support, advocacy, and finally, empathy (Hubble et al., 2006; Murphy & Dillon, 2011). Although the literature supports various factors in influencing perceptions' of women who have experienced battering, it may be that factors specific to the counselor-client alliance, such as empathy (Skiffington, Parker, Richardson, & Calhoun, 1984), moderate the relationship between possible perceptions and clients' experiences in counseling.

Conclusions

The current study provided an exploration of the relationships among selected factors that it was thought would predict counselors' attributions of blame toward female survivors of battering. This study highlights the key roles of gender role attitudes and ambivalent sexism in attributions of blame and emphasizes the importance of assessing for social desirability. First, results of this study confirmed that relationships do exist among gender role attitudes, ambivalent sexism, and attributions of blame. Additional analyses indicated that, although only a moderate amount of variance in blame attributions was explained by the study variables, when male and female participants were analyzed separately, significant differences were found.

Due to these unexpected findings, the need for additional research examining counselors' perceptions of and work with female clients who have experienced battering is warranted. In order to more fully understand the experiences of counselors and clients alike, future research could contribute by exploring additional variables and building upon Weiner's (1980) current model of attributions and helping behavior. Purposive sampling to obtain dyads of counselors and their clients who have experienced IPV could provide a clearer examination of the factors influencing clients' experience of blame and revictimization. Although many questions remain unanswered, the current study provides strong evidence that further examination of additional counselor, client, and relationship factors is crucial to understanding the lived experiences of women who seek counseling to deal with issues related to IPV and the counselors that work with them.

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APPENDIX A

IRB APPROVAL

THE UNIVERSITY of NORTH CAROLINA
GREENSBORO

OFFICE OF RESEARCH COMPLIANCE
2718 Beverly Cooper Moore and Irene Mitchell Moore
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Federalwide Assurance (FWA) #216

To: Christine Murray
Counsel and Ed Development
204 Ferguson Building

From: UNCG IRB
Date: 1/25/2012

RE: Notice of IRB Exemption
Exemption Category: 2.Survey, interview, public observation
Study #: 12-0028
Study Title: Counselors' Attitude Toward Women and Gender Roles

This submission has been reviewed by the above IRB and was determined to be exempt from further review according to the regulatory category cited above under 45 CFR 46.101(b).

Study Description:

The purpose of this study is to test a conceptual framework of attributions with counselors. The goal is to identify the impact of counselors' values and beliefs about gender roles and relationships on their attributions toward women who have experienced battering.

Investigator's Responsibilities

Please be aware that any changes to your protocol must be reviewed by the IRB prior to being implemented. The IRB will maintain records for this study for three years from the date of the original determination of exempt status.

CC: Lora Notestine

APPENDIX B

PILOT INFORMED CONSENT

UNIVERSITY OF NORTH CAROLINA AT GREENSBORO

CONSENT TO ACT AS A HUMAN PARTICIPANT: LONG FORM

Project Title: Counselors' Attitudes Toward Women and Gender Roles
Project Director: Dr. Christine Murray, Dr. L. DiAnne Borders, Lori Notestine

What is the study about?
The purpose of this research study is to identify counselors' attitudes toward women and gender roles.

Why are you asking me?
You have been identified as a practicing professional counselor.

What will you ask me to do if I agree to be in the study?
If you agree to participate, you will be asked to complete a survey questionnaire. You will also be asked to view a short vignette and provide answers to questions following the vignette. There will also be a brief demographic questionnaire following the completion of all other survey questions.

Are there any audio/video recording?
There will be no audio or video recording involved in this study.

What are the dangers to me?
The Institutional Review Board at the University of North Carolina at Greensboro has determined that participation in this study poses minimal risk to participants. No personal information will be attached to survey responses. Questions, concerns or complaints about this project or benefits or risks associated with being in this study can be directed to Lori Notestine, who may be contacted at lewhitbr@uncg.edu. If you have any concerns about your rights, how you are being treated or if you have questions, want more information, or have suggestions, please contact Eric Allen in the Office of Research Compliance at UNCG at 1-855-251-2351.

Are there any benefits to me for taking part in this research study?
There are no direct benefits to you from taking part in this research study. Reflecting on your views of women and gender roles may be informative to your work as a counselor.

Are there any benefits to society as a result of me taking part in this research?
By taking part in this research, you may benefit society by helping improve the ability of counselors to address the needs of counselors in relation to working with women in various counseling settings.

Will I get paid for being in the study? Will it cost me anything?
Your completion of the survey will result in a $1 donation (up to $200) to a national organization aiding women and children. There are no costs to you or payments made for participating in this study.

How will you keep my information confidential?
The surveys will be confidential and no names will be collected or attached to the completed surveys. The data will be analyzed in a way that will not identify the participants. All information obtained in this study is strictly confidential unless disclosure is required by law. Absolute confidentiality of data provided through the Internet cannot be guaranteed due to the limited protections of Internet access. Please be sure to close your browser when finished so no one will be able to see what you have been doing.

What if I want to leave the study?
You have the right to refuse to participate or to withdraw at any time, without penalty. If you do withdraw, it will not affect you in any way. If you choose to withdraw, you may request that any of your data which has been collected be destroyed unless it is in a de-identifiable state.

What about new information/changes in the study?
If significant new information relating to the study becomes available which may relate to your willingness to continue to participate, this information will be provided to you.

Voluntary Consent by Participant:
By clicking below, you indicate that you have read and fully understand this document, are openly willing to consent to take part in this study, and are 18 years of age or older.

Signature: _____ Date: _____

APPENDIX C

RECRUITMENT E-MAIL

Dear (name),
Thank you for agreeing to send the following survey link out on my behalf!

This study will provide us with information to better meet the needs of the clients we serve. If you would like for us to share the results of the study with you please let us know and we would be happy to do so.

This is the first of three requests to participate that will be sent, in order to ensure maximum participation by counselors in your state. In three days you will receive a second e-mail from me requesting that you send the survey link via your list-serve again. Finally, one week following the 2nd e-mail, I will send a final request for participation for you to send to counselors in your state.

Please send the following message and survey link as soon as possible. When the e-mail blast or list-serve request has been sent, please bcc me (lewhitbr@uncg.edu) on that message so I am able to track response times.

Thank you again for your help with this important research, it is much appreciated!

Sincerely,

Lori Notestine, MA, LPC, NCC

Dear Counselor,

This is an invitation to participate in an innovative study regarding counselors' attitudes toward women and gender roles. I am a Doctoral Candidate at the University of North Carolina at Greensboro under the direction of Dr. Christine Murray and Dr. DiAnne Borders. If you should choose to participate, you will be asked to watch a short video depicting a counseling scenario and complete the following questions. The study will take about 15-20 minutes to complete; your participation will result in a $1 donation to a national organization aiding women and children.

(link)

Thank you for your time!
Lori Notestine

First Follow-up:

Dear (name),

This is the first follow-up to the request to send the following invitation and survey link to counselors in your state. To ensure maximum participation rates, please send the following message via your list-serv or e-mail blast as soon as possible and bcc lewhitbr@uncg.edu at that time.

Thank you again for your help!

Lori Notestine, MA, LPC, NCC

Dear Counselor,
This message is a follow-up to an invitation to participate in an innovative study regarding counselors' attitudes toward women and gender roles. I am a Doctoral Candidate at the University of North Carolina at Greensboro under the direction of Dr. Christine Murray and Dr. DiAnne Borders. If you should choose to participate, you will be asked to watch a short video depicting a counseling scenario and complete the following questions. The study will take about 15-20 minutes to complete; your participation will result in a $1 donation to a national organization aiding women and children.

(link)

If you have already taken the time to complete the survey, you may disregard this follow-up. Thank you for your participation!

Thank you for your time!
Lori Notestine

Final follow-up:

Dear (name),

This is a final request to send the following invitation and survey link to counselors in your state.

Your aide in this process has been a crucial part of making this study successful!

My deepest thanks,

Lori Notestine, MA, LPC, NCC

Dear Counselor,
This message is a follow-up and final invitation to participate in an innovative study regarding counselors' attitudes toward women and gender roles. I am a Doctoral Candidate at the University of North Carolina at Greensboro under the direction of Dr. Christine Murray and Dr. DiAnne Borders. If you should choose to participate, you will be asked to watch a short video depicting a counseling scenario and complete the following questions. The study will take about 15-20 minutes to complete; your participation will result in a $1 donation to a national organization aiding women and children.

If you have already taken the time to complete the survey, you may disregard this follow-up. Thank you for your participation!

Thank you for your time!
Lori Notestine

APPENDIX D

VIGNETTE SCRIPT

Sara is a white female in her early 30's who has just arrived for counseling in the agency where you work. She and her two children are currently staying the local women's shelter and she has been referred to you for counseling to work through difficulties of having been in an abusive relationship. Sara looks somewhat tired and has a moderately depressed mood. She reports having left her husband after a big fight which ended in another trip to the ER. Sara reported this as her 3rd stay in shelter since she married her husband. Sara does not work outside of the home and feels financially reliant on her husband for her well-being. She also reports having few to no friends and little contact with her family.

CS: What brings you here today, Sara?

CT: Well, my two children and I just moved into the women's shelter and they said that I should talk to someone.

CS: Ok, so you and your children are staying at the shelter. Can you tell me a little more about yourself?

CT: Um, I've been married to John for about 5 years but we were together for a long time before that, and we have two kids. I met him right after high school when I used to work at the office where he works.

CS: So you and John have been together for a long time. Do you still work at that office, Sara?

CT: No; I don't work anymore. John says it's more important for me to stay at home with the kids.

CS: It sounds like you miss that.

CT: Yeah, I mean, sometimes. I mean, it was nice to have my own money. John takes care of things I guess.

CS: John takes care of the money. What's that like for you?

CT: It makes it hard to think about leaving

CT: Yeah. You left this time, Sara, can you tell me a little about what happened to make you seek shelter now?

CT: Um, well, things have gotten pretty bad lately and well, after going to the ER again I decided I should maybe get out for a while.

CS: You said things have been pretty bad lately; can you tell me a little more about that?

CT: Well, we've been married for 5 years and things were really good for a while; I mean, everybody has their problems, right? I got pregnant with our first child and he started to get really stressed. He would sometimes threaten me and now he seems angry with me a lot; or jealous, he's jealous a lot too. The first time he hit me I went to the shelter but I didn't want to raise our child without a father, so we went back. And he said he was sorry and he would never hurt me again. Things haven't really gotten better though.

CS: And what happened this time?

CT: I just couldn't do it anymore. He kept accusing me of cheating and was so jealous all the time. I was starting to get really scared, really scared that he might really hurt me.

CS: Sounds like you just couldn't put up with all of it any longer.

CS: Yeah, and this time it was much worse. It's like I could feel it building until it finally exploded.

CS: Things kept building until there was an explosion. You decided you needed to come back to the shelter.

CT: Yeah, I guess we've been here a few times now since it all started.

CS: Things have been pretty tough for a while. In addition to coming to the shelter do you have any family or friends you can turn to for help?

CT: Um, not, not really. I guess this has been going on for a while and my family says they are tired of dealing with it. I don't really have time for friends . . .

APPENDIX E

SURVEY INSTRUMENTS

Please view this video and answer the questions to follow.
(Video vignette inserted here)

	Strongly Agree	**Agree**	**Neither Agree or Disagree**	**Disagree**	**Strongly Disagree**
Sara had some faults in this situation					
	Can you provide us with any additional information regarding your answer?				
Sara provoked this situation					
	Can you provide us with any additional information regarding your answer?				
Sara has some responsibility for creating this situation					
	Can you provide us with any additional information regarding your answer?				

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
Sara should be blamed for being hurt					
	Can you provide us with any additional information regarding your answer?				
Sara had some control in this situation					
	Can you provide us with any additional information regarding your answer?				
Sara has some responsibility for resolving this situation					
	Can you provide us with any additional information regarding your answer?				

The following form contains statements about men and women. Please read the statements and judge your amount of agreement or disagreement with each.

Please be sure to:
(a) offer your own personal opinions, not those that you may think are most prevalent in society
(b) choose the one response for each statement that best represents your opinion;
(c) do not omit any statement.

Your responses may range from:
SA - Strongly agree; A - Agree; N - Neutral or undecided or no opinion; D - Disagree; SD - Strongly disagree.

1. Women should have as much right as men to go to a bar alone.

2. Clubs for students in nursing should admit only women.

3. Industrial training schools ought to admit more qualified females.

4. Women ought to have the same chances as men to be leaders at work.

5. Keeping track of a child's activities should be mostly the mother's task.

6. Things work out best in a marriage if the husband stays away from housekeeping tasks.

7. Both the husband's and wife's earnings should be controlled by the husband.

8. A woman should not be President of the United States.

9. Women should feel as free to "drop in" on a male friend as vice versa.

10. Males should be given first choice to take courses that train people as school principals.

11. When both husband and wife work outside the home, housework should be equally shared.

12. Women can handle job pressures as well as men can.

○ ○ ○ ○ ○

13. Male managers are more valuable to a business than female managers.

14. A woman should have as much right to ask a man for a date as a man has to ask a woman for a date.

○ ○ ○ ○ ○

15. The father, rather than the mother, should give teenage children permission to use the family car.

○ ○ ○ ○ ○

16. Sons and daughters ought to have an equal chance for higher education.

○ ○ ○ ○ ○

17. A marriage will be more successful if the husband's needs are considered first.

○ ○ ○ ○ ○

18. Fathers are better able than mothers to decide the amount of a child's allowance.

○ ○ ○ ○ ○

19. The mother should be in charge of getting children to after-school activities.

○ ○ ○ ○ ○

20. A person should be more polite to a woman than to a man.

○ ○ ○ ○ ○

21. Women should feel as free as men to express their honest opinion.

○ ○ ○ ○ ○

22. Fathers are not as able to care for their sick children as mothers are.

○ ○ ○ ○ ○

23. An applicant's sex should be important in job screening.

○ ○ ○ ○ ○

24. Wives are better able than husbands to send thank you notes for gifts.

○ ○ ○ ○ ○

25. Choice of college is not as important for women as for men.

○ ○ ○ ○ ○

Listed below are a number of statements concerning personal attitudes and traits. Read each item and decide how it pertains to you.

Please respond either TRUE (T) or FALSE (F) to each item. Indicate your response by circling the appropriate letter next to the item. Be sure to answer all items.

1. It is sometimes hard for me to go on with my work if I am not encouraged. T F
2. I sometimes feel resentful when I don't get my way. T F
3. On a few occasions, I have given up doing something because I thought too little of my ability. T F
4. There have been times when I felt like rebelling against people in authority even though I knew they were right. T F
5. No matter who I'm talking to, I'm always a good listener. T F
6. There have been occasions when I took advantage of someone. T F
7. I'm always willing to admit to it when I make a mistake. T F
8. I sometimes try to get even rather than forgive and forget. T F
9. I am always courteous, even to people who are disagreeable. T F
10. I have never been irked when people expressed ideas very different from my own. T F
11. There have been times when I was quite jealous of the good fortune of others. T F
12. I am sometimes irritated by people who ask favors of me. T F
13. I have never deliberately said something that hurt someone's feelings. T F

The statements on this page concern women, men, and their relationships in contemporary society. Please indicate the degree to which you agree or disagree with each statement by clicking on the numbered buttons below.

(1) No matter how accomplished he is, a man is not truly complete as a person unless he has the love of a woman.

	0	1	2	3	4	5	
Disagree strongly	○	○	○	○	○	○	Agree strongly

(2) Many women are actually seeking special favors, such as hiring policies that favor them over men, under the guise of asking for “equality

	0	1	2	3	4	5	
Disagree strongly	○	○	○	○	○	○	Agree strongly

(3) In a disaster, women ought not necessarily to be rescued before men.

	0	1	2	3	4	5	
Disagree strongly	○	○	○	○	○	○	Agree strongly

(4) Most women interpret innocent remarks or acts as being sexist.

	0	1	2	3	4	5	
Disagree strongly	○	○	○	○	○	○	Agree strongly

(5) Women are too easily offended.

	0	1	2	3	4	5	
Disagree strongly	○	○	○	○	○	○	Agree strongly

(6) People are often truly happy in life without being romantically involved with a member of the other sex.

	0	1	2	3	4	5	
Disagree strongly	○	○	○	○	○	○	Agree strongly

(7) Feminists are not seeking for women to have more power than men.

Disagree strongly	0	1	2	3	4	5	Agree strongly

(8) Many women have a quality of purity that few men possess.

Disagree strongly	0	1	2	3	4	5	Agree strongly

(9) Women should be cherished and protected by men

Disagree strongly	0	1	2	3	4	5	Agree strongly

(10) Most women fail to appreciate fully all that men do for them.

Disagree strongly	0	1	2	3	4	5	Agree strongly

(11) Women seek to gain power by getting control over men.

Disagree strongly	0	1	2	3	4	5	Agree strongly

(12) Every man ought to have a woman whom he adores.

Disagree strongly	0	1	2	3	4	5	Agree strongly

(13) Men are complete without women.

Disagree strongly	0	1	2	3	4	5	Agree strongly

(14) Women exaggerate problems they have at work.

Disagree strongly	0	1	2	3	4	5	Agree strongly

(15) Once a woman gets a man to commit to her, she usually tries to put him on a tight leash.

Disagree strongly	0	1	2	3	4	5	Agree strongly

(16) When women lose to men in a fair competition, they typically complain about being discriminated against.

Disagree strongly	0	1	2	3	4	5	Agree strongly

(17) A good woman should be set on a pedestal by her man.

Disagree strongly	0	1	2	3	4	5	Agree strongly

(18) There are actually very few women who get a kick out of teasing men by seeming sexually available and then refusing male advances.

Disagree strongly	0	1	2	3	4	5	Agree strongly

(19) Women, compared to men, tend to have a superior moral sensibility.

Disagree strongly	0	1	2	3	4	5	Agree strongly

(20) Men should be willing to sacrifice their own well-being in order to provide financially for the women in their lives.

Disagree strongly	0	1	2	3	4	5	Agree strongly

(21) Feminists are making entirely reasonable demands of men.

Disagree strongly	0	1	2	3	4	5	Agree strongly

(22) Women, as compared to men, tend to have a more refined sense of culture and good taste.

Disagree strongly	0	1	2	3	4	5	Agree strongly

Demographics:

What is your age?

- 22-30
- 31-40
- 41-50
- 51-60
- 61-70
- Other

What is your gender?

- Male
- Female
- Transgender
- Other

What is your race/ethnicity?

- African American
- Caucasian
- Asian
- Hispanic or Latino
- Native American
- Pacific Islander
- Multiracial
- Other

What is your religion?

- Christian
- Catholic
- Jewish
- Islamic
- Hindu
- Agnostic
- Atheist
- Other

How many years have you been a practicing counselor?

- 1-3
- 4-6
- 7-9
- 10-12
- 13-15
- More than 15

What type of professional or provisional license do you hold?

- LPC
- LPCA
- LCPC
- LMHC
- CMHC
- LMFT
- Other

What type of training have you had in family violence?
(check all that apply)

- ☐ Undergraduate course
- ☐ Graduate course
- ☐ Continuing education workshop
- ☐ Experience counseling intimate partner violence survivors
- ☐ Experience counseling survivors of other forms of violence such as rape
- ☐ None
- ☐ Other

APPENDIX F

OPEN ENDED RESPONSES:
VICTIM BLAME ATTRIBUTION SCALE–REVISED

Question	Open Ended Response
Sarah had some fault in this situation	Not enough facts provided to answer, but it appears she made some bad decisions about getting in the situation and returning to the situation.
	Should've ended it sooner
	We cannot tell, we only see one side of the story.
	She was not willing to take the initiative and leave
	Don't have enough info
	staying with him so long
	Sara's actions are not atypical of a battered woman, but the situation could be improved if she had acted differently e.g.: seek help/counseling after John first hit her, left him sooner, maintained family relationships/support system
	Low self-esteem and family of origin issues probably contributed to her views about not wanting to raise her children without a father and allowing her husband to control the finances. That said, she had the opportunity to make a choice to leave, though i seems like it was a nearly impossible decision for her to make.
	She has more control than she realizes, although she is not at fault.
	Does this mean in the abuse or in how she responded to it?
	In the sense that she did assert boundaries within her relationship.
	She keeps going back to her husband. It appears she may have allowed him to control some of her choices–like work vs. staying home with the children.
	No systemic probing so hard to know
	everybody in relationship is responsible somewhat for the relationship
	She has choice, yet felt there were no solutions. She felt stuck. Limited resources and support.
	body language gave impression that there was more to what she was disclosing.
	She believed him after he hit her the first time.

Question	Open Ended Response
	. . . not apparent. she has stayed due to not being able to see other options as viable.
	Do not have enough info
	she allowed it
	Passively too it for too long.
	Nothing was discussed regarding what she did or did not do.
	She returned home the first time
Sarah provoked this situation	Doesn't appear to have provoked anything.
	We cannot tell, we only see one side of the story.
	no provacation should cause a man to hit his wife
	don't know
	Sara did not provoke this situation in any way
	Based on what was said, she appears to be the victim. However, there are always more "sides" to a story.
	not enough information.
	no information has been given about this. however, with husbands who are controlling as she is describing, "provoked" is not really a fair term.
	I assume you mean she "provoked" the physical abuse
	There was no information as to what occurred although no one deserves to be assaulted.
Sarah has some responsibility for creating this situation	Not enough is known, but likely some bad decisions were made along the way. Responsibility does not equal blame.
	We cannot tell, we only see one side of the story.
	She allowed the abuse to escalate by staying in the relationship
	don't know
	Again, Sara's actions are not atypical of a battered woman, however, as the 2nd person in her marriage, she did not have the strength to leave at an earlier time
	Without additional information about the case, it is hard to determine what the dynamics are in the relationship. Women start confrontations, too, but there's no way of saying what happened in Sara's situation. Regardless, physical violence is never okay,and Sara did not have any responsibility for her husband's decision to use violence.
	She allowed him to control her decisions rather than working as an equal partner in the relationship.

Question	Open Ended Response
	Yes. See answer to question 1. Having choice.
	there are two sides to a story
	Not the first time, but subsequent attacks.
	only in that she stayed
	maybe that she let it continue
	agree only in the sense that we all have some responsibility for where we are in life (like choices we made to get us there)
	Didn't set strong boundaries
	There is no information to indicate this.
Sarah should be blamed for being hurt	Not enough is known yet but doesn't appear to have instigated any violent acts herself
	We cannot tell, we only see one side of the story.
	Sarah is in an abusive relationship, and she is the victim in this case
	His choices-- she cannot control his choices.
	Please. There's no room for blame here.
	No
	No one has the right to physically hurt another.
Sarah had some control in this situation	Might not have realized it but had left before
	Should've left and not taken anymore
	Yes, she exercised her control to leave.
	She had some control but did not use it
	but she should have left before
	Sara had the option to leave, and knew she was able to move to the shelter - which she took advantage of on more than one occasion. Sara could not control her husband.
	Although she had the opportunity to make the choice to leave, I'm sure societal pressures and family of origin beliefs led her to stay.
	It seems the main control is the choice she has to leave, which she could have done sooner.
	able to leave
	She kept leaving him and going back to him. She could have told him what she needed from him in the relationship, suggested counseling, or just left him.
	in the choices she made
	She has some, whether she's aware of this or not is a different question

Question	Open Ended Response
	She has choice to not stay.
	She should have turned for help much sooner. She experienced marital problems early on in the marriage. Why did she remain in the situation, especially after the first child was born?
	She chose to return to the situation.
	yes, and needs help/support in order to be able to see that and act upon it.
	sounds like her only control was to leave
	she left before and now
	She only can control her own destiny, which means leaving
	After leaving several times, she always went back.
	A person generally has some control but is not aware of their options.
Sarah has some responsibility for resolving this situation	She's an adult in this situation, so of course she has responsibility to resolve (not get back with husband)
	Both parents have a responsibility to keep their children away from abuse.
	Only insofar as she has left and can make a decision to remain in the shelter and make a new life without John.
	Sara is responsible for Sara and the safety of her kids. Actually its time she exercised some responsibility
	Sara is acting responsibly by moving to the shelter and seeking help, I do not think she has any responsibility or duty to return to her abusive partner/marriage.
	By making the choice to seek support at the shelter, she is taking some control over her future and that of her children. Even if she goes back to her husband, she is taking steps toward changing her belief that she has no way out of the situation.
	It seems the only resolution she could control on her own is to remove herself and her children from the situation.
	setting goals for safety and indepence
	Yes. She has to make her own choices about what is best for her and her children.
	It's her life to resolve in that she determines what she'll do next
	Not necessarily to resovle the situation with her husband but rather for her herseld and two children.

Question	Open Ended Response
	We all have some responsibility for resolving our life's problems.
	She should have had the courage to leave.
	She has a right to protect herself & her children.
	she has responsibility, as she is now doing, to take action to protect herself and her kids. She needs to find support so that she will feel empowered to take positve action on her behalf.
	she can't fix him
	marriage takes both to work at issues or quit
	Resolving no. Protecting herself and her children yes
	She has the responsibility for taking care of herself and her children physically and emotionally.
	She has the responsibility of resolving things for herself. She needs to find out why she allows herself to allow the abuse.

APPENDIX G

SURVEY PERMISSIONS

From: William Reynolds wr9@humboldt.edu
To: Lori Notestine lewhitbr@uncg.edu
Date: Tue, Oct 18, 2011 at 7:55 PM
Subject: MC Scale- Short Form

Hello Lori,
Attached is the information you requested. It is public domain and you do not need my permission.
Good luck with your dissertation.
Bill Reynolds
--
William M. Reynolds, Ph.D.
Professor
Department of Psychology
Humboldt State University
Arcata, California 95521
Tel: (707) 826-3162
Fax: (707) 826-4993
email: William.Reynolds@humboldt.edu
web page: http://www.humboldt.edu/~psych/fs/reynolds/reynolds.htm

---

From: Peter S. Glick peter.s.glick@lawrence.edu
To: Lori Notestine <lewhitbr@uncg.edu>
Date: Mon, Aug 8, 2011 at 1:47 PM
Subject: Re: ASI

It's free and feel free to use it.

Peter

From: Niwako Yamawaki niwako_yamawaki@byu.edu
To: Lori Whitbred lewhitbr@uncg.edu
Date: Tue, Aug 16, 2011 at 6:00 PM
Subject: RE: Research inquiry

You are welcome to contact me. I will be back to the US in December though. I am currently on professional leave to fulfill my fellowship in Japan. You are welcome to use the measurement.

Niwako Yamawaki, Ph.D.
Associate Professor of Psychology
Licensed Psychologist
1094 SWKT
Brigham Young University
Provo, UT 84604
Office: (801) 422-8053
Fax: (801) 422-0602

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RESEARCHER: Lori Notestine
INSTITUTION: University of North Carolina at Greensboro
DEPARTMENT: Department of Counseling & Educational Development
ADDRESS: 228 Curry Building, PO Box 26170, Greensboro, NC 27402
PHONE NUMBER: 336-689-0699 EMAIL ADDRESS: lewhitbr@uncg.edu
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A. The Work: The Work means:
NAME: Sex-Role Egalitarianism Scale (SRES)
AUTHOR(S): Lynda A. King, Ph.D., & Daniel W. King, Ph.D.
SPECIFIC FORM OF THE TEST OR THE WORK: Form KK
PARTICULAR SCALES OR PARTICULAR WORK USED: entire assessment online
B. Description of Research: The Researcher agrees to use the Work for the following purpose and no other:
**"My dissertation study will examine the relationship between gender role attitudes and ambivalent sexism and
counselors' blame attributions toward women who have been battered. It is hypothesized that those counselors
with lower levels of sex role egalitarianism and higher levels of ambivalent sexism will attribute more blame to**

women who have been battered than those with more egalitarianism and less sexist attitudes."

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