Counselors' Attributions of Blame Toward Female Survivors of Battering

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Abstract:

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. Previous research indicates that women seeking counseling after facing intimate partner violence victimization have reported experiencing counseling resources as inadequate or blaming. In the current study, counselors (N = 122) were surveyed regarding their gender role attitudes, ambivalent sexism, training in family violence, and attributions of blame toward women who have been battered. The regression analysis suggested that 16% of the variance in blame attributions was accounted for by gender role attitudes and ambivalent sexism. Study findings provide directions for future research and implications for practicing counselors.

Keywords: intimate partner violence | domestic abuse | women | counseling | gender role attitudes

Article:

The ongoing high prevalence of intimate partner violence (IPV) recently was made clear through the Centers for Disease Control's (CDC, 2011) National Intimate Partner and Sexual Violence Survey. In this national sample, nearly 35% of women reported experiencing sexual violence, physical violence, or stalking by an intimate partner in their lifetimes, while 1 in 4 women reported having experienced severe physical violence (CDC, 2011). The physical and mental health consequences of IPV are numerous and range from bruises, broken bones, and chronic pain to low self-esteem, anxiety, depression, and PTSD (Coker, Smith, McKeown, & King, 2000). Due to these consequences, many women who experience IPV present to counseling to seek help for alleviating mental health symptoms and enhancing their functioning in other areas of their lives (Leone, Johnson, & Cohan, 2007), as well as to help them obtain the resources necessary for leaving a violent relationship (Dienemann, Glass, Hanson, & Lunsford, 2007). Although men also may experience IPV victimization, research demonstrates that women disproportionally experience the most severe form of IPV--battering (Melton & Sillito, 2012;

Smith, Smith, & Earp, 1999). Battering involves a chronic pattern of severe physical, sexual, and/or emotional violence deriving from the perpetrator's efforts to control and maintain power over his or her partner (Smith et al., 1999). Because women are most likely to be affected by battering, the current study focused on counselors' perceptions of battering as perpetrated by a male toward a female victim.

The need for this study is supported by reports from clients seeking counseling to address IPV. Many report having received poor or inadequate services (McLeod, Hays, & Chang, 2010). Although many women report having positive and helpful experiences, some seeking services have reported a number of barriers to obtaining adequate help, including victim-blaming, helpers siding with the abuser, inadequate or not useful community' resources (Davis, 1984), misdiagnosis and nonviolent revictimization (Mcleod et al., 2010), and a perception that counselors would not be helpful when abuse is disclosed (Krugman et al., 2004).

Although many counselors work with clients who are experiencing or have experienced IPV, there is often little training for counselors around issues of family violence (Mcleod et al., 2010). In fact, the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2016) standards do not require any specific training for any type of family or intimate partner violence for students outside of the Marriage, Couples, and Family Counseling specially (CACREP, 2016 Section 5-F.i). Not only has training in this area been sparse, but traditional approaches to counseling in the past have tended to view women in terms of their symptoms, have held women to traditional gender roles, and blamed women for the trauma they experienced, based on the idea that they somehow provoked the violent acts (Choate, 2008). In their 2007 article reviewing counseling approaches to IPV from a advocacy perspective, Hays, Green, Flowers, and Orr (2007) suggested that many counselors are resistant to increasing competency around IPV-related issues because of having some level of cynicism, feeling helpless to create change, or viewing IPV as a minor problem. These examples speak to the lack of attention paid to the examination of IPV myths and common biases among counselors-in-training, even though exploration of biases is generally common practice among counselor training programs (Comstock, Duffey, & St. George, et al., 2003). Thus, many counselors might still be attributing blame to victims for the abuse they experience. The purpose of the current study was to examine factors that may impact counselors' attributions of blame toward female survivors of IPV. The study was grounded in Weiner's (1980) attribution theory, which suggests that there are cognitive, emotional, and behavioral processes that underlie individuals' attributions of blame toward women who have been battered.

Attributions of Blame

Weiner's Attribution Theory (1980) provides a sound theoretical model of attributions of blame toward women who have been battered. This theory provides a tri-partite (i.e., cognitive, emotional, behavioral) model for the attribution process in which thoughts determine feelings, and feelings are then linked directly to behavior (Schmidt & Weiner, 1988). When a negative event is encountered, an individual goes through a process of determining a cause for the event. If it is determined that the victim is in some way responsible for the negative event (Weiner, 1993), blame is assigned to the victim; this leads to anger, lack of pity, and a decrease in helping

behavior (Godfrey, 2007). In this study, the first using Weiner's theory in this context, only the first link in this model, the formation of attributions of blame among counselors, will be examined.

Attributions of blame toward women who have been battered are common among members of the general population. Factors said to influence attributions of blame range from observer factors such as just world beliefs, history of violence in family of origin, attitudes toward women, ambivalent sexism, gender, and gender role attitudes, to survivor characteristics such as race (Esqueda & Harrison, 2005; Finn, 1986; Pierce & Harris, 1993; Willis, Hallinan, & Melby, 1996), alcohol use (Harrison & Esqueda, 2000; Reddy, Knowles, Mulvany, McMahon, & Freckelton, 1997), intimacy level of the relationship (dating vs. married; Langhinrichsen-Rohling, Shlien-Dellinger, Huss, & Kramer, 2004; Willis et al., 1996), provocation by the victim (Harris & Cook, 1994; Pierce & Harris, 1993), and the victim's reaction to the abuse (Capezza & Arriaga, 2008). Individuals in societies with more traditional gender role adherence may be more supportive of rape myths, sexual violence, and general aggression (Hamburger, Hogben, McGowan, & Dawson, 1996; Wendt & Hornosty, 2010).

Counselors are not immune to the victim-blaming attitudes that exist within the general population. Although it is the goal of counselor training programs to help students increase their awareness of biases and judgments (Comstock, et. al., 2003), many counselors go into the field with biases intact, increasing the possibility of doing harm (Harway & Hansen, 1993). As such, many counselors are unqualified and unprepared to appropriately help survivors of IPV (Hays, Green, Orr, & Flowers, 2007). In a study exploring the gender role attitudes of counselors-in-training, Gold and Hawley (2001) suggested that they had no more egalitarian beliefs than those of the general population. Researchers also have indicated that when gender biases are ignored, it is possible for the counselors to limit a client's life options, impose their own value system on the client, and direct treatment based on biased assessments of the client (Crose, Nicholas, Gobble, & Frank, 1992). Thus, identifying counselors' biases toward female survivors of battering is crucial to providing unbiased services.

Ambivalent Sexism and Gender Role Attitudes

Although gender role attitudes and ambivalent sexism have been explored as contributing variables to attitudes toward women who have experienced IPV, they have not been explored among counselors. In this study we will focus on one measure of attitudes toward women, ambivalent sexism, which is a multidimensional construct of women's experience of sexism and describes both the traditionally negative aspects of sexism, as well as those aspects that are subjectively positive (Click & Fiske, 1996). When conceptualizing ambivalent sexism, Click and Fiske (1996) emphasized that the traditional view of sexism 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. 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). (Click & Fiske, 1996, p. 491)

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

Although researchers have attempted to identify the factors that most significantly influence attributions of women who have been battered (Esqueda & Harrison, 2005; Finn, 1986; Pierce & Harris, 1993; Willis et al., 1996; Harrison & Esqueda, 2000; Reddy, et al., 1997), the current study is the first known examination of the specific factors that predict counselors' perceptions of clients with experiences of IPV. Thus, using Weiner's (1980) theory, we set out to determine how counselors' gender role attitudes and ambivalent sexism predicted their attributions of blame with battering survivors. The hypotheses guiding this study were as follows: (H1) 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; (H2a) Counselors' traditional gender role attitudes and ambivalent sexism positively predict attributions of blame toward women who have been battered; (H2b) Counselors' training in family violence will decrease the amount of blame attributed to women who have been battered; and (H3) 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.

METHOD

Participants and Procedures

Upon IRB approval, participants for this study were recruited via e-mail through listservs sent out by listserv administrators of 5 state counseling associations. The listserv for each association included professional counselors and those under provisional licensure. One additional state provided a list of members directly to the researchers for participant recruitment. Participation criteria included (a) at least one full year of post-master's counseling experience, and (b) either a professional or provisional counseling license such as a Licensed Professional Counselor (LPC). Individuals who chose to participate accessed the link to an electronic survey via the recruiting email. The final sample of 122 participants included counselors who identified as Caucasian/White (n = 101; 82.8%), Black/African American (n = 14; 10.7%), and other ethnicities (n = 6; 6.5%). Most participants identified as Christian (n = 88; 72.2%), and were primarily between the ages of 31-60 (n = 86; 70.5%). Of the sample, 94 (77%) were women and 28 (23%) were men, and most had been practicing for 1-6 years (n = 62; 70.5%).

Instrumentation

Video vignette. A video-based vignette was developed by the first author to portray one representation of a "typical" woman seeking counseling for difficulties related to having been battered to be used as a stimulus for participants' responses. Although there are some inherent limitations in the use of case vignettes (Landsman & Hartley, 2007), a video was used to increase

the realistic portrayal of the survivor. A "typical" case was developed based on demographic trends reported in existing research studies investigating samples of women who were shelter residents. These women included Caucasians in their early thirties (Clevenger & Roe-Scpowitz, 2009; Constantino, Kim, & Crane, 2005; Gordon, Burton, & Porter, 2004; Harding & Helweg-Larsen, 2009; Lundy & Grossman, 2009) who were either married or in long-term cohabiting relationships (Constantino et al., 2005; Gordon et al., 2004; Harding & Helweg-Larsen, 2009; Lundy & Grossman, 2009). Most had a high school education, were unemployed, had one to two children (Clevenger & Roe-Sepowitz, 2009; Constantino et al., 2005; Gordon et al., 2004; Harding & Helweg-Larsen, 2009; Lundy & Grossman, 2009; Simmons, Lehmann, Collier-Tenison, 2008), and had sought shelter at least one previous time (Griffing et al., 2002; Harding & Helweg-Larsen, 2009). In the video, the client was attending an initial counseling session and described a recent incident of violence with her husband, as well as details suggesting a pattern of violence and battering in the relationship. The initial video script was reviewed by two researchers with extensive research and clinical experience related to IPV; their suggested revisions to the script were made before the video was created. The woman in the video was portrayed by a female master's student with a background in theatre. A master's student in a counseling program with a background in film recorded and edited the video, which was reviewed and approved by the full research team again before it was used in the final study. The counselor in the video, while not visible on the screen, was a Caucasian female in her late 20s. The video script is available from the lead researcher for interested readers. The 5-minute video was first viewed by participants, who then completed a series of questionnaires.

Victim blame. The Violence Blame Attribution (VBAS) Scale (Yamawaki, Ostenson, & Brown, 2009) was derived from a scale of rape blame attributions (Langhinrichsen-Rohling & Monson, 1998) in order to assess blame attributions toward victims of IPV. This IPV blame scale was developed in a study of victim-blaming attributions among Japanese and American college students, yielding a Cronbach's 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. The original scale was revised for the current study in order to specifically align with the video vignette. For example, the names of the individuals in the vignette were used in place of the names of the individuals in the original scale. The current scale includes six self-report items on a Likert-type scale ranging from 1 (Strongly disagree) to 7 (Strongly agree). There are no validity data to report on the VBAS at this time. Reliability of the revised scale used with the current sample was [alpha] = .77.

Sex role egalitarianism. The Sex Role Egalitarianism Scale (SRES; Beere, King, Beere, & King, 1984) Short Form (King & King, 1990) assesses attitudes toward gender role flexibility and specifically addresses traditional and nontraditional gender roles. 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). 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. Based on previous research, those who score lower on the SRES may be more likely to support the use of violence in spouse/partner relationships (King & King,

1990). The SRES is reported to have strong discriminant and convergent validity'. For example, significant group differences on the SRES Short Form were found between self-reported feminist and non-feminist women (King & King, 1990). The Cronbach's alpha in the current study was [alpha] = .74.

Ambivalent sexism. The Ambivalent Sexism Inventory (ASI), developed by Click and Fiske (1996), consists of two subscales of Hostile Sexism (HS) and Benevolent Sexism (BS) (McHugh & Frieze, 1997). This measure was developed based on the assumption that sexism should be conceptualized under two distinct reflections of attitudes toward women. High scores on the instrument indicate high levels of both HS and BS, while those who score low on both the HS and BS scales are considered to hold non-sexist attitudes toward women (Click & Fiske, 1996). 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. Both student and non-student samples were used to validate different configurations of the 22-item ASI to further assess the factor structure of the instrument (Glick & Fiske, 1996). Additionally, discriminant validity for the ASI was evidenced by its correlations with the Recognition of Discrimination (RD) factor of Katz and Hass's (1988) pro-Black scale. Cronbach's alpha for the total ASI and its subscales, ASI-HS and ASI-BS, for the current study were [alpha] = .70, [alpha] = .76, and [alpha] = .69, respectively.

Social desirability. 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 yet are undesirable. Concurrent validity of the MC Scale short form was examined through correlations with the regular form and the Edwards Social Desirability Scale (Reynolds, 1982). Stronger correlations were found between the regular and short forms, while the correlation between the Edwards scale and the MC short form was much lower, possibly due to the restricted range of scores available on the Edwards scale (Reynolds, 1982). The reliability for the MC Scale Short form used in this study was [alpha] = .74.

Demographics. A brief questionnaire was developed in order to obtain the participant's age, gender, race/ethnicity, religion, number of years in practice, and type of training they had had related to IPV.

Data Analysis

After data collection, all results were entered into SPSS 20.0 for Windows (SPSS, Inc., 2011) for data analysis. Descriptive statistics (i.e., frequency, mean, standard deviation, range, and variance) were run for all variables prior to analyzing data specific to the research questions. Initially, relationships among the variables of sex-role egalitarianism, ambivalent sexism, and blame attributions were assessed using a correlation matrix in order to address H1 (see Table 1). Next, a multiple regression analysis was used to assess whether counselors' gender role attitudes and ambivalent sexism predicted attributions of blame toward survivors and if training in family

violence added any additional information to the ability to predict these attributions (H2a and H2b). Finally, to test H3, a regression analysis was used to determine any interaction effects between gender role attitudes and ambivalent sexism and the amount of blame attributed to women who have been battered (see Table 2). This analysis was used to determine the relationship between the predictor variables of gender role attitudes and ambivalent sexism.

RESULTS

The correlation matrix revealed a significant negative relationship between gender role egalitarianism and counselors' attributions of blame ($r = -.22$, $p < .01$) and a significant positive relationship between ambivalent sexism and counselors' attributions of blame ($r = .31$, $p < .01$). Significant relationships also existed between the predictor variables, gender role attitudes and ambivalent sexism ($r = -.619$, $p < .01$), suggesting that participants with less egalitarian gender role attitudes also had higher levels of ambivalent sexism. 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.

In order to perform the multiple regression analysis required for Hypotheses 2a-3, the gender role attitudes and ambivalent sexism variables were first centered in SPSS, the interaction term for the two variables was then created, and all bivariate correlations were computed (see Table 1). A linear multiple regression analysis was used to test the hypotheses that these variables would significantly predict attributions of blame. When gender role attitudes, ambivalent sexism (ASI-BS and ASI-HS) and social desirability were entered into the regression equation, only hostile sexism (ASI-HS) accounted for a significant proportion of the variance. First, the beta weight of the ASI-HS ([beta] = .383, $p < .01$) indicated in the regression analysis that as participants scored higher on hostile sexism, they also scored lower on victim blame, indicating higher levels of blame attribution. The results of this multiple regression analysis are presented in Table 2. The overall adjusted [R.sup.2] value was .16. Additionally, a second multiple regression analysis in which an interaction term was added was performed. This interaction was the product of gender role attitudes (SRES) and ambivalent sexism (ASI). The interaction term was not a significant predictor of attributions of blame ([beta] = -.43, $p > .01$) as indicated in Table 3.

Table 1. Correlation Matrix for VBAS, ASI, SRES and MC

	VBAS	ASI	ASI-HS	ASI-BS	SRES	MC
VBAS	.77					
ASI	.31**	.70				
ASI-HS	.37**	.87**	.76			
ASI-BS	.16	.85**	.50**	.69		
SRES	-.22**	-.61**	-.57**	-.48**	.74	
MC	-.10	.16	.07	.21	-.092	.74

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: ASIC= Ambivalent Sexism Inventory-Centered: Coefficient alphas are reported along the diagonal.

Table 2. Multiple Regression Analysis: Predictors of Blame Attributions Gender Role Attitudes and Ambivalent Sexism

Variable	Adj. R^2	B	SE B	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

Table 3. Multiple Regression: Predictors of Blame Attributions Interaction Effects

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

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

A follow-up analysis was conducted to explore how gender affected counselors' attributions of blame. Correlations suggested that male counselors (r = -.40, p < .05) were more likely than women (r = -.01, p < .05) to answer in a socially desirable manner, possibly resulting in lower correlations among the remaining predictor variables and the dependent variable. A multiple regression analysis was conducted, using the same four predictor variables (SRES, AS1- HS & BS, SDS) as in Hypothesis 2a. When gender role attitudes, hostile and benevolent sexism, and social desirability were entered into the regression equation for male participants, the Adjusted [R.sup.2] was .372, suggesting that about 37% of the variance in blame attributions was accounted for by these predictor variables among male participants. This regression model for women accounted for 17% of the variance in attributions of blame (as compared to 16% when

men and women were analyzed together). For female participants, none of the predictor variables accounted for a significant amount of variance in the regression model. For male participants, however, hostile sexism ([beta] = -.018, $p < .05$) and social desirability ([beta] = -.494, $p < .01$) accounted for significant amounts of variance in attributions of blame. Furthermore, it also appeared that social desirability accounted for a greater amount of variance in attributions of blame than did hostile sexism for males. This gender difference suggested that the male and female counselors attributed different levels of blame toward female survivors of battering, and possibly for different reasons as well.

DISCUSSION

Results of this study indicated that counselors' levels of ambivalent sexism, specifically hostile sexism, do, in fact, influence the amount of blame they are willing to place on a female client who has experienced IPV. In particular, participants who had less traditional views of the roles of men and women also had less sexist views of women and were less likely to blame the female client in the vignette who had experienced battering. Finally, although gender role attitudes and ambivalent sexism 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.

The original regression analysis and follow-up analyses indicated that 16% of the variance in blame attributions was accounted for by gender role attitudes and ambivalent sexism. When male and female participants were separated during the follow-up regression analysis, it was clear that much of the blame placed on the victim in the vignette was due to the hostile component of ambivalent sexism. Additionally, male participants appeared to respond in a significantly socially desirable manner. This is noteworthy, as it indicates that male participants may not have been reporting their true attitudes and opinions. Although it was hypothesized 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.

Consistent with previous research examining gender role attitudes and blame among lay-persons (Esqueda & Harrison, 2005; Willis et al., 1996; Yamawaki, 2007), counselors who had less egalitarian gender role attitudes also appeared to be more likely to hold victim-blaming attitudes toward 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.

Participants in this study who had higher levels of ambivalent sexism, particularly hostile sexism, also appeared to attribute greater amounts of blame. This is consistent with the results of previous research suggesting that individuals with higher rates of ambivalent sexism will be more accepting of IPV myths (Driskell, 2009) and more likely to blame women who have experienced violence (Yamawaki et al., 2009). In addition, the relationships among 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.

Finally, as Weiner's model of motivated behavior suggests, participants in this study were more or less likely to place blame on the survivor depicted in the vignette based upon their beliefs about gender roles and sexism. Namely, participants whose beliefs about sexism were more hostile were more likely to attribute greater levels of blame toward the survivor portrayed. Although no causal link can be made, the correlation between the beliefs and reported behaviors of participants in this study merit further investigation into the role of attitudes toward violence on the behaviors of counselors working with women who have experienced IPV.

Limitations and Future Research

As the first known study of counselors' gender role attitudes and ambivalent sexism as predictors of blame toward battered women, the findings of this study must be understood in the context of its strengths and limitations. First, 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. In addition, the SRES (Beere et al., 1984) yielded a restricted range of scores with the current sample of counselors. Scores on the SRF.S ranged from 86-125 versus the possible range of 25-125. It may be that counselors in general are more egalitarian in their gender role attitudes, although previous researchers have suggested that this is not the case (Gold & Flawley, 2001). Future researchers should continue to examine the extent to which counselors' views of sex roles are similar to those found in the general population using more contemporary measures.

Although all but one measure used in the current study proved to have sufficient internal consistency, the reliability coefficients were somewhat lower than those reported in previous research. Low reliability within 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. The vignette was also designed to portray a 'typical' victim (Clevenger & Roe-Sepowitz, 2009; Constantino et al., 2005; Gordon et al., 2004; Harding & Helweg-Larsen, 2009; Lundy & Grossman, 2009), which limited the ability to assess for blame toward women who differ from the typical victim in any way (e.g., race, age, SES). Finally, other variables may relate to counselors' perceptions of survivors of IPV, 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 of the portrayed survivor (e.g., ethnicity). Further examination around gender differences certainly seems warranted because men and women in this study did respond differently. Ethnicity was not tested in this study due to low numbers of counselors-of-color in the sample, although no research to date has suggested different attributions by race or ethnicity. Certainly, these additional variables could shed further light on counselors' attributions of blame in further research.

IMPLICATIONS FOR COUNSELING PRACTICE

Due to limited training in areas of family violence, it is often up to individual counselors to seek out additional information, resources, and training opportunities on their own. This study highlighted the variability in counselors' attitudes toward IPV based on gender, gender role attitudes, and ambivalent sexism. Therefore, additional attention to intimate partner violence and the influence of gender role attitudes and ambivalent sexism within the counseling profession and training opportunities for students and practitioners may be useful in order for counselors to gain greater awareness of these and other biases and acceptance of IPV myths. Although counselors-in-training are strongly encouraged to examine biases and belief systems during their training (Comstock, et. al., 2005), it is difficult to determine what these biases will look like in practice.

This study highlights the need for continued exploration of biases toward female clients who have experienced IPV. Although many practitioners enter the field with some awareness of personal beliefs and biases that may influence their clinical practice, few have been asked to explore how their beliefs about gender roles and sexism might affect their work with survivors of IPV. The results of this study also highlight the possibility that when a counselor feels a client is to blame for her abuse, based on Weiner's theory of attributions, the counselor may then choose not to provide help to the client. This finding would certainly suggest that an exploration of biases is necessary in order to prevent inadequate and unhelpful counseling services being provided to survivors of battering.

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REFERENCES

Beere, C. A., King, D. W., Beere, D. B., & King, L. A. (1984). The Sex-role Egalitarianism Scale: A measure of attitudes toward equality between the sexes. Sex Roles, 10, 563-576. doi:10.1007/BF00287265

CACREP. (2016). CACREP 2016 standards. Retrieved July 23, 2016, from http://www.cacrep.org/introduction-to-the-2016-cacrep-standards/

Capczza, N. M., & Arriaga, X. B. (2008). Why do people blame victims of abuse? The role of stereotypes of women on perceptions of blame. Sex Roles, 59, 839-850. doi:10.1007/s11199008-9488-1

Centers for Disease Control and Prevention. (2011). Intimate partner violence: Fact sheet. Retrieved January 17, 2011, from http://www.cdc.gov/ViolencePrevention/pdf/IPV_factsheet-a.pdf

Choate, L. H. (2008). Girls and women's wellness: Contemporary counseling issues and interventions. Alexandria, VA: American Counseling Association.

Clevenger, B. J. M., & Roe-Sepowitz, D. (2009). Shelter service utilization of domestic violence victims, journal of Human Behavior in the Social Environment, 19, 359-374. doi:10.1080/109113 50902787429

Coker, A. L., Smith, P. H., McKeown, R. E., & King, M. J. (2000). Frequency and correlates of intimate partner violence by type: Physical, sexual and psychological battering. American Journal of Public Health, 90, 553-559.

Comstock, D. L., Duffey, T. H., & St. George, H. (2003). Gender issues in counselor preparatory programs: A relational model of student development. Journal of Humanistic Counseling, Education and Development, 42, 62-80. doi:10.1002/j.2164-490X.2003.tb00169.x

Constantino, R., Kim, Y., & Crane, P. A. (2005). Effects of a social support intervention on health outcomes in residents of a domestic violence shelter: A pilot study. Issues in Mental Health Nursing, 26, 575-590. doi:10.1080/01612840590959416

Crose, R., Nicholas, D. R., Gobble, D. C., & Frank, B. (1992). Gender and wellness: A systems model for counseling. Journal of Counseling & Development, 71, 149-156.

Davis, L. V. (1984). Beliefs of service providers about abused women and abusing men. Social Work, 29, 243-250.

Dienemann, J., Glass, N., Hanson, G., & Lunsford, K. (2007). The Domestic Violence Survivor Assessment (DVSA): A tool for individual counseling with women experiencing intimate partner violence. Issues in Mental Health Nursing, 28, 913-925. doi:10.1080/01612840701493493

Driskell, L. (2009). Predictors of domestic violence myth acceptance in forensic mental health specialists (Doctoral dissertation). Retrieved from ProQuest Dissertations and Theses database.

Esqueda, C. W., & Harrison, L. A. (2005). The influence of gender role stereotypes, the woman's race, and level of provocation and resistance on domestic violence culpability attributions. Sex Roles, 53, 821-835.

Exposito, K, Herrera, M. C., & Moya, M. (2010). Don't rock the boat: Women's benevolent sexism predicts fears of marital violence. Psychology of Women Quarterly, 34, 36-42.

Finn, J. (1986). The relationship between sex role attitudes and attitudes supporting marital violence. Sex Roles, 14, 235-245. doi:10.1007/BP00287576

Fitzpatrick, M. K., Salgado, D. M., Suvak, M. K., King, L. A., & King, D. W. (2004). Association of gender and gender-role ideology with behavioral and attitudinal features of intimate partner aggression. Psychology of Men & Masculinity, 5, 91-102. doi:10.1037/1524-9220.5.2.91

Glick, P., & Fiske, S. T. (1996). The Ambivalent Sexism Inventory: Differentiating hostile and benevolent sexism. Journal of Personality and Social Psychology, 70, 491-512. doi:10.1037/00223514.70.3.491

Godfrey, T. N. (2007). Perceptions of African American women with HIV/AIDS: The influence of knowledge and attitudes (Doctoral Dissertation). Retrieved from http://search.proquest.com.libproxy.uncg.edu/

Gold, J., & Hawley, L. (2001). A study of the gender role orientations of beginning counselors. Journal of Humanistic Counseling, Education and Development, 40, 200-207. doi:10.1002/j.2164-490X.2001.tbOO117.x

Gordon, K. C., Burton, S., & Porter, L. (2004). Predicting the intentions of women in domestic violence shelters to return to partners: Does forgiveness play a role? Journal of Family Psychology, 18, 331-338. doi:10.1037/0893-3200.18.2.331

Griffing, S., Ragin, D. F., Sage, R. E., Madry, L., Bingham, L. E., & Primm, B. J. (2002). Domestic violence survivors' self-identified reasons for returning to abusive relationships. Journal of Interpersonal Violence, 17, 306-319.

Hamburger, M. E., Hogben, M., McGowan, S., & Dawson, L. J. (1996). Assessing hypergender ideologies: Development and initial validation of a gender-neutral measure of adherence to extreme gender-role beliefs. Journal of Research in Personality, 30, 157-178. doi:10.1006/jrpe.1996.0011

Harding, H., & Helweg-Larsen, M. (2009). Perceived risk for future intimate partner violence among women in a domestic violence shelter. Journal of Interpersonal Violence, 24, 75-85. doi:10.1007/s 10896-008-9211-6

Harris, R. J., & Cook, C. A. (1994). Attributions about spouse abuse: It matters who the batterers and victims are. Sex Roles, 30, 553-566. doi:10.1107/BF01420802

Harrison, L. A., & Esqueda, C. W. (1999). Myths and stereotypes of actors involved in domestic violence: Implications for domestic violence culpability attributions. Aggression and Violent Behavior, 4, 129-138. doi:10.1016/S1359-1789(97)00026-8

Harway, M., & Hansen, M. (1993). Therapist perceptions of family violence. In M. Hansen & M. Hansen (Eds.), Battering and family therapy: A feminist perspective (pp. 42-53). Newbury Park, CA: Sage.

Hays, D. G., Green, E., Orr, J. J., & Flowers, L. (2007). Advocacy counseling for female survivors of partner abuse: Implications for counselor education. Counselor Education & Supervision, 46, 184-198. doi:10.1002/j.1556-6978.2007.tb00024.x

Katz, I., & Hass, R. G. (1988). Racial ambivalence and value conflict: Correlational and priming studies of dual cognitive structures. Journal of Personality and Social Psychology, 55, 893-905. doi:10.1037/0022-3514.55.6.893

King, L. A., & King, D. W. (1990). Abbreviated measures of sex role egalitarian attitudes. Sex Roles, 23, 659-673. doi:10.1007/BF00289254

Krugman, S. D., Witting, M. D., Furuno, J. P., Hirshon, J. M., Limcangco, R., Perisse, A. R. S., & Rasch, E. K. (2004). Perceptions of help resources for victims of intimate partner violence. Journal of Interpersonal Violence, 19, 766-777. doi:10.1177/0886260504265621

Landsman, M. J., & Hartley, C. C. (2007). Attributing responsibility for child maltreatment when domestic violence is present. Child Abuse o Neglect, 31, 445-461. doi:10.1016/j.chiabu.2006.08.008

Langhinrichsen-Rohling, J., & Monson, C. M. (1998). Marital rape: Is the crime taken seriously without co-occurring physical abuse? Journal of Family Violence, 13, 433-443.

Langhinrichsen-Rohling, J., Shlien-Dellinger, R. K., Huss, M. T., & Kramer, V. L. (2004). Attributions about perpetrators and victims of interpersonal abuse. Journal of Interpersonal Violence, 19, 484-498.

Leone, J. M., Johnson, M. P., & Cohan, C. L. (2007). Victim help seeking: Differences between intimate terrorism and situational couple violence. Family Relations, 56, 427-439. doi:10.1111/j.1741-3729.2007.00471.x

Lundy, M., & Grossman, S. F. (2009). Domestic violence service users: A comparison of older and younger women victims. Journal of Family Violence, 24, 297-309. doi:10.1007/s10896-0099230-y

McHugh, M. C., & Frieze, 1. H. (1997). The measurement of gender-role attitudes: A review and commentary. Psychology of Women Quarterly, 21, 1-16. doi:10.1111/j. 1471-6402.1997,tb00097.x

McLeod, A. L., Hays, D. G., & Chang, C. Y. (2010). Female intimate partner violence survivors' experiences with accessing resources. Journal of Counseling & Development, 88, 303-310. doi:10.1002/j.1556-6678.2010.tb00026.x

Melton, H. C., & Sillito, C. L. (2012). The role of gender in officially reported intimate partner abuse. Journal of Interpersonal Violence, 27, 1090-1111. doi:10.1177/0886260511424498

Pierce, M. C., & Harris, R. J. (1993), The effect of provocation, race, and injury description on men's and women's perceptions of a wife-battering incident. Journal of Applied Social Psychology, 23, 767-790,

Reddy, P., Knowles, A., Mulvany, J., McMahon, M., & Freckelton, 1. (1997). Attributions about domestic violence: A study of community attitudes. Psychiatry, Psychology and Law, 4, 125-145. doi:10.1080/13218719709524906

Reynolds, W. (1982). Development of reliable and valid short forms of the Marlowe-Crowne Social Desirability scale. Journal of Clinical Psychology, 38, 119-125. doi:10.1002/1097-4679

Schmidt, G., & Weiner, B. (1988). An attribution-affect-action theory of motivated behavior: Replication of judgments of help-giving. Personality and Social Psychology Bulletin, 14, 610-621. doi:10.1177/0146167288143021

Simmons, C. A., Lehmann, P., & Collier-Tenison, S. (2008). Men's use of controlling behaviors: A comparison of reports by women in a domestic violence shelter and women in a domestic violence offender program. Journal of Family Violence, 23, 387-394. doi:10.1007/s10896-0089159-6

Smith, P. H., Smith, J. B., & Earp, J. A. (1999). Beyond the measurement trap: A reconstructed conceptualization and measurement of battering. Psychology of Women Quarterly, 23, 179-195. doi:10.1111/j.1471-6402.1999.tb00350.x

Weiner, B. (1980). A cognitive (attribution)-emotion-action model of motivated behavior: An analysis of judgments of help giving. Journal of Personality and Social Psychology, 39, 186-200. doi:10.1037/0022-3514.39.2.186

Weiner, B. (1993). AIDS from an attributional perspective. In J. B. Pryor & G. D. Reeder (Eds.), The social psychology of HIV infection (pp. 287-302). Hillsdale, NJ: Lawrence Erlbaum Associates, Publishers.

Wendt, S., & Hornosty, J. (2010). Understanding contexts of family violence in rural, farming communities: Implications for rural women's health. Rural Society, 20, 51-63. doi:10.5172/rsj.20.1.51

Willis, C. E., Hallinan, M. N., & Melby, J. (1996). Effects of sex role stereotyping among European American students on domestic violence culpability attributions. Sex Roles, 34, 475-491. doi:10.1007/BF01545027

Yamawaki, N. (2007). Rape-perception and function of ambivalent sexism and gender traditionality. Journal of Interpersonal Violence, 22, 1-18. doi:10.1177/0886260506297210

Yamawaki, N., Ostenson, J., & Brown, C. R. (2009). The functions of gender role traditionality, ambivalent sexism, injury, and frequency of assault on domestic violence perception: A study

between Japanese and American college students. Violence Against Women, 15, 1126-1142. doi:10.1177/1077801209340758