

THE ROLE OF HOMOPHOBIA AND GENDER ROLE BELIEFS IN JUDGMENTS
OF SAME-SEX INTIMATE PARTNER VIOLENCE

by

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Abstract

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The primary purpose of this study was to examine whether straight and lesbian, gay, bisexual, and transgender (LGBT) individuals differ in their perceptions of same-sex and opposite-sex IPV, and whether gender-role beliefs and homophobia can help explain any differences. We were also interested in whether factors such as the type of violence depicted and participants' gender moderated perceptions of intimate partner violence. Using a 2 (type of violence: situational couple violence vs. intimate terrorism) x 2 (gender of batterer: male vs. female) x 2 (gender of victim: male vs. female) between-groups design, 240 straight and 240 LGBT participants were randomly assigned to an experimental condition and asked to read a vignette of a domestic altercation. Participants completed a questionnaire designed to assess how they perceived the batterer's and victim's responsibility for the situation, the seriousness of the situation, how likely the abusive behavior was to reoccur, and how likely the abusive behavior would get worse over time. Participants also completed a demographics survey and measures of gender role beliefs and homophobia / internalized homophobia. Overall, both straight and LGBT participants attributed less blame to batterers and more blame to victims, and perceived the abuse as less serious, when the scenario involved a same-sex couple. However, contrary to our hypotheses, participants' gender role beliefs and homophobia /

internalized homophobia did not fully account for these findings. Participants' gender and the type of violence depicted were significant moderators for several of the relationships examined; however, these effects were relatively small and inconsistent. Social, clinical and legal implications of these findings are discussed – along with directions for future research.

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Table of Contents

CHAPTER 1: INTRODUCTION	1
Intimate Partner Violence as a Social Problem	1
Defining Intimate Partner Violence	1
Scope of the Problem	3
Predictors of Intimate Partner Violence	7
Gender Symmetry?	9
Different Types of Intimate Partner Violence	12
Major Perspectives on Intimate Partner Violence	14
The Feminist Perspective	14
The Family Violence Perspective	16
Perceptions of Intimate Partner Violence	17
Characteristics of Batterer & Victim	17
Situational Factors	18
Characteristics of the Observer	19
Intimate Partner Violence & Same-Sex Couples	21
Prevalence of Same-Sex Intimate Partner Violence	21
Nature of Same-Sex Intimate Partner Violence	22
Help-Seeking Behaviors	25
Explaining Same-Sex Intimate Partner Violence	26
Perceptions of Same-Sex Intimate Partner Violence	29
Dearth of Research	30
Anti-gay Bias in Perception of Other Crimes	31
CHAPTER 2: PURPOSE OF THE RESEARCH	34
Significance of the Problem	34
Hypotheses	35
CHAPTER 3: METHODS	38
Straight Participants	38
LGBT Participants	38
Design	39
Pilot Testing of Stimulus Materials	39
Measures	40
Procedures	42
CHAPTER 4: RESULTS	43
Data Analytic Strategy	43
Manipulation Checks	44
Classification of Violence and Arrest Recommendations	45
Main Effects of Manipulations and Individual Differences Variables	46
Test of Hypotheses	47
Comparison of Significant Effects from Model 1 and Model 2	59

CHAPTER 5: DISCUSSION	62
Summary of Results	62
Rival Hypotheses	66
Implications	69
Limitations & Future Directions	71
Conclusions	74
APPENDIX A: Situational Couple Violence Vignette	88
APPENDIX B: Intimate Terrorism Vignette	89
APPENDIX C: Dependent Measures	91
APPENDIX D: Demographics Questionnaire	94
APPENDIX E: Attitudes Toward Lesbians and Gays Scale – Short Form	96
APPENDIX F: Internalized Homophobia Scale	97
APPENDIX G: Gender Role Beliefs Scale – Short Form	98
APPENDIX H: Informed Consent	100
APPENDIX I: Debriefing	102
References	103

List of Tables

Table 1. Means and Standard Deviations for Individual Differences and Outcome Variables Across Participants' Sexual Orientation and Gender	76
Table 2: Intercorrelations of Predictor and Outcome Variables included in Model 1 (Straight Participants)	77
Table 3: Intercorrelations of Predictor and Outcome Variables included in Model 2 (LGBT Participants)	79
Table 4: Standardized Regression Weights for Effects of All Predictor Variables on Outcome Variables in Model 1 (Straight Participants)	81
Table 5: Standardized Regression Weights for Effects of All Predictor Variables on Outcome Variables in Model 2 (LGBT Participants)	82
Table 6: Results of Fisher's r to Z Transformation Tests	83

List of Figures

Figure 1. Regression Model Demonstrating Significant Paths to Outcome	
Variables Among Straight Participants	84
Figure 2. Regression Model Demonstrating Significant Paths to Outcome	
Variables Among LGBT Participants	86

CHAPTER 1: INTRODUCTION

Research suggests that same-sex intimate partner violence (IPV) is just as common, both in prevalence and severity, as its heterosexual counterpart (e.g. Koss, 1990; Waldner-Haugard & Gratch, 1997). Existing research also shows that same-sex IPV is likely to follow the same patterns of abuse seen in heterosexual relationships (Stanley, Bartholomew, Taylor, Oram, & Landolt, 2006). Because gay and lesbian relationships are often viewed as being less serious than straight relationships (Testa, Kinder, & Ironson, 1987), however, it follows that IPV in these relationships may also be viewed differently than IPV in straight relationships. In order to ensure that victims receive the necessary assistance and protections, and that batterers are held fully accountable for their actions, it is important to examine how people perceive same-sex IPV and the roles and responsibilities of the parties involved.

Intimate Partner Violence as a Social Problem

Defining Intimate Partner Violence

There is a general lack of consensus among researchers regarding how to define “intimate partner violence.” As a result, operational definitions of the term tend to vary from study to study – making comparisons difficult and sometimes impossible. Researchers often fail to distinguish between various forms of abuse. For example, in a 1994 review of the IPV literature, Carden used the terms *violence*, *battering*, *abuse*, and *assault* interchangeably to refer to any physical, sexual, or psychological behavior intended to cause pain or injury to another (Carden, 1994). Although this approach provides a comprehensive and general definition of IPV, it may be important to distinguish between physical, sexual, and psychological forms of abuse – both in terms of

understanding the violence and in addressing its prevention and consequences.

One source of controversy involves whether to limit the definition of IPV to acts carried out with the intention of, or perceived intention of, causing physical pain or injury to another person. In some studies, IPV includes only acts that may cause pain or injury, while ignoring behaviors designed to control or intimidate – such as stalking, verbal abuse, and denial of access to money. There is even some contention over whether particular behaviors constitute physical or psychological abuse – such as raising a fist to someone but not actually hitting him/her, throwing or smashing something in the vicinity of the partner but not directly at him/her, or threatening to physically hurt someone.

Whereas some researchers focus solely on the violent behaviors involved in abusive relationships (e.g. Straus, 1979), others stress the importance of contextual factors (Dobash & Dobash, 1984). There is, however, an emerging trend to define intimate partner violence on multiple levels. The 2004 International Violence Against Women Survey (IVAWS), sponsored by the Australian Institute of Criminology (Taylor & Mouzos, 2006), measured three distinct types of self-reported relationship violence: 1) physical (including threats of physical violence); 2) sexual (including unwanted sexual touching); and 3) emotional (including controlling behaviors, insults, humiliation, and restrictions on freedom).

The U.S. Department of Justice (2011) defines IPV as:

“...a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner.

[Intimate partner] violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This

includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone.”

Categories of IPV include:

- Physical Abuse: Hitting, slapping, shoving, grabbing, pinching, biting, hair-pulling, etc. Physical abuse also includes denying a partner medical care or forcing alcohol and/or drug use.
- Sexual Abuse: Coercing or attempting to coerce any sexual contact or behavior without consent. Sexual abuse includes, but certainly is not limited to marital rape, attacks on sexual parts of the body, forcing sex after physical violence has occurred, or treating one in a sexually demeaning manner.
- Emotional Abuse: Undermining an individual's sense of self-worth and/or self-esteem. This may include, but is not limited to constant criticism, diminishing one's abilities, name-calling, or damaging one's relationship with his or her children.
- Economic Abuse: Making or attempting to make an individual financially dependent by maintaining total control over financial resources, withholding one's access to money, or forbidding one's attendance at school or employment.
- Psychological Abuse: Causing fear by intimidation, threatening physical harm to self, partner, children, or partner's family or friends, and forcing isolation from family, friends, or school and/or work.

Scope of the Problem

However one defines IPV, it is one of the world's most pressing public health issues. It is present in every country – cutting across boundaries of culture, class,

education, income, and ethnicity. Globally, up to 60% of women experience physical and/or sexual intimate partner violence in their lifetime. A World Health Organization study of 24,000 women in 10 countries found that the prevalence of physical and/or sexual violence by an intimate partner varied from 15% in urban Japan to 71% percent in rural Ethiopia – with most areas being in the 30% to 60% range (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006). In the United States, approximately 1.5 million women and 834,732 men are physically assaulted by an intimate partner each year, and one in every four women will experience IPV in her lifetime (Tjaden & Thoennes, 2000). For the majority of women, the family is the most violent social group to which they are likely to belong (Garcia-Moreno et al., 2006). More than twice as many women are killed by an intimate partner than by a stranger (Kellerman & Mercy, 1992), and battering is the single most common source of serious injury to women – responsible for more injuries than road accidents, muggings, and rape combined (Stark & Flitcraft, 1988).

The U.S. Department of Justice (2006) reports that in 2004, IPV resulted in 1,544 deaths. Of these deaths, 75% were women and 25% were men. The U.S. Department of Justice also reports that 37% of women who sought medical attention in hospital emergency rooms for violence-related injuries were injured by a current or former intimate partner. According to the National Violence Against Women Survey (NVAWS), each year women experience about 4.8 million intimate partner related physical assaults and rapes (Tjaden & Thoennes, 2000). Men are the victims of about 2.9 million intimate partner related physical assaults. About one-third of female victims, and one-fifth of male victims, require some form of medical assistance (e.g., treatment in a hospital emergency facility) for their injuries. Thus, of the estimated 7.7 million rapes and physical assaults

committed against women and men annually by intimate partners, approximately 2.5 million will result in injury to the victim, and approximately 680,000 of those will require medical treatment (Tjaden & Thoennes, 2000).

Intimate partner violence can affect victims' health in several ways. Typically, the longer the abuse goes on, the more serious the effects on the victim. Most injuries associated with IPV tend to be minor – such as cuts, scratches, bruises, and welts (Straus & Gelles, 1986). However, other injuries can be more serious and result in lasting disabilities. These include broken bones, internal bleeding, and head trauma. Long-term health problems, such as heart palpitations, tension headaches, and high blood pressure, have also been reported in cases of prolonged abuse (Champion, 1998). However, not all injuries are physical. Research has consistently identified several psychological and emotional problems associated with IPV victimization including: anxiety, depression, nightmares, dissociation, lowered self-esteem, somatic problems, sexual problems, addictive behaviors, and other impaired functioning (Dutton, 1995; Koss, 1990; Orava, McLeod, & Sharpe, 1996). Intimate partner violence is linked to harmful health behaviors as well. Victims are more likely to smoke, abuse drugs and alcohol, and engage in risky sexual activity (Center for Disease Control, 2006). The National Center for Injury Prevention and Control (2003) estimates that the costs associated with intimate partner rape, physical assault, and stalking exceed \$5.8 billion each – approximately \$4.1 billion of which is spent on direct medical and mental health care for victims.

The cost of IPV to the criminal justice system is difficult to determine. However, some experts suggest that IPV calls are the largest category of calls to police departments each year (Gelles & Cornell, 1990). The NVAWS data indicate that an estimated 1.5

million intimate partner rape, physical assault, or stalking victimizations result in police reports each year; nearly 79,000 of these victimizations result in a jail or prison sentence (Tjaden & Thoennes, 2000). Although this information is valuable, current data do not allow for reliable cost estimates associated with IPV. However, we can examine local law enforcement expenditures to get an idea of the costs involved.

In 1994, there were 12,724 IPV arrests in New York City at an average cost of \$3,241 per arrest (Zorza, 1994). Adjusted for inflation, today this would amount to approximately \$4,759 per arrest (Bureau of Labor Statistics, 2010). Domestic Abuse Intervention Programs (2010) estimates that in 2008, Southern St. Louis County, Missouri, spent approximately \$1.4 million in law enforcement costs related to IPV. The Coalition Against Domestic & Community Violence of Greater Chattanooga (2010) estimates that, in 2004, the state of Tennessee spent approximately \$49.9 million in law enforcement and criminal justice expenses associated with IPV – including \$26 million for probation of offenders and \$14.7 million for housing intimate partner murderers. Clearly, the costs of IPV to the criminal justice system are substantial.

Loss of productivity due to physical or psychological injury is also an example of the financial burden endured by society as a result of IPV. The estimated total value of days lost from employment and household chores is \$858.6 million. The value of lost productivity from employment is \$727.8 million, representing 84.8% of the total, while the value of lost productivity from household chores is \$130.8 million. More than 13.5 million total days are lost from job and housework productivity. Nearly three-quarters (71.6%) of lost productivity is due to physical assault, and 22.6% of lost productivity is due to stalking (The National Center for Injury Prevention and Control, 2003)

Predictors of Intimate Partner Violence

Intimate partner violence cuts across all social, racial, economic, religious, and generational lines (Romans, Forte, Cohen, Du Mont, & Hyman, 2007). It is a pattern of behavior designed to control one's partner (Robertson, 1999; Walker, 1984). Thus, women as well as men are capable of physical, sexual, emotional, verbal, and economic abuse and other controlling behaviors. There is no profile of a "typical" batterer or victim. However, several demographic factors are related to an increased risk of perpetration and victimization.

A number of researchers have found a relationship between history of family violence and risk of IPV in adulthood. For example, Kantor and Straus (1989) found double the rate of history of family violence in victims of IPV, compared to non-victims (19% vs. 9%). Hotaling and Sugarman (1986, 1990) conducted a comprehensive empirical review of the risk factors in husband-to-wife violence, including 52 case comparison studies and more than 97 potential correlates of IPV. They found that the most consistent factor of IPV was experiencing or witnessing parental violence as a child. Male survivors of family violence are 3 to 10 times more likely to be violent in their intimate relationships than men with no such history (Murphy, Meyer, & O'Leary, 1993; Straus, Gelles, & Steinmetz, 1980).

Relationship status is also a reliable correlate of IPV. Unmarried, cohabitating couples tend to have higher rates of relationship violence than do married couples (Kessler, et al., 2001; Yllo & Straus, 1989). Using the Conflict Tactics Scale to examine violence by both men and women in 526 dating, 237 cohabitating, and 5,005 marital relationships, Stets and Straus (1989) found that the highest rate of abuse, and the most

severe violence, was among cohabiting couples. Age, socioeconomic status, and race did not explain differences in rates of violence by marital status.

Surprisingly few studies have examined rates of IPV between racial groups. However, general population surveys, police records, and case studies of emergency rooms and women's shelters consistently show a disproportionate number of African-American victims and batterers (Stets, 1991). Using the Conflict Tactics Scale (CTS), Straus and colleagues (1980) conducted the first nationally representative study on the prevalence and severity of family violence. They concluded that IPV was 400% greater among African-American couples than among White couples. Some studies (e.g. Lockhart, 1987) have found that racial differences in risk of IPV are mediated by victim's income and education. However, using data from the National Comorbidity Survey, Kessler et al. (2001) found that severe violence continues to be elevated among Black and Hispanic women even after controlling for socio-economic status.

Several studies have documented higher rates of IPV in poor households relative to middle- and upper-income households (Benson & Fox, 2004; Hotaling & Sugarman, 1990; Tjaden & Thoennes, 2000). According to the U.S. Department of Justice, the average annual female intimate partner victimization rate per 1,000 persons between 2001 and 2005 was 12.7 for women residing in households earning less than \$7,500 annually – compared to 2.0 for women with annual household incomes over \$50,000 (Catalano, 2007). Straus and colleagues (1980) found that men of lower socioeconomic status are at an increased risk for perpetrating IPV, and tend to perpetrate more severe violence, than their higher socioeconomic status counterparts. Similarly, men who are unemployed appear to be at an increased risk of being abusive toward their partners.

Research regarding the relationship between drug and alcohol use and IPV is mixed. Kantor and Straus (1989) reported that women who were severely assaulted by their partner had a six times greater rate of drug use and a three times greater rate of alcohol abuse within the past year. However, the authors reported that drug and alcohol use were only slightly predictive of mild injury and not at all predictive of severe victimization. Later research has challenged that finding. According to Leonard and Eiden (2007), a strong association exists between excessive alcohol consumption and IPV. Other studies have found a positive correlation between drug and alcohol use and an increase in frequency and severity of IPV (Fals-Stewart, Golden, & Schumacher, 2003). Furthermore, drug and alcohol use are often used to excuse abusive behavior (Field, Caetano, & Nelson, 2004). Although excessive drinking and drug use is associated with IPV, they are not immediate antecedents in the majority of cases and are not necessary or sufficient causes of abusive behavior (Kantor & Straus, 1989).

A history of perpetrating IPV is one of the best predictors of perpetrating future abuse. Rarely, if ever, does IPV involve an isolated incident. For example, in a longitudinal study of violence within marriages, O’Leary and colleagues (1989) found that violence is relatively stable over the first few years of marriage. Of the men who perpetrated violence prior to marriage, 51% also engaged in violence during the first 18 months after marriage – compared to 15% of men who were not violent prior to marriage.

Gender Symmetry?

In 1975, Murray Straus and Richard Gelles (1986) conducted a national survey of more than 2,000 married and cohabitating couples about domestic violence. They found that rates for “minor violence” (such as slapping, pushing, or throwing something) were

equal for men and women. For “severe violence” (such as kicking, biting, punching, or threatening with a weapon) men were actually victimized more often than women. Straus and Gelles replicated these results with a sample of 6,000 couples in 1985. Years later, findings from the National Violence Against Women Survey revealed that 1.5 million women were victims of IPV each year, compared to 835,00 men. Thus, nearly 40% of the victims in the survey were men (Tjaden & Thoennes, 2000). Several other studies, including a larger-scale meta-analysis, have found similar results (see Archer, 2000 for a review). Some scholars argue that women are most likely to use violence in self-defense (Walker, 1984). However, claims of self-defense as the reason for female-perpetrated violence have been challenged by some researchers who refer to the many accounts in which women report initiating unprovoked assaults on their male partners (Fitzroy, 2001).

The results of such surveys have been met with criticism from feminist theorists and shelter advocates. Browne (1997) argues that the Conflict Tactics Scale itself (Straus & Gelles, 1986), which is used in several of the large-scale survey studies, should not be used to compare male and female violence because every act assessed by the scale is different when performed by a man rather than a woman. Her reasons include the greater force of the action, the relative strength of batterer and victim, the point of impact of the action, and the victim’s ability to resist or escape. Browne (1997), along with other feminist scholars, stresses the importance of evaluating the context in which IPV takes place.

Feminist researchers and victim advocates point to the disproportionate number of female victims who visit emergency rooms and shelters each year (Kimmel, 2002).

Analyses of crime reports also tend to show that the majority of IPV victims are women. According to the U.S. Department of Justice (Durose et al., 2005), of the one million cases of “intimate partner violence” reported each year, female victims outnumber male victims by more than five to one. The National Crime Victimization Survey (1994) found women reported ten times as many incidents of violence than men. Likewise, in a study of police reports, Dobash and Dobash (1979) found that only 1% of all IPV cases in two cities in Scotland were perpetrated by women. Crime victimization studies also find that IPV increases in severity over time, so that earlier “moderate” violence, which may be more gender-neutral, is likely to be followed by more severe violence, which is predominately perpetrated by men (Johnson & Ferraro, 2000). In 2000, 1,247 women and 440 men were killed by an intimate partner in the United States – 74% vs. 26% respectively (Rennison, 2003).

Both sets of data (large-scale surveys and victimization reports) are not without their critics. Several critiques of the CTS, and other surveys like it, have been offered by feminist scholars and victim advocates. One criticism is that the CTS only measures frequency of violent behaviors (within the last year) – not the context in which those behaviors occur or the severity of abuse. Thus, acts of self-defense would be counted as “violence tactics.” Critics also point out that because these measures are self-reports, men may respond in a socially-desirable way by underestimating their own violence while overestimating the violence of their partners. Likewise, women may underestimate their partners’ violence and overestimate their own as a way of justifying or excusing their partners’ abuse (Kimmel, 2003).

Critics of using police, hospital, and shelter reports to infer prevalence rates argue

that victims who use these services represent the most severe cases of IPV. More moderate (and common) forms of abuse are not accounted for. Thus, these data do not provide an accurate depiction of the rate and severity of IPV in the broader population. Male victims of abuse may be less likely to call the police or seek treatment for their injuries, so they may be underrepresented in such data. Furthermore, male victims of abuse may be reluctant to seek assistance from sources traditionally used by battered heterosexual women because they find them unhelpful and often hostile (Merrill & Wolfe, 2000).

Different Types of Intimate Partner Violence

So what are scholars to make of these somewhat contradictory prevalence findings? Johnson (1995), a self-described *feminist researcher*, proposed three distinct forms of intimate partner violence: *intimate terrorism*, *violent resistance*, and *situational couple violence*. Johnson argues “it is no longer scientifically or ethically acceptable to speak of domestic violence without specifying, loudly and clearly, the type of violence to which we refer” (p. 1126). In his *control-based typology* of IPV, Johnson distinguishes the three types of violence by the control context within which they are embedded. Control is operationalized at the relationship level – rather than the immediate situation.

Intimate terrorism involves taking general control over a partner and is most likely to be frequent and severe. Violent resistance is violence used by a victim in response to intimate terrorism. It does not necessarily meet the legal definition of *self-defense* and victims who engage in such violence do not always perceive their actions as self-defense to their partners’ intimate terrorism. Situational couple violence is not embedded in a general pattern of power and control. Instead, situational couple violence occurs when

relationship conflicts “get out of hand” and lead to relatively minor and infrequent incidents of violence.

Johnson argues that common sampling designs are heavily biased with regard to these different types of IPV. Agency samples gathered from shelters, hospitals, and police reports are biased in favor of intimate terrorism. Because of its frequency and severity, intimate terrorism is likely to draw the attention of law enforcement and lead to injuries that require medical treatment. General samples, such as those used in large-scale survey studies, are biased in favor of situational couple violence. Situational couple violence is the most common type of IPV, and refusals to participate in such surveys may reduce the number of batterers and victims who are sampled (Johnson, 1995).

Situational couple violence may be gender symmetric in terms of perpetration rates; however, a number of studies suggest that intimate terrorism is primarily male perpetrated and involves themes of patriarchy. Archer’s (2000) meta-analysis of prevalence rates revealed that IPV in general samples was roughly gender symmetric ($d = -.03$); however, among agency samples, IPV was heavily male perpetrated ($d = .86$). With a combined sample of students, domestic violence refugees, and male prisoners, Graham-Kevan and Archer (2003) found that 45% of situational couple violence was male perpetrated, compared with 87% of intimate terrorism. Sugarman and Frankel’s (1996) meta-analysis found a strong relationship between traditional gender roles and male-perpetrated IPV in agency samples ($d = .80$), but only a weak relationship in general samples. Likewise, Holtzworth-Munroe et al. (2000) found that male perpetrators of intimate terrorism have significantly more misogynistic attitudes than nonviolent men. Male perpetrators of situational couple violence, however, did not differ from nonviolent

men in their attitudes toward women.

Major Perspectives on Intimate Partner Violence

Several theories exist as to the causes of IPV. These include individual approaches that emphasize mental illness and personality traits as determinants of violence, as well as interpersonal approaches that emphasize environmental factors – such as patriarchy, family structure, social learning, and situational stress. Years of mixed empirical results, and infighting among researchers, suggest that no single approach explains all cases of IPV. Some researchers argue for the expansion of our conceptualization of IPV from a primarily social/political perspective to a model that considers clinical psychology, developmental psychology, and neurobiology (Bolton & Bolton, 1987; Hamberger & Hasting, 1986). However, to date, most theories of IPV fall under two major approaches: the *feminist perspective* and the *family violence perspective*.

The Feminist Perspective

The feminist perspective on intimate partner violence emphasizes historical traditions of the patriarchal family, modern constructs of masculinity and femininity, and societal constraints that make escape for victims difficult – and often impossible. According to many feminist theorists, men who abuse their partners are simply adhering to cultural norms that dictate male dominance and female subordination. Dobash and Dobash (1979) argue that, “the use of physical violence against women in their position as wives is not the only means by which they are controlled and oppressed but it is one of the most brutal and explicit expressions of patriarchal domination” (p. 9). Intimate partner violence is sustained by men’s belief that patriarchy is their right, that marriage gives them unrestricted control over their wives, and that violence is an acceptable means

of establishing this control (Dobash & Dobash, 1979; Tiff, 1993). Feminist researchers often point to statistics obtained from hospitals, police departments, and shelters that show women suffer severe and systematic intimate partner violence at far greater rates than do men. They also note that most abusers do not have criminal records, and they are almost never violent with anyone except their partners (Dutton, 1995; Robertson, 1999).

According to the feminist perspective, IPV is about controlling one's partner. Research on men who systematically abuse their partners suggests that these men use violence when they fear that their control is breaking down, when their ability to control their partner by implicit threats of violence is compromised, and when they feel compelled to use explicit violence to "restore" dominance. Thus, abusive men see their violence as restorative, retributive, and retaliatory. Dobash and Dobash (1979) found three general precipitators of systematic male violence: sexual jealousy; the perception that a partner failed to adequately perform a household task; and a partner challenging established authority on financial matters – all of which indicate a breakdown of expected dominance and control.

Campbell (1983) contends that wife beating is relatively infrequent in cultures where other normative practices are in place to control women and keep them in an inferior position. However, Kalmuss and Straus (1982) found that a woman's economic dependency on an abusive man increased the likelihood of physical violence used against her. Furthermore, some research suggests that wife beating is widely accepted even in societies that are most oppressive to women. Using a survey of 362 randomly selected Arab husbands from Israel, Haj-Yahia (2003) found that familial patriarchal beliefs were one of the most significant predictors of beliefs about IPV – with higher patriarchal

beliefs relating to higher acceptance of wife beating. Likewise, Song (1996) found a significant relationship between rigid sex role expectations and the incidences of IPV among Asian immigrants.

The Family Violence Perspective

Family violence researchers argue that feminist perspectives fail to take into account a number of socio-demographic characteristics that are often correlated with partner abuse. They contend that a patriarchal explanation of IPV is too simplistic, and that patriarchy is just one of many variables in a complex collection of sources (Anderson, 1997). For example, using national survey techniques, researchers have found moderate-to-strong relationships between domestic violence, and age, cohabiting status, unemployment, and socioeconomic status (DeKeserdy, 1995; Smith, 1990; Stets, 1991). Family violence theory does recognize patriarchy as a contributor to IPV. However, greater emphasis is placed on economic and familial strain, family histories of violence, drug and alcohol abuse, and mental illness.

A growing number of family violence researchers suggest that a comprehensive understanding of IPV should include analyses of the power structures formed around race, socioeconomic status, and sexuality (Anderson, 1997). The idea of masculinity and femininity (and the roles attributed to each) may differ among ethnicities and social classes. For instance, Messerschmidt (1993) found that working- and lower-class masculinities emphasize strength and aggression. However, middle- and upper-class concepts of masculinity focus on ambition, responsibility, and job status (Segal, 1990). The social hierarchy, thus, helps to determine what resources are available in the construction of a masculine identity. Middle- and upper-class men can maintain their

position of power in the household by controlling economic resources. However, this source of power diminishes for working-class men when women enter the workforce; thus, women are at a greater risk of domestic violence if they work outside the home (Stark & Flitcraft, 1996). Goode (1971) argues that individuals lacking other means of authority, such as income or prestige, are more likely to use violence in an attempt to gain power within an intimate relationship.

Perceptions of Intimate Partner Violence

Endorsement of negative myths and stereotypes concerning IPV are prevalent in our society (Buzawa & Buzawa 1993). Battered women are often perceived to be helpless, vulnerable, ashamed, weak, passive, dependent, unassertive, depressed, defenseless, and predominately White (Harrison & Willis Esqueda, 1997). Whereas, batterers are often perceived as being misunderstood or overly influenced by situational stressors (Rigakos, 1995). Research has shown that a number of extralegal factors can influence individuals' perceptions about IPV cases. These factors include characteristics of the batterer and victim, the context of the abuse, and individual differences among perceivers.

Characteristics of Batterer and Victim

Research suggests that certain characteristics of batterers and victims can influence individuals' perceptions of IPV. Brown and Groscup (2009) found that participants rated scenarios of intimate partner violence as being less serious, less likely to reoccur, and less likely to get worse when the batterer was female rather than male. Furthermore, participants were less likely to recommend that male victims leave an abusive relationship. These findings are consistent with those of Seelau, Seelau, and

Poorman (2003) who found that participants rated IPV as being less serious when the victim was male rather than female.

The race and socio-economic status of the parties involved can also influence perceptions of IPV. Archival studies have shown that arrests of Black batterers are more common than White batterers (Bachman & Coker, 1995) – suggesting differences in attributions of blame. Racial stereotypes may also negatively influence attributions about victims of IPV. For example, violence committed against Black women is often considered less serious than violence committed against White women (Willis, Hallinan, & Melby, 1996). Furthermore, individuals tend to attribute more blame to Black women who physically resist domestic assaults than to their White counterparts (Harrison, Willis, & Esqueda, 1999). Research also indicates that batterers in same-race relationships are attributed less blame than batterers in interracial relationships (Harrison & Willis, 2000). In regard to socio-economic status, Golden (2010) found that individuals tend to attribute more blame to affluent victims than to poor victims. There was little difference in attributions of blame to affluent (vs. poor) batterers for physical abuse. However, participants attributed more blame to affluent batterers for emotional abuse.

A prior history of abuse can also influence perceptions of both the batterer and victim. Leigh and Aramburu (1994) found that victims of wife abuse were held more responsible, and batterers less responsible, when the batterers did not have a prior history of violence. In Wandrei and Rupert's (2000) study, participants attributed greater responsibility to an abused wife who had a history of prior victimization – compared to an abused wife with no such history.

Situational Factors

Researchers have also identified a number of situational factors that can influence individuals' perceptions of IPV. Women who use aggression to counter assaults are often judged more harshly than women who do not (Branscombe & Weir, 1992). When a woman retaliates, participants tend to attribute less blame to batterers and view the incident as more serious (Willis & Pierce, 1992).

The extent to which participants believe the batterer was provoked can also influence perceptions of IPV. Cassidy and Trafimow (2001) found that in IPV cases brought to court, the best predictor of verdict outcome was the degree to which the judge believed that the woman had provoked her husband. Abuse was viewed as more justified when a Black woman had provoked a Black man than when a White woman had provoked a White man. However, in Willis and Harrison's study (2005) provocation by the victim, regardless of race, decreased participants' belief that mandatory arrest was needed.

The presence of alcohol during an altercation can also influence individuals' perceptions of the event and the parties involved. Harrison and Willis (2000) found that victims who drink alcohol are often assigned more responsibility for IPV than victims who do not. Likewise, Richardson and Campbell (1980) found that within the context of IPV, alcohol consumption (by either party) tends to lessen the blame attributed to batterers.

Characteristics of the Observer

Several studies have found that men are more accepting of IPV than are women (e.g. Golden, 2010; Ho & Venus, 1995). Race and cultural differences in perceptions of IPV have also been noted. Research suggests that Blacks are less likely than Whites to

perceive IPV as an issue of concern (Briggs & Davis, 1994; White, 1994). There is also evidence that individuals in Eastern cultures are more accepting of IPV than individuals in Western cultures. For example, in a cross-cultural study of perceptions of IPV, Yamawaki, Ostenson, and Brown (2009) found that Japanese participants tended to minimize, blame, and excuse IPV more than American participants.

Simon and colleagues (2001) examined the association between socio-demographic characteristics and acceptance of IPV using data collected from a nationally representative telephone survey of 5,238 adults. Overall, acceptance of IPV was significantly higher among participants who were male and younger than 35, were non-White, were divorced, separated, or had never married, had not completed high school, had a low household income, or were victims of violence within the past 12 months.

A number of studies have examined the relationship between personal beliefs and perceptions of IPV. For example, participants with weaker beliefs in a just world typically attribute less blame to victims of IPV than participants with stronger beliefs (Schuller, Smith, & Olson, 1994). Likewise, differences in gender role beliefs have been shown to influence individuals' judgments concerning IPV. In a study by Willis and Harrison (2005), participants with traditional gender role beliefs rated the batterer as less guilty and mandatory arrests as less justified than those with more egalitarian gender role beliefs. Participants with traditional gender role beliefs also recommended more lenient punishments for batterers. These findings support the results of Coleman and Stith's study (1997) where there was a positive relationship between sex role egalitarianism and sympathy for IPV victims.

Intimate Partner Violence and Same-Sex Couples

Relatively little research exists on IPV in gay and lesbian relationships. Researchers may be hesitant to examine this topic given the struggle that gays and lesbians currently face in gaining legal recognition of their relationships. Furthermore, societal prejudices toward gays and lesbians may have resulted in limited government funding of research on same-sex partner abuse. Heterosexism among some IPV researchers may also be a factor. The existence of female batterers and male victims poses a challenge to patriarchal theories of intimate partner violence, which claim that partner abuse is primarily perpetrated by men toward women. The research that does exist suggests that same-sex IPV is just as common, both in prevalence and severity, as its opposite-sex counterpart.

Prevalence of Same-Sex Intimate Partner Violence

One of the most pressing methodological problems in the study of gay and lesbian issues is obtaining representative samples of participants. Most studies on same-sex IPV have utilized samples obtained through gay and lesbian bars, social networks, and organizations. Although these samples may accurately represent subsets of the population, they are not necessarily representative of the larger gay and lesbian community. For example, bar samples are likely to over-represent those who are urban, young, extroverted, and lacking a consistent sexual partner. Gay and lesbian organizations are likely to over-represent those who are open about their sexual orientation and are more socially and politically active. However, from the limited number of studies that have examined abuse in gay and lesbian relationships, same-sex IPV appears to be as prevalent as opposite-sex IPV.

In one of the earliest studies to examine the rates of same-sex IPV, Kelly and

Warshafsky (1987) found that 47% of their sample of gay and lesbian participants reported at least one incident of physical aggression during their most recent relationship. Among a sample of 393 gay and bisexual men in San Francisco, 26.1% of respondents reported using violence in their current or most recent same-sex relationship, and 25.5% of respondents reported that their partners had used violence against them (Harms, 1995). In a survey of 283 gay men and lesbians, Waldner-Haugard, Gratch, and Magruder (1997) found that 47.5% of lesbians and 29.7% of gay men reported being victimized by a same-sex partner. Although there are not enough studies on the prevalence of same-sex IPV to make firm comparisons, the findings we do have suggest perpetration and victimization rates similar to those found in heterosexual relationships (Koss, 1990). Rates of domestic violence among heterosexual couples have been well documented at approximately 33% (e.g. Straus & Gelles, 1990).

Nature of Same-Sex Intimate Partner Violence

Research also suggests that same-sex IPV is likely to follow the same “cycle of violence” seen in heterosexual relationships (Merrill & Wolfe, 2000; Renzetti, 1992; Stanley, Bartholomew, Taylor, Oram, & Landolt, 2006). According to Walker (1979), IPV tends to occur in a cyclical pattern. Her model identifies three phases of IPV: *the tension-building phase*, which involves an increase in conflict and often involves minor battering and verbal abuse; *the violent incident phase*, which involves an acute battering incident that is usually brief but can result in serious physical or psychological harm; and *the honeymoon phase*, which is characterized by batterers expressing their renewed love for the victim and promising to change. Walker (1979) suggests that the onset of abuse is gradual. However, as time passes, the cycle accelerates and the battering becomes more

frequent and more severe. Eventually, *the honeymoon phase* may disappear altogether.

Walker's theory is not without its critics. For example, Dutton (1995) notes that Walker's early work on the theory was based almost entirely on anecdotal data from a small, unrepresentative sample of battered women. Thus, this theory was not always consistent with victims' experiences. Intimate partner violence is rarely as predictable as Walker claims. Abusers often vary widely in their behavior, motivations and tactics. Some abusers rely mostly on emotional or verbal abuse, rarely, if ever, using physical violence. Others do not cycle through the phases of peace, tension, and violence in the way that Walker described (Dobash & Dobash, 1992).

Renzetti's (1992) work with battered lesbians suggests that same-sex IPV is consistent with the patterns revealed in studies of battered heterosexual women. In her study, 71% of respondents reported that the violence escalated over time – a finding consistent with Walker's (1979) "cycle of violence" theory. Likewise, in Merrill and Wolfe's (2000) study of battered gay and bisexual men, the first incident of physical abuse occurred between three and six months for 31% of their sample, between six months and one year for 23%, and after one year for the remaining 23%. In addition, 73% of their sample reported a "honeymoon period" in which their partner was apologetic, caring, and romantic following a violent incident.

Clinical work and advocacy with victims of same-sex IPV have also shown that the types and severity of abuse gays and lesbians experience are similar to those faced by heterosexual women (Elliot, 1996; Island & Letellier, 1991). In Renzetti's (1992) study, battered lesbians reported that psychological abuse (e.g. verbal threats) was most common; however, 85% also experienced physically and/or sexually abusive behaviors.

Of the respondents who reported physically abusive behaviors, 75% said they were frequently pushed or shoved, 65% were hit with fists or open hands, 48% were scratched, and 44% had objects thrown at them. In addition, 48% of respondents reported at least one incident of forced sex. Unfortunately, Renzetti did not include measures of financial abuse, so we do not know the role financial dependence or intimidation plays in abusive lesbian relationships.

Merrill and Wolfe's (2000) study of battered gay and bisexual men revealed the same overall patterns of abuse seen in Renzetti's (1992) work. Respondents reported emotional abuse as occurring most frequently; however, 87% also reported physical abuse. Of those who experienced physical violence, 79% indicated that they had suffered at least one injury – most reported they had suffered multiple injuries. In terms of sexual abuse, 73% of respondents reported experiencing some form of sexually abusive behavior, and 39% reported being physically forced to have sex. Interestingly, 90% of respondents reported financially abusive behaviors, including establishing financial control, causing loss of income, employment, or property, and refusing to contribute to expenses.

A 2000 report by the New York City Gay and Lesbian Anti-Violence Project found that of the 510 IPV victims reported to the agency in 1999, 37% experienced physical injuries ranging from minor to fatal. Serious injuries were reported for 6% of victims while 31% experienced minor injuries. Of those who sustained injuries, 2% required hospitalization, 23% required outpatient care, and 17% needed medical attention but did not receive it. The report also found that the rate of intimate partner murders among same-sex couples (1%) is comparable to that seen in heterosexual couples (Dolan-Soto,

2000).

The reasons victims of same-sex IPV stay in abusive relationships are also similar to those reported by battered heterosexual women. Barnett and Lopez-Real (1985) found that the most commonly reported reasons for staying in abusive relationships among heterosexual women are: hope for positive change, fear of retaliation, lack of financial resources, and love for partner. Renzetti (1992) found similar reasons among battered lesbians: love for partner, hope for change, isolation from family and friends, and fear of retaliation. Gay men stay in their abusive relationships for much the same reasons as battered lesbian and heterosexual women (Cruz, 2003; Merrill & Wolfe, 2000).

Help-Seeking Behaviors

Research suggests that victims of same-sex IPV may be less inclined to seek help. Renzetti (1992) found that battered lesbians were significantly less likely than battered heterosexual women to turn to relatives, police, medical professionals, and battered women's shelters for assistance. Relatives are often unsympathetic to victims of same-sex IPV because they disapprove of the gay or lesbian relationship in general (Merrill & Wolfe, 2000). Law enforcement officials are also often unsympathetic, and overtly discriminatory, in cases of same-sex IPV. The New York City Gay and Lesbian Anti-Violence Project (Dolan-Soto, 2000) found that the majority of IPV victims served by the agency (71%) did not report incidents of violence to the police, and 3% indicated that they had tried to report incidents but the police refused to take their complaint. In 66% of cases where victims reported filing a complaint, no arrest was made – even though New York City has mandatory arrest laws (Dolan-Soto, 2000).

Medical professionals often lack the training to assess and respond to battering in

gay and lesbian relationships. When interventions are offered, they are often guided by stereotypes about same-sex IPV and gays and lesbians in general (Boysen, Vogel, Madon, & Wester, 2006). A number of studies have also found considerable levels of homophobia and heterosexism among mental health and medical professionals (e.g. Ramos, Téllez, Palley, Umland, & Skipper, 1998), which can affect the care gay and lesbian victims receive. Hayes and Gelso (1993) found that homophobia among counselors predicted their level of discomfort in working with homosexual clients and that even moderate levels of homophobia can interfere with treatment. There is also evidence that mental health counselors perceive, and respond to, IPV differently when it occurs in same-sex relationships (Brown & Groscup, 2010; Wise & Bowman, 1997).

Furthermore, social service agencies are often incapable, or unwilling, to assist gay and lesbian victims of domestic violence (Merrill & Wolfe, 2000). The majority of Renzetti's (1992) lesbian respondents (62%) who used women's shelter services rated them as "not helpful at all." Renzetti concludes the reported lack of helpfulness of shelter services is largely because shelter services are perceived to be for heterosexual women, and lesbians experience overt and covert homophobia from staff and other residents. Merrill and Wolfe (2000) found that battered gay and bisexual men are often reluctant to seek assistance from sources traditionally used by battered heterosexual women because they often find them unhelpful and hostile.

Explaining Same-Sex Intimate Partner Violence

Feminist scholars propose that battered women are victims of misogyny and that IPV stems from the power differential between men and women, which is made possible by sexism in our society. Theoretically, this power differential does not exist between

members of the same sex. How then do we explain same-sex battering? Some researchers have written same-sex domestic violence off as an anomaly (Geffner, 1992) or tried to explain this phenomenon with the traditional male-on-female model. Letellier (1994) argues that “same-sex domestic violence has been tailored by theoreticians to fit the dominant paradigm of male/female sex role socialization and sexism, or it is referred to as a so-called ‘exception to the rule’” (p. 97). That is, the victim is viewed as the feminine figure (or the “wife”) of the relationship and the batterer is viewed as the masculine figure (or the “husband”). This adaptation, however, does not necessarily fit with most same-sex relationships. Many advocates contend that the “butch/femme” dynamic often attributed to same-sex relationships is a myth. In fact, research suggests that the majority of gays and lesbians actively reject heterosexual sex roles as models for their own relationships (Peplau, 1991). Several studies have shown that equality is particularly important in lesbian couples – even more so than in gay male couples (Kurdek, 1993). There is also evidence that the roles of batterer and victim often alternate between same-sex partners over time (Miller, Bobner, & Zarski, 2000).

LGBT advocates often challenge the gendered, and allegedly heterosexist, assumptions of the feminist perspective on IPV. Letellier (1994) claims that sexism and misogyny cannot be the cause of violence in gay male relationships. The gender and sexual orientation of these men may influence their reaction to IPV, but they are not being abused because they are men, nor are they being abused because they are fulfilling a feminine sex-role stereotype. Instead, Island and Letellier (1991) place greater emphasis on psychological explanations of same-sex IPV. They argue that traditional psychological theories (including those related to mental illness, punishment theory,

positive reinforcement, and negative reinforcement) provide better explanations as to why gay men perpetrate IPV. Few studies have directly examined the usefulness of these explanations. However, in a recent study of IPV in gay and lesbian relationships, Stanley and colleagues (2006) concluded that difficulties in conflict resolution and attachment fears explained the occurrence of violence better than the need to control one's partner.

Some family violence researchers have suggested that societal homophobia generates internalized homophobia, which may then lead to abuse in same-sex relationships. Tigert (2001) asserts that lesbian battering is a response to and reenactment of cultural oppression, internalized homophobia, and religious/psychological shame. In a sample of 272 lesbian and bisexual women, Balsam and Szymanski (2005) found that internalized homophobia and discrimination were associated with lower relationship quality and both IPV perpetration and victimization.

Homophobia remains quite pervasive in the United States (Herek, 2000). However, some feminist scholars argue that using internalized homophobia as an explanation for same-sex IPV effectively creates a red herring. They argue that homophobia is a gendered issue and a byproduct of patriarchy. Several empirical studies have shown a strong relationship between homophobia and traditional gender role beliefs (e.g. Newman 2007; Simon 1995). Pharr (1993) believes that homophobia is a construct used by the patriarchal system in our society. She explains how gays and lesbians are perceived as threats to the family and the established structure of male domination. Pharr also argues that homophobia is an effective direct weapon of sexism by "baiting" women who step outside the boundaries of traditional gender roles as lesbians. Thus, women's behavior can be controlled through fear of being labeled "lesbian." Likewise, men who

do not conform to certain standards of masculinity are often labeled “fags.” Ironically, homophobia is often used as a weapon by batterers in same-sex relationships. In such cases, the threat of revealing a partner’s sexual orientation to his or her friends, family, or employer is used a form of control (Merrill & Wolfe, 2002).

The literature suggests that family violence and feminist theories are indeed explaining two separate phenomena. However, because of the limited number of studies on the topic, it is not clear if multiple types of IPV actually exist in same-sex relationships. If they do, it is possible that family violence theories can adequately account for the majority of *situational couple violence* in gay and lesbian relationships. However, as with straight relationships, *intimate terrorism* (or its equivalent) may be better explained with some form of a feminist approach. Before we can conclusively apply any model to same-sex IPV, we need to further understand the power dynamics that exist in gay and lesbian relationships – especially those that are abusive. Also, it is important that to assess such phenomena as internalized homophobia, authoritarianism, and adherence to traditional gender-roles among those involved in abusive gay and lesbian relationships.

Perceptions of Same-Sex Intimate Partner Violence

Because gay and lesbian relationships are often viewed as being less serious than straight relationships (Testa, Kinder, & Ironson, 1987), it follows that IPV in these relationships may also be viewed as such. In order to ensure that victims receive the necessary assistance and protections, and that batterers are held fully accountable for their actions, it is important to examine how people perceive same-sex IPV and the parties involved.

Dearth of Research

Few studies have examined perceptions of same-sex IPV. Harris and Cook (1994) conducted one of the earliest studies on this topic. They had participants read a vignette that involved either a male-on-female, female-on-male, or male-on-male domestic altercation. Participants did not rate the same-sex scenario differently than the others in regard to seriousness. However, participants were less sympathetic towards male victims – regardless of sexual orientation. Unfortunately, Harris and Cook’s study had several important limitations. For example, the researchers did not include a female-on-female scenario for comparison, and the heterosexual couples in the vignettes were married while the gay male couple was not. Furthermore, the researchers used a relatively homogenous sample of undergraduate students as participants.

Seelau and Seelau (2003) addressed these limitations in their study of gender and role-based perceptions of domestic abuse. They used a fully crossed design, thus producing four vignettes of a domestic altercation between a “romantically-involved couple.” Consistent with Harris and Cook’s (1994) results, the researchers found that the gender of the victim and perpetrator, not their sexual orientation, primarily influenced participants’ responses to the situation. That is, participants were generally more lenient towards female perpetrators and less sympathetic towards male victims. The researchers replicated many of these results in a later study (Seelau & Seelau, 2005). However, one must be cautious when making broader generalizations about how people perceive same-sex IPV based on a limited number of studies. A wealth of anecdotal and empirical evidence suggests that the sexual orientation of the parties involved can, in fact, affect how people perceive and respond to IPV.

Wise and Bowman (1997) found that mental health providers might treat gay and lesbian victims of IPV differently than heterosexual victims. In their study, master and doctoral-level counseling students were given one of two domestic violence scenarios: One involved a heterosexual couple (male-on-female), and the other involved a lesbian couple. Participants perceived the lesbian-battering incident as less violent than the heterosexual incident. Participants were also more likely to suggest that charges be pressed against the male batterer than against the lesbian batter and to recommend different treatments for the victim – based on her sexual orientation (Wise & Bowman, 1997). In a more recent study, Brown and Groscup (2009) examined perceptions of same-sex IPV among crisis center staff members. They found that participants rated same-sex IPV scenarios as less serious than opposite-sex IPV and as less likely to get worse over time.

This finding is consistent with empirical research indicating that police officers are less likely to arrest perpetrators, or to enforce orders of protection, in cases that do not involve male-against-female violence (Connolly, Huzurbazar, & Routh-McGee, 2000; Oately, 1994). This reluctance by police officers to intervene in cases of same-sex battering may be due to anti-gay sentiment or the fact that these situations do not conform to their gender-stereotyped definition of what constitutes IPV (Island & Lettellier, 1991). *Anti-Gay Bias in Perceptions of Other Crimes*

Empirical research has shown that gay and lesbian victims of other types of crimes are treated differently than heterosexual victims. For example, participants are more likely to find a gay male rape victim responsible for his victimization than a straight male or female victim (Mitchell, Hirschman, & Hall, 1999). There is evidence that gay

men are aware of such bias. Hodge and Canter (1998) found that most gay men who report rape to the police claim to be heterosexual because they feel that there is a greater chance that they will be taken seriously.

Gender-role beliefs may help explain why gay and lesbian victims are treated differently than straight victims (e.g. Wakelin & Long, 2003). However, negative attitudes towards gays and lesbians may also play a role. Lyons and colleagues (2005) presented 152 Texas police officers with a scenario in which a defendant (gay vs. straight) was accused of breaking into a pharmacy to steal medication for his dying partner. Overall, the gay defendant was treated more harshly than the straight defendant, and participants who reported higher levels of homophobia were more likely to recommend that the gay defendant be convicted of the crime.

Research on group membership shows that people have positive perceptions and display more positive behavior toward in-group members, whereas people tend to hold negative perceptions and display more negative behavior toward out-group members (Tajfel, Billig, Bundy, & Flament, 1971). Because gay and lesbian victims are members of an “out-group”, they are likely to receive less sympathy and are more likely to be blamed for their victimization (Herek, 1984). Wakelin and Long (2003) found that gay male victims of sexual assault received more blame than heterosexual victims and that participants’ homophobic attitudes toward gay male victims increased the blame they attributed to them. Perpetrators whose victims were gay men were rated least responsible for their actions, and the character of gay male victims was a stronger contributing factor in participants’ decisions than it was for other victims.

Similarly, Hill (2002) found that gay, lesbian, and bisexual rape victims were perceived as having a lower moral character than their heterosexual counterparts and that this perception influenced participants' decisions. Homosexual rape was rated as less serious than heterosexual rape, and participants believed that perpetrators of homosexual rape should receive a less severe penalty. These findings may apply to people's decisions involving same-sex IPV, where there might be a tendency to blame the victim, whose perceived low moral character has placed them in the abusive situation. Also, because victims of same-sex IPV may be perceived as being more capable of physically defending themselves against a same-sex batterer, participants may view same-sex IPV as posing less of a threat.

Research suggests that violence in gay and lesbian relationships occurs with the same frequency and severity seen in heterosexual relationships. Yet, the issue of same-sex IPV has received relatively little attention from researchers. A number of theories exist about the causes of IPV. However, it is unclear if any of these theories can adequately explain violence in same-sex relationships. A great deal of research is needed before we can make any definitive conclusions about the nature and causes of same-sex IPV. Little is known about the types of violence that occur in same-sex relationships, the causes of such violence, or how individuals (both gay and straight) perceive such violence.

CHAPTER 2: PURPOSE OF THE RESEARCH

This study was designed to identify factors that influence individuals' perceptions of same-sex IPV. Our research extends prior work in this area by examining the influence of gender role beliefs and attitudes towards gays and lesbians / internalized homophobia in straight and LGBT individuals' perceptions of same-sex IPV. It also examines how type of violence influences perceptions of both same-sex and opposite-sex IPV scenarios.

Significance of the Problem

Permissive attitudes and perceptions that regard IPV as an acceptable part of relationships can increase the risk of abusive behavior (Cullen, 1983; Riggs & O'Leary, 1989). Thus, examining individuals' perceptions of IPV may help researchers better understand the occurrence, etiology, and continuation of abuse in straight and LGBT relationships (Dent & Arias, 1990).

Although partner abuse is a common and serious problem in the LGBT community, awareness of this problem is relatively low (Letellier, 1994). The results of this study may increase awareness and understanding of the dynamics involved in same-sex IPV. Because of the limited research on same-sex IPV, and the general heterocentric perspective in the social sciences, effective services and policies for LGBT victims have yet to be implemented. It is important to understand the factors that influence perceptions of same-sex IPV in order to develop appropriate treatment and harm-reduction programs for the LGBT community. This information also may be helpful to mental health providers who work directly with gay and lesbian batterers and victims.

Finally, research on IPV culpability decisions provides insight into cultural biases concerning the parties involved and beliefs about the need for police and medical / mental

health interventions (Avakame & Fyfe, 2001), legal solutions (Ewing & Aubrey, 1987), and public policy (Fagan, 1996). Thus, study results may foster understanding of, and ultimately help address any legal inequalities that batterers and victims of same-sex IPV encounter in the legal system.

Hypotheses

Because of the lack of research on perceptions of same-sex IPV, this study is largely exploratory in nature. However, a handful of studies have found differences in individuals' assessments of same- and opposite-sex IPV (Brown & Groscup, 2009; Wise & Bowman, 1997). Seelau and Seelau (2003, 2005) suggest that differences in perceptions of same-sex and opposite-sex IPV are driven by gender stereotypes – rather than the sexual orientation of the parties involved. Unfortunately, the researchers did not include measures of gender stereotypes, so we do not know how these beliefs actually affected participants' judgments. Participants' gender (Golden, 2010) and gender role beliefs (Willis & Harrison, 2005) have been shown to moderate perceptions of IPV, so Seelau and Seelau's explanation is certainly plausible. However, anti-gay attitudes have been shown to influence individuals' perceptions of other crimes (Hill, 2002; Wakelin & Long, 2003). Thus, it is important to examine the role of homophobia in individuals' perceptions of same-sex IPV. Few studies have examined LGBT individuals' perceptions of IPV; however, anecdotal evidence suggests that gays and lesbians do not view IPV as a problem in their community (e.g. Letellier, 1994). Furthermore, to our knowledge no research has examined how type of violence (*situational couple violence* vs. *intimate terrorism*) influences perceptions of IPV cases. For the sake of parsimony, and because *situational couple violence* and *intimate terrorism* are the types of violence traditionally

studied in IPV research, we chose not to examine individuals' perceptions of *violent resistance* in this study.

Based on previous research, we expected the following:

1. Overall, participants will perceive *intimate terrorism* as being more serious than *common-couple violence*. Participants will also attribute more responsibility to batterers, and less responsibility to victims, in *intimate terrorism* scenarios.
2. Female participants (regardless of sexual orientation) will perceive IPV scenarios as being more serious than will male participants. Female participants will also attribute more responsibility to batterers and less responsibility to victims.
3. Both straight and LGBT participants will perceive same-sex IPV as being less serious than opposite-sex IPV. Participants (regardless of sexual orientation) will also attribute less responsibility to batterers, and more responsibility to victims, in same-sex IPV scenarios.
4. The same pattern of differences in perception between same-sex and opposite-sex IPV will remain consistent across *type of violence* for both straight and LGBT participant responses.
5. Gender role beliefs in both straight and LGBT participants will moderate differences in perception between same-sex and opposite-sex IPV, such that individuals with more feminist gender role beliefs will be less likely to perceive same-sex and opposite-sex IPV differently.
6. Homophobia in straight participants, and internalized homophobia in LGBT participants, will moderate differences in perceptions between same-sex and opposite-sex IPV, such that individuals with higher levels of homophobia /

internalized homophobia will be more likely to perceive same-sex and opposite-sex IPV differently.

CHAPTER 3: METHODS

We used two samples of participants in this study: 240 self-identified straight adults and 240 self-identified LGBT adults. Participants were recruited through advertisements placed on several online classifieds (e.g. Craigslist.org) and social networking websites (e.g. Facebook.com). Lesbian, gay, bisexual, and transgendered participants were recruited via listservs run by LGBT organizations and through snowball sampling methods.

Straight Participants

Two hundred and forty straight adults (80% female and 20% male) from the general population served as participants in this study. Participants represented all regions of the United States, including 27 states and the District of Columbia. The mean age of participants was 32.64 ($SD = 11.70$) and ranged from 18 to 77 years. The sample was racially diverse: 67% White, 10% Black, 9% Asian, 7% Hispanic, 5% “other,” and 2% who did not indicate ethnicity. For participants who began the study, the completion rate was 57.83%

LGBT Participants

Two hundred and forty LGBT adults (55% female, 43% male, 1% male-to-female, and 1% female-to-male) from the general population served as participants in this study. In terms of sexual orientation, 70% of participants identified as “gay / lesbian,” 29% identified as “bisexual,” and 1% identified as “unsure.” Participants represented all regions of the United States, including 28 states and the District of Columbia. The mean age of participants was 33.29 ($SD = 10.62$) and ranged from 18 to 69 years. The sample

was racially diverse: 73% White, 11% Hispanic, 7% “other,” 5% Asian, 3% Black, and 1% who did not indicate ethnicity. Completion rate was 77.17%

Design

This study used a 2 (type of violence: situational couple violence vs. intimate terrorism) x 2 (gender of batterer: male vs. female) x 2 (gender of victim: male vs. female) between-groups design with 30 participants per cell, thus producing eight experimental conditions. We created a scenario of IPV that was based on those used in previous studies (e.g., Brown & Groscup, 2009; Seelau & Seelau, 2003). We manipulated type of violence by changing the nature and intensity of the abusive behaviors portrayed in the scenarios. The vignettes used to represent *situational couple violence* and *intimate terrorism* are presented in Appendix A and Appendix B – respectfully. We manipulated the gender of the batterer and victim by using male and female names (Eric / Erica and Michael / Michelle) and pronouns. We also had the batterer and victim refer to the other as “my girlfriend” or “my boyfriend.”

Pilot Testing of Stimulus Materials

We pilot-tested these scenarios with a sample of 43 undergraduate students from psychology classes at a large urban college in the Northeast. Group 1 ($n = 20$) received the *situational couple violence* scenario, while group 2 ($n = 23$) received the *intimate terrorism* scenario. After reading the scenario, participants were presented with descriptions of *situational couple violence* and *intimate terrorism* (as defined by Johnson, 1995), and asked to rate which best represented the scenario they had read. Participants were also asked to evaluate the scenario, and the parties involved, on a number of items

(who was primarily the batterer versus victim, responsibility of the parties involved, seriousness of the incident, likelihood of abuse getting worse over time, etc).

Ninety percent ($n = 18$) of participants who read the *situational couple violence* scenario defined it as such. Ninety-six percent ($n = 21$) of participants who read the *intimate terrorism* scenario defined it as such. Independent-sample t-tests revealed that responsibility for the incident was shared more equally between the batterer and victim in the *situational couple violence* scenario. There was also less of a distinction between who was primarily the batterer and victim in the *situational couple violence* scenario. Participants believed that the batterer was more controlling, and that the victim's injuries were more severe, in the *intimate terrorism* scenario. Participants also rated the *intimate terrorism* scenario as being more serious. However, there was no significant difference between the scenarios in regard to participants' ratings of how likely the violence was to escalate over time. Based on open-ended comments from participants, we revised the *intimate terrorism* scenario to better convey that the abuser's intent was to control the victim.

Measures

Participants were first asked whether or not the scenario constituted IPV (yes vs. no), whether any arrests should be made (Eric/Erica, Michael/Michelle, both, or neither), and how confident they were in their decisions. Participants were then asked to complete a questionnaire relating to the scenario and parties involved. The questionnaire included items similar to those used in previous studies (e.g. Brown & Groscup, 2009; Seelau, & Seelau, 2005; Seelau, Seelau, & Poorman, 2003) and were designed to assess how participants perceived the following: (1) the batterer's and victim's responsibility for the

situation; (2) the seriousness of the situation; (3) the likelihood of the abusive behavior reoccurring; and (4) the likelihood of the abusive behavior getting worse over time. Participants were asked to indicate how much they agreed with each item on a scale ranging from 1 (strongly disagree) to 7 (strongly agree).

Straight participants were asked to complete Herek's (1988) *Attitudes Toward Lesbians and Gays Scale – Short Version* (ATLG-S), whereas LGBT participants were asked to complete Herek et al.'s (1998) *Internalized Homophobia Scale* (IHS). All participants completed a short-version (Brown, under review) of Kerr and Holden's (1996) *Gender Role Beliefs Scale* (GRBS). The ATGL-S includes 10 items with responses measured on a 9-point scale. Possible scores on the ATGL-S range from 10 to 90, with higher scores indicating more negative attitudes toward gays and lesbians. In the straight sample, the mean total ATLG-S score was 28.00 ($SD = 18.47$) and ranged from 10 to 90, indicating relatively positive attitudes toward lesbians and gays. The ATLG-S demonstrated strong internal consistency (Cronbach's $\alpha = .91$; [CI] = .90 to .93). The IHS includes nine items measured on a 9-point scale. Total scores range from 9 to 81, with higher scores indicating higher levels of internalized homophobia. In the LGBT sample, the mean IHS score was 15.99 ($SD = 10.40$) and ranged from 9 to 73, indicating overall low levels of internalized homophobia.

The short version of the GRBS includes 10 items with responses measured on a 7-point scale. Possible scores range from 7 to 70, with higher scores indicating more feminist gender role beliefs. Among straight participants, the mean total GRBS-short version score was 49.58 ($SD = 10.86$) and ranged from 10 to 70, indicating moderately feminist gender role beliefs. Among LGBT participants, the mean total GRBS-short

version score was 57.79 ($SD = 9.37$) and ranged from 10 to 70, indicating more feminist gender role beliefs. The GRBS-short version demonstrated strong internal consistency among straight (Cronbach's $\alpha = .80$; [CI] = .76 to .83) and LGBT participants (Cronbach's $\alpha = .79$; [CI] = .74 to .83).

Procedures

The procedures used in this study were approved by the Brooklyn College Institutional Review Board. Upon providing informed consent (see Appendix I), participants were directed to a website that hosted the study materials where they were randomly assigned to an experimental condition. After reading the scenario, participants were asked to complete the series of questionnaires and a demographics survey. To ensure that participants attended to the stimulus materials, we eliminated those participants who spent either too much or too little time on the materials. Based on previous pencil-and-paper pilot testing of these materials, we eliminated participants who spent less than 15 minutes ($n = 3$) or more than 45 minutes ($n = 7$) to complete the study. Participants were fully debriefed at the end of the study (see Appendix J) and offered the opportunity to enter a raffle to win one of five \$50 gift cards. Participants were told about the raffle during the informed consent process. Although we did not collect participants' IP addresses, the survey program we used was able to identify participants who had previously completed the study and prevented them from completing it again.

CHAPTER 4: RESULTS

Data Analytic Strategy

Manipulation checks ensured that participants were sensitive to the manipulations. Next, we examined whether there were any differences between type of violence and participants' beliefs as to whether the scenarios constituted IPV and whether any arrests should be made. We then used the statistical program AMOS (Version 7) to conduct linear regression models that examined the effects of the manipulations, individual differences variables, and interactions on the outcome variables. Because we included different individual differences variables for straight and LGBT participants (ATLG-S and IHS – respectively), we ran separate regression models for each sample. Finally, using Fisher's r to Z transformations, we examined whether there were any differences between the significant standardized regression coefficients generated by each of the models.

In the regression models, we coded type of violence as -1 for *situational couple violence* and 1 for *intimate terrorism*. We also coded the gender of the batterer, victim, and participant as -1 for *female* and 1 for *male*. Participants' raw scores on the GRBS-short version and the ATLG-S / IHS were used as individual differences variables. To reduce multicollinearity in the models, we orthogonalized the interaction terms with respect to their lower-order terms. That is, we represented each interaction term (originally the raw product of the corresponding original variables) by the residual part of the product – after the original variables and any lower-order interaction terms were partialled out. According to Burrill (1997), this approach helps ensure that interaction terms do not significantly correlate with any of the lower-order variables, and thus can be thought of

as “pure interaction” effects. We used Fisher’s Least Significant Difference test (LSD) to interpret the simple effects of our interactions. All simple effects discussed were significant at the $p < .05$ level. Means and standard deviations for individual differences and outcome variables across participants’ sexual orientation and gender are presented in Table 1.

Manipulation Checks

Among straight participants, 100% correctly identified the gender of the batterer and the victim. For type of violence, 88% participants in the *situational couple violence* and 91% of participants in the *intimate terrorism* conditions correctly identified the type of violence portrayed in the scenario. Ninety-eight percent correctly identified that the batterer and victim were live-in romantic partners, 1% identified their relationship as married, and 1% identified their relationship as “other.” Independent-samples *t*-tests revealed no significant differences between participants who passed the manipulation checks ($n = 214$), and those who did not ($n = 26$), on any of the individual differences or outcome variables ($p > .07$).

Among LGBT participants, 100% correctly identified the gender of the batterer and the victim. For type of violence, 87% of participants in the *situational couple violence*, and 90% of participants in the *intimate terrorism*, conditions correctly identified the type of violence portrayed in the scenario. Ninety-seven percent correctly identified that the batterer and victim were live-in romantic partners, .5% identified the relationship as married, and 2.5% identified the relationship as “other.” There were no significant differences between participants who passed the manipulation checks ($n = 214$), and

those who did not ($n = 26$), on any of the individual differences or outcome variables ($p > .10$).

Classification of Violence and Arrest Recommendations

Among straight participants, 83% ($n = 99$) in the *situational couple violence* conditions believed the scenario constituted IPV, whereas 17% ($n = 21$) believed it did not. Eighty-eight percent ($n = 106$) of participants in the *intimate partner terrorism* conditions believed the scenario constituted IPV, while 12% ($n = 14$) believed it did not. A chi-square analysis revealed that there was no significant difference between type of violence and whether or not participants believed the scenario constituted IPV, $\chi^2(1, N = 240) = 1.64, V = .08, p = .20$.

There was a significant difference between type of violence and participants' arrest recommendations, $\chi^2(3, N = 237) = 61.45, V = .51, p < .01$. In the *situational couple violence* conditions, 0.3% ($n = 4$) believed that the batterer should be arrested; 0.3% ($n = 4$) believed that the victim should be arrested; 26% ($n = 31$) believed that both parties should be arrested; and 67% ($n = 80$) believed that no arrests should be made. In the *intimate terrorism* conditions, 44% ($n = 52$) believed that the batterer should be arrested; 0.4% ($n = 5$) believed that the victim should be arrested; 0.6% ($n = 7$) believed that both parties should be arrested; and 46% ($n = 54$) believed that no arrests should be made.

Among LGBT participants, chi-square analysis revealed a significant difference between type of violence and whether or not participants believed the scenario IPV, $\chi^2(1, N = 240) = 14.22, V = .243, p < .01$. Seventy-nine percent ($n = 95$) of participants in the *situational couple violence* conditions believed the scenario constituted IPV, whereas

21% ($n = 25$) believed it did not. Ninety-three percent ($n = 112$) of participants in the *intimate terrorism* conditions believed the scenario constituted IPV, whereas 7% ($n = 8$) believed it did not.

There was also a significant difference between type of violence and participants' arrest recommendations, $\chi^2(3, N = 237) = 80.79, V = .59, p < .01$. In the *situational couple violence* conditions, 0.3% ($n = 4$) believed that the batterer should be arrested; 0.01% ($n = 1$) believed that the victim should be arrested; 23% ($n = 27$) believed that both parties should be arrested; and 73% ($n = 86$) believed that no arrests should be made. In the *intimate terrorism* conditions, 51% ($n = 60$) believed that the batterer should be arrested; 0.5% ($n = 6$) believed that the victim should be arrested; 0.7% ($n = 9$) believed that both parties should be arrested; and 36% ($n = 43$) believed that no arrests should be made.

Main Effects of Manipulations and Individual Differences Variables

In this section, we discuss the significant main effects of the manipulations and individual differences variables on the outcome variables. Standardized regression weights for all variables included in the straight and LGBT models are presented in Tables 2 and 3 – respectively.

Among straight participants, the gender of the batterer, victim, and participant were all significant predictors of a number of outcome variables (see Figure 1). Overall, straight participants rated IPV as more serious ($\beta = .138, p = .018$), more likely to reoccur ($\beta = .126, p = .025$), and more likely to get worse ($\beta = .132, p = .019$) when the batterer was male rather than female. There was also a non-significant trend for participants to attribute more responsibility to male victims than to female victims ($\beta = .101, p = .067$).

Participants' ATLG-S scores provided a non-significant prediction trend for ratings of victim responsibility and whether the abuse was likely to reoccur. Higher scores on the ATLG-S (indicating more negative attitudes toward lesbians and gays) were associated with higher ratings of victim responsibility ($\beta = .102, p = .065$) and lower ratings that the abuse was likely to reoccur ($\beta = -.118, p = .035$). Participants' GRBS scores also predicted ratings of whether the abuse was likely to reoccur and whether the abuse was likely to get worse over time. Higher scores on the GRBS (indicating more feminist gender role beliefs) were associated with higher ratings that the abuse was likely to reoccur ($\beta = .117, p = .038$) and get worse over time ($\beta = .120, p = .033$). The effects of type of violence and participants' gender are discussed below.

We found fewer main effects for the manipulations and individual differences variables among LGBT participants (see Figure 2). However, the gender of the batterer was a significant predictor of ratings of how likely the abuse was to reoccur ($\beta = -.145, p = .016$). Overall, LGBT participants rated the abuse as less likely to reoccur when the batterer was female rather than male. Victims' gender, participants' GRBS scores, and participants' IHS scores were not significant predictors of any of the outcome variables. The effects of type of violence and participants' gender are discussed below.

Hypothesis 1: Overall, participants will perceive *intimate terrorism* as being more serious than *situational couple violence*. Participants will also attribute more responsibility to batterers, and less responsibility to victims, in *intimate terrorism* scenarios.

Straight Participants

Among straight participants, type of violence was a significant predictor of all outcome variables. Participants attributed more responsibility to the batterer ($\beta = -.295, p < .001$) and less responsibility to the victim ($\beta = .324, p < .001$) when the scenario depicted *intimate terrorism* rather than *situational couple violence*. Participants also believed that *intimate terrorism* was more serious ($\beta = -.198, p < .001$), more likely to reoccur ($\beta = -.232, p < .001$), and more likely to get worse over time ($\beta = -.225, p < .001$).

In addition, we found a Type x Participant interaction for ratings of batterer responsibility ($\beta = -.096, p = .084$) and whether the abuse would get worse ($\beta = -.123, p = .028$). When the scenario involved *intimate terrorism*, male participants rated the batterer as more responsible than did women. When the scenario involved *situational couple violence*, however, female participants rated the batterer as more responsible. There was no significant difference between male and female participants in regard to whether the abuse was likely to get worse when the scenario involved *intimate terrorism*. However, when the scenario involved *situational couple violence*, female participants were more likely to rate that the abuse was likely to get worse. We also found a Type x GRBS interaction effect for ratings of batterers' responsibility ($\beta = -.120, p = .036$), the seriousness of the abuse ($\beta = -.135, p = .018$), and whether the abuse was likely to reoccur ($\beta = .102, p = .070$). When the scenario depicted *intimate terrorism*, participants' GRBS scores were positively correlated with ratings on these variables. However, there were no significant correlations between participants' GBRS and any of the outcome variables when the scenario depicted *common-couple violence*.

LGBT Participants

Among LGBT participants, type of violence was also a significant predictor of several outcome variables. Participants assigned more responsibility to the batterer ($\beta = -.411, p < .001$) and less responsibility to the victim ($\beta = .178, p = .003$) when the scenario depicted *intimate terrorism*. Participants also rated the abuse in *intimate terrorism* scenarios as more serious ($\beta = -.165, p = .005$) and more likely to reoccur ($\beta = -.212, p < .001$).

There were also a number of significant interaction effects for the manipulations and individual differences variables. There was a significant Type x Batterer interaction for ratings of how serious was the abuse ($\beta = -.188, p = .001$), how likely the abuse will reoccur ($\beta = -.114, p = .050$), and how likely the abuse would get worse ($\beta = -.128, p = .040$). In *intimate terrorism* scenarios, participants rated the abuse as more serious when the batterer was male rather than female. In *situational couple violence* scenarios, participants rated the abuse as more serious when the batterer was female. In *intimate terrorism* scenarios, there was no significant difference between batterer's gender and ratings of how likely the abuse will reoccur. However, in *situational couple violence* scenarios, participants rated the abuse as more likely to reoccur when the batterer was female. In *intimate terrorism* scenarios, participants rated the abuse as more likely to get worse when the batterer was male. However, in *situational couple violence* scenarios, participants rated the abuse as more likely to get worse when the batterer was female.

There was also a significant Type x Participant interaction for ratings of batterer's responsibility ($\beta = .130, p = .017$) and how likely the abuse will reoccur ($\beta = .136, p = .024$). In *intimate terrorism* scenarios, female participants attributed more responsibility to batterers than did male participants. However, there were no differences between

female and male participants in regard to batterer responsibility when the scenario involved *situational couple violence*. Likewise, in *intimate terrorism scenarios*, female participants rated the abuse as more likely to reoccur. However, no such difference was found in scenarios involving *situational couple violence*.

We found a significant Type x GRBS interaction for ratings of victim responsibility ($\beta = .138, p = .021$) and how serious was the abuse ($\beta = -.132, p = .016$). In *intimate terrorism scenarios*, GBRS was negatively correlated with victim responsibility and positively correlated with how serious was the abuse. However, these correlations were not significant in *situational couple violence*. There was also a Type x IHS interaction for ratings of batterer ($\beta = -.129, p = .018$) and victim responsibility ($\beta = .112, p = .057$). In *intimate terrorism scenarios*, IHS was positively correlated with batterer responsibility and negatively correlated with victim responsibility. However, these correlations were not significant in *situational couple violence scenarios*.

Hypothesis 2: Female participants (regardless of sexual orientation) will perceive IPV scenarios as being more serious than will male participants. Female participants will also attribute more responsibility to batterers and less responsibility to victims.

Straight Participants

Among straight participants, females rated IPV, regardless of type, as being more serious ($\beta = -.126, p = .031$) and more likely to get worse ($\beta = -.136, p = .016$) than did male participants. However, there was a Type x Participant interaction for ratings of batterer responsibility ($\beta = -.096, p = .084$) and whether the abuse would get worse ($\beta = -.123, p = .028$). When the scenario involved *intimate terrorism*, male participants rated

the batterer as more responsible than did women. However, when the scenario involved *situational couple violence*, female participants rated the batterer as more responsible than did men. There was no significant difference between male and female participants in regard to whether the abuse was likely to get worse when the scenario involved *intimate terrorism*. However, when the scenario involved *situational couple violence*, female participants were more likely to rate that the abuse was likely to get worse over time.

In addition, a non-significant Victim x Participant interaction trend ($\beta = -.103, p = .060$) revealed that when the victim was female, there was no difference between male and female participants in regard to ratings of victim responsibility. However, when the victim was male, female participants assigned more responsibility to the victim than did male participants.

We also found a significant Participant x GRBS interaction ($\beta = .127, p = .024$) for ratings of how likely the abuse would get worse. For male participants, GRBS scores were positively correlated with ratings of how likely the abuse would get worse. However, no such relationship was found among female participants. As signified by a significant Participant x ATLG-S interaction ($\beta = -.118, p = .032$), ATLG-S scores were positively correlated with ratings of victim responsibility among female participants. However, no such relationship was found among male participants.

LGBT Participants

Among LGBT participants, gender was a significant predictor of how serious was the abuse ($\beta = .129, p = .027$). Overall, male participants rated the abuse as being more serious than did female participants. However, we found a significant Type x Participant

interaction for ratings of batterer's responsibility ($\beta = .130, p = .017$) and how likely the abuse will reoccur ($\beta = .136, p = .024$). In *intimate terrorism* scenarios, female participants attributed more responsibility to batterers than did male participants. There were no differences between female and male participants in regard to batterer responsibility when the scenario involved *situational couple violence*. Likewise, in *intimate terrorism* scenarios, female participants rated the abuse as more likely to reoccur. However, no such difference was found in scenarios involving *situational couple violence*.

Additional analyses signified a significant Batterer x Participant interaction for ratings of how likely the abuse would get worse ($\beta = -.164, p = .007$). When the batterer was male, male participants rated the abuse as less likely to get worse than did female participants. When the batterer was female, female participants rated the abuse as less likely to get worse. There was also a significant Victim x Participant interaction for ratings of batterer responsibility ($\beta = .163, p = .003$). When the victim was female, male participants rated the batterer as less responsible than did female participants. When the victim was male, female participants rated the batterer as less responsible.

The model revealed a Participant x GRBS interaction for ratings of victim responsibility ($\beta = .104, p = .078$), how serious was the abuse ($\beta = -.129, p = .026$), and how likely the abuse will get worse ($\beta = -.141, p = .019$). Among female participants, there was a negative correlation between GRBS scores and victim responsibility, a positive correlation between GRBS scores and ratings of the seriousness of the situation, and a positive correlation between GRBS scores and how likely the abuse would get worse. There were no significant correlations between GRBS scores and any of the

outcome variables among male participants. There were no significant Participant x IHS effects on any of the outcome variables.

Hypothesis 3: Both straight and LGBT participants will perceive same-sex IPV as being less serious than opposite-sex. Participants (regardless of sexual orientation) will also attribute less responsibility to batterers, and more responsibility to victims, in same-sex IPV scenarios.

Straight Participants

Among straight participants, we found significant Batterer x Victim interactions for batterer's responsibility ($\beta = -.175, p = .002$), victim's responsibility ($\beta = .147, p = .008$), the seriousness of the situation ($\beta = -.133, p = .023$), how likely the abuse will reoccur ($\beta = -.243, p < .001$), and how likely the abuse will get worse ($\beta = -.222, p < .001$). When the batterer was male, participants assigned more blame to the batterer when the victim was female rather than male. When the batterer was female, participants assigned more responsibility to the batterer when the victim was male rather than female. When the batterer was male, there was no significant difference in rating of responsibility assigned to male and female victims. However, when the batterer was female, participants assigned more responsibility to male victims.

When the batterer was male, participants rated the abuse as more serious when the victim was female. When the batterer was female, participants rated the abuse as more serious when the victim was male. The same pattern was seen in regard to participants' ratings of how likely the abuse will reoccur and how likely the abuse will get worse. When the batterer was male, participants rated the abuse as more likely to reoccur and get

worse when the victim was female. When the batterer was female, participants rated the abuse as more likely to reoccur and get worse when the victim was male.

LGBT Participants

We found fewer significant Batterer x Victim interaction effects among LGBT participants. However, there was a significant Batterer x Victim interaction for ratings of batterer's responsibility ($\beta = -.148, p = .007$) and how likely the abuse would get worse ($\beta = -.151, p = .012$). When the batterer was male, LGBT participants rated the batterer as less responsible when the victim was male rather than female. When the batterer was female, participants rated the batterer as less responsible when the victim was female rather than male. Likewise, when the batterer was male, participants rated the abuse as less likely to get worse when the victim was male rather than female. When the batterer was female, participants rated the abuse as less likely to get worse when the victim was female rather than male. Thus, both straight and LGBT participants rated same-sex IPV differently than opposite-sex IPV; however, this difference was greater among straight participants.

Hypothesis 4: The same pattern of differences in perception between same-sex and opposite-sex IPV will remain consistent across *type of violence* for both straight and LGBT participants' responses.

Straight Participants

Among straight participants, there was a significant Type x Batterer x Victim interaction effect for ratings of batterer responsibility ($\beta = .152, p = .008$), victim responsibility ($\beta = -.169, p = .002$), and how likely the abuse will get worse ($\beta = -.152, p = .007$). When the scenario involved *intimate terrorism*, participants rated male batterers

as more responsible when the victim was female rather than male. Participants also rated female batterers as more responsible when the victim was male rather than female. This pattern of results was found in *situational couple violence* scenarios for male batterers. However, there was no difference in ratings of responsibility for female batterers across victim's gender.

When the scenario involved *intimate terrorism*, participants attributed more responsibility to male victims than to female victims when the batterer was male. There was no significant difference in ratings of responsibility for male and female victims when the batterer was female. When the scenario depicted *situational couple violence*, there were no significant differences in participants' ratings of victim's responsibility – regardless of gender.

Also, in *intimate terrorism* scenarios, when the batterer was male, participants rated the abuse as more likely to get worse when the victim was female. There was no such effect when the batterer was female. In *situational couple violence* scenarios, when the batterer was male, participants rated the abuse as more likely to get worse when the victim was female. When the batterer was female, participants rated the abuse as more likely to get worse when the victim was male.

LGBT Participants

Among LGBT participants, there was a significant Type x Batterer x Victim interaction effect for victim's responsibility ($\beta = -.124, p = .035$). In *intimate terrorism* scenarios, when the batterer was female, participants rated female victims as being more responsible than male victims. When the batterer was male, participants rated male victims as being more responsible. In *situational couple violence* scenarios, when the

batterer was female, participants rated male victims as being more responsible than female victims. However, when the batterer was male, there was no difference in the ratings of responsibility assigned to male and female victims.

Hypothesis 5: Gender role beliefs in both straight and LGBT participants will moderate differences in perception between same-sex and opposite-sex IPV, such that individuals with more feminist gender role beliefs will be less likely to perceive same-sex and opposite-sex IPV differently.

Straight Participants

Among straight participants, we found a non-significant Batterer x Victim x GRBS interaction trend for how likely the abuse would get worse ($\beta = -.152, p = .074$). Participants' GRBS scores were positively correlated with ratings of how likely abuse would get worse when the batterer and victim were male. No such relationship existed in any of the other conditions.

However, additional analyses revealed that participants' gender significantly moderated several of the Batterer x Victim interaction effects noted earlier. As signified by a significant Batterer x Victim x Participant interaction effect for victim's responsibility ($\beta = -.180, p = .001$), when the batterer was male, male participants attributed more responsibility to female victims than did female participants. When the batter was female, male participants attributed more responsibility to male victims than did female participants. A significant Batterer x Victim x Participant interaction effect for how serious was the abuse ($\beta = .125, p = .032$) revealed that when the batterer was male, male participants did not show a significant difference between male and female victims in regard to the seriousness of the abuse. However, when the batterer was female, male

participants rated the abuse as more serious when the victim was female. When the batterer was male, female participants rated the abuse as more serious when the victim was female. When the batterer was female, female participants rated the abuse as more serious when the victim was male.

We also found a significant Batterer x Victim x Participant interaction effect for how likely the abuse was to reoccur ($\beta = .184, p = .001$). When the batterer was male, male participants rated the abuse as more likely to reoccur when the victim was male rather than female. When the batterer was female, male participants also rated the abuse as more likely to reoccur when the victim was male. When the batterer was male, female participants rated the abuse as more likely to reoccur when the victim was female. However, when the batterer was female, they rated the abuse as more likely to reoccur when the victim was male.

A non-significant Batterer x Victim x Participant interaction trend for how likely the abuse would get worse ($\beta = .107, p = .054$) revealed that when the batterer was male, male participants did not differ in their ratings of how likely the abuse was to get worse between victims' sex. However, when the batterer was female, male participants rated the abuse as less likely to get worse when the victim was female. When the batterer was male, female participants rated the abuse as less likely to get worse when the victim was male. However, when the batterer was female, they rated the abuse as less likely to get worse when the victim was female.

LGBT Participants

Among LGBT participants, there was a non-significant Batterer x Victim x GRBS interaction trend for victim's responsibility ($\beta = -.110, p = .062$), the seriousness of the

abuse ($\beta = .135, p = .020$), and the likelihood the abuse would get worse ($\beta = .109, p = .070$). When the batterer was female, GRBS scores were negatively correlated with the victim's responsibility. However, this correlation was stronger when the victim was female rather than male. Participants' GRBS scores were not significantly correlated with the victim's responsibility when the batterer was male. When the batterer was female, GRBS scores were positively correlated with ratings of the seriousness of the abuse when the victim was female. However, participants' GRBS scores were not significantly related to ratings of the seriousness of the abuse in the other conditions.

Finally, when the batterer was male, GRBS scores were positively correlated with ratings of how likely abuse will get worse when the victim was male. When the batterer was female, GRBS scores were positively correlated with the likelihood the abuse will get worse when the victim was female. There were no significant correlations between participants' GRBS scores and ratings of how likely abuse will get worse in the opposite-sex IPV conditions. There were no significant Victim x Batterer x Participant interaction effects for any of the outcome variables.

Hypothesis 6: Homophobia (ATLG) in straight participants, and internalized homophobia (IHS) in LGBT participants, will moderate differences in perceptions between same-sex and opposite-sex IPV, such that individuals with higher levels of homophobia / internalized homophobia will be more likely to perceive same-sex and opposite-sex IPV differently.

Straight Participants

Among straight participants, there were no significant Batterer x Victim x ATLG-S interaction effects on any of the outcome variables – suggesting that participants’ attitudes toward lesbians and gays did not moderate their perceptions of same-sex IPV.

LGBT Participants

Among LGBT participants, we found a significant Batterer x Victim x IHS interaction effect for batterer’s ($\beta = .118, p = .030$) and victim’s responsibility ($\beta = -.115, p = .050$) – suggesting that internalized homophobia has a moderating effect on some perceptions of same-sex IPV. When the batterer was female, IHS scores were positively correlated with batterer’s responsibility when the victim was female rather than male. Likewise, when the batterer was female, IHS scores were positively correlated with the victim’s responsibility when the victim was male. When the batterer was male, IHS scores were negatively correlated with the victim’s responsibility when the victim was female. There were no other significant correlations between IHS scores and victim’s responsibility.

In addition, there was also a significant Type x IHS interaction for ratings of batterer responsibility ($\beta = -.129, p = .020$), victim responsibility ($\beta = .112, p = .050$), and how serious was the situation ($\beta = .158, p = .007$). In *intimate terrorism* scenarios, IHS was positively correlated with ratings of batterer responsibility and how serious was the situation and negatively correlated with victim responsibility. However, these correlations were not significant in *situational couple violence* scenarios.

Comparison of Significant Effects from Model 1 and Model 2

As noted earlier, we used Fisher’s *r* to *Z* transformation test to examine if there were any differences between the significant standardized regression coefficients present

in both of the regression models. Below is a discussion of the significant differences found. The results of the Z transformation tests performed are presented in Table 6.

Regarding the effect for type of violence on victim responsibility, participants assigned less responsibility to the victim when the scenario depicted *intimate terrorism* rather than *situational couple violence*. However, there was a non-significant trend for this effect to be stronger among straight participants than LGBT participants ($Z = -1.70, p = .08$). We also found a significant difference between our models for the effect participants' gender had on ratings of the seriousness of the abuse ($Z = 2.79, p = .005$). Among straight participants, women rated the scenarios as being more serious than did men. However, among LGBT participants, men rated the scenarios as being more serious than did women.

We found a similar pattern of results in regard to the interaction effect Type of Violence x Participant had on ratings of batterer responsibility ($Z = 2.47, p = .014$). Among straight participants, when the scenario involved *intimate terrorism*, men rated the batterer as more responsible than did women. However, when the scenario involved *situational couple violence*, women rated the batterer as more responsible. This effect was reversed for LGBT participants. In *intimate terrorism* scenarios, women rated the batterer as more responsible than did men. However, there was no difference between men and women in regard to batterer responsibility when the scenario involved *situational couple violence*.

Finally, we found a significant difference between the models for the interaction effect Participant x GBRS had on ratings of how likely the abuse was to get worse ($Z = -2.94, p = .003$). Among straight participants, GRBS scores were positively correlated

with ratings of how likely the abuse would get worse when the participant was male.

However, there was no such correlation when the participant was female. Among LGBT participants, there was a positive correlation between GRBS scores and ratings of how likely the abuse would get worse when the participant was female. There was no such correlation when the participant was male.

CHAPTER 5: DISCUSSION

The primary purpose of this study was to examine whether straight and LGBT individuals differ in their perceptions of same-sex and opposite-sex IPV, whether gender-role beliefs and homophobia can help explain any differences, and whether factors such as the type of violence and participants' gender moderated perceptions of IPV. Overall, both straight and LGBT participants attributed less blame to batterers and more blame to victims, and perceived the abuse as less serious when the scenario involved a same-sex couple. However, contrary to our hypotheses, participants' gender role beliefs and homophobia did not fully account for these findings. Participants' gender and the type of violence depicted were significant moderators for several of the relationships we examined; however, these effects were relatively small and inconsistent. The results have potentially important social and legal implications and reveal several avenues for future research that are worth pursuing.

Summary of Results

Based on previous research, we hypothesized that both straight and LGBT participants would perceive same-sex IPV as being less serious than opposite-sex IPV and attribute less responsibility to batterers, and more responsibility to victims, in same-sex IPV scenarios. Our results largely supported these hypotheses. Straight and LGBT participants attributed less responsibility to batterers in same-sex IPV scenarios and rated same-sex IPV as less likely to get worse over time. Straight participants also attributed more responsibility to victims of same-sex IPV and rated same-sex scenarios as less serious and less likely to reoccur. In a series of studies, Seelau and Seelau (2003; 2005) found that participants' responses to IPV were primarily driven by batterer and victim

gender, not by the sexual orientation of the couple. They explain their findings in the context of same-sex IPV being incongruent with traditional gender role stereotypes. Yet, examining the simple effects of the Batterer x Victim interactions in the current study revealed that the sexual orientation of the couple did, in fact, significantly affect both straight and LGBT participants' responses to IPV scenarios. These findings are consistent with a previous study by Brown and Groscup (2009), and this is perhaps the first time that differences in perceptions of same-sex and opposite-sex IPV among LGBT participants have been demonstrated (a thorough review of this literature revealed no study demonstrating such an effect). However, it should be noted that these differences were more pronounced among straight participants.

In addition, we found partial support for the hypothesis that individuals with more feminist gender role beliefs would be less likely to perceive same-sex and opposite-sex IPV differently. Among straight participants, more feminist gender role beliefs was related to ratings of how likely the abuse would get worse when the batterer and victim were male. However, no such relationship existed in any of the other conditions. The moderating effect of gender role beliefs was more pronounced among LGBT participants, though not to the extent we expected. When the batterer was female, participants with more feminist gender role beliefs attributed less responsibility to all victims and rated the abuse as more serious when the victim was female. More feminist gender role beliefs were also associated with higher ratings of how likely it was that the abuse would get worse in cases of male-on-male IPV. Thus, gender role beliefs appear, at best, to moderately affect perceptions between same-sex and opposite-sex IPV in some instances.

We also examined homophobia in straight participants, and internalized homophobia in LGBT participants, as potential moderating variables. We hypothesized that participants with higher levels of homophobia / internalized homophobia would be more likely to perceive same-sex and opposite-sex IPV differently. Among straight participants, there were no significant Batterer x Victim x ATLG-S interaction effects on any of the outcome variables – suggesting that participants’ attitudes toward lesbians and gays did not moderate their perceptions of same-sex IPV. Among LGBT participants, however, we found a significant Batterer x Victim x IHS interaction effect for batterer’s and victim’s responsibility. When the batterer was female, higher levels of internalized homophobia were associated with higher ratings of batterer’s responsibility and lower rating of victim’s responsibility when the victim was female. When the batterer was male, higher levels of internalized homophobia were associated with lower ratings of the victim’s responsibility when the victim was female. Thus, internalized homophobia appears to play a role in how LGBT participants perceive cases of female-on-female IPV. However, as with participants’ gender role beliefs, homophobia does not appear to explain differences in perception between same-sex and opposite-sex IPV in a consistent or predictable manner.

We found partial support for the hypothesis that differences in perceptions of same-sex and opposite-sex IPV would remain consistent across the two types of violence. Overall, straight participants tended to rate batterers as less responsible and the abuse as less likely to get worse in same-sex scenarios – regardless of type of violence. In *intimate terrorism* scenarios, LGBT participants rated victims of same-sex IPV as more responsible than victims of opposite-sex IPV. In *situational couple violence* scenarios,

when the batterer was female, participants rated male victims as being more responsible than female victims. However, when the batterer was male, there was no difference in the ratings of responsibility assigned to male and female victims. Thus, type of violence does appear to moderate perceptions of same-sex IPV to some extent.

That type of violence had a significant effect on nearly all of our outcome variables for both straight and LGBT participants may help explain inconsistent findings in the prior literature. Overall, participants attributed more responsibility to the batterer, and less responsibility to the victim, in *intimate terrorism* scenarios. They also rated *intimate terrorism* as more serious and more likely to reoccur. Researchers who examine perceptions of IPV are likely to obtain different results depending on what type of violence is presented. Based on our findings, it is important that researchers distinguish between *intimate terrorism* and *common-couple violence* in their stimulus materials and interpret results accordingly.

Finally, we hypothesized that female participants, regardless of sexual orientation, would rate IPV as being more serious than would male participants, and to attribute more responsibility to batterers and less responsibility to victims. This was largely the case among straight participants; however, the effect of the participant's gender was more nuanced than is typically reported in the literature. The relationship between participants' gender and perceptions of IPV was moderated by several factors. For example, negative attitudes towards gays and lesbians were associated with higher ratings of victim responsibility among female participants – but not among male participants. Female participants also attributed more blame to male victims, regardless of type of violence. In *intimate terrorism* scenarios, male participants actually attributed more responsibility to

the batterer than did female participants. Among LGBT participants, overall, male participants rated IPV as being more serious than did female participants. However, there was a tendency for LGBT participants to be more “lenient” toward batterers of their own gender and less “sympathetic” towards victims of the opposite gender.

Rival Hypotheses

Because gender role beliefs and homophobia did not adequately account for differences in participants’ perceptions of same-sex and opposite-sex IPV, we should examine other potential explanations. Participants completed the gender role beliefs and homophobia scales after they had read the experimental vignette. Thus, it is possible that participants’ responses on these measures were influenced by the experimental condition to which they were assigned. Yet, no significant differences in gender role beliefs ($p > .69$) nor homophobia ($p > .11$) scores across conditions for straight and LGBT participants were detected. Still, the self-report nature of the data could be detecting social desirability effects – rather than real differences. When answering sensitive questions, participants may be tempted to give a socially desirable response in order to present themselves in a more favorable light. Social-desirability effects have the potential to attenuate or inflate relationships between variables (Fisher, 1993). However, this does not appear to have been an issue in similar studies that included measures of gender role beliefs and homophobia (e.g. Hayes & Gelso, 1993; Willis & Harrison, 2005). Nonetheless, future research on perceptions of same-sex IPV may benefit from implicit or criterion measures of these variables.

Because the data in this study were self-reported and collected through the same questionnaire during the same period of time, we should be concerned about common

method variance. This refers to variance that is attributed to the measurement method, rather than the outcome variables of interest, which may cause systematic measurement error and further bias the estimates of the true relationship among variables (Podsakoff & Organ, 1986). Harman's one-factor test and confirmatory factor analysis were conducted to test for the presence of the common method effect. All five outcome variables were entered into an exploratory factor analysis, using principal component analysis with varimax rotation, to determine the number of factors that are necessary to account for the variance in the variables. If a substantial amount of common method variance is present, a single factor will emerge from the data (e.g., Andersson & Bateman, 1997). Exploratory factor analysis revealed the presence of two factors with eigenvalues greater than 1.0, rather than a single factor. Confirmatory factor analysis using the statistical program AMOS (version 7) revealed that a 1-factor solution was not a good fit for the data, $\chi^2(5, N = 480) = 92.714, p < .001$; RMSEA = .191; SRMR = .104. Although the results of these analyses do not exclude the possibility of common method variance, they suggest that common method variance is not of great concern and thus is unlikely to confound the interpretation of our results.

Given that gender role beliefs and homophobia did not adequately account for differences in perceptions between same-sex and opposite-sex scenarios, we suspect that participants' prototypes of IPV cases may be a moderating factor. A prototypical view of IPV would refer to the experiences of bias based on the most typical images of people who are likely to identify as batterers and victims (e.g., a man abusing a woman). Inman and Baron's (1996) research on racial and gender discrimination suggests that an individual's perceptions are biased by certain expectations regarding prototypical

perpetrators and victims of prejudice. In cases of high prototypicality, stereotypic effects in cognition are likely to occur (Inman & Baron, 1996). Smith's (1991) results suggest that prototypes of crime categories can have important implications for the legal system. Individuals may engage in a "naive decision strategy" in which they may "determine the guilt or innocence of a defendant by comparing the characteristics of the defendant's crime with the features of their prototype" (p. 859). Empirical studies have established that jurors hold several crime prototypes that influence their interpretation of evidence pertaining to the act, perpetrator, and victim (Smith & Studebaker, 1996; Finkel & Groscup, 1997; Wiener, Richmond, Seib, Rauch, & Hackney, 2002). Although few studies have examined individuals' prototypes of IPV, there is some evidence that IPV is a "prototypical" crime.

Kelly, Winek, and Bieschke (2007) examined therapists' prototypical assessments of IPV situations. They found that initial assessments of IPV differed depending on the sexual orientation of the couple involved and that the "man as batterer, woman as victim" prototypical paradigm was consistently applied for opposite-sex scenarios. In same-sex scenarios, however, the identification of the batterer and victim was more varied. Participants often identified "both" partners as being the batterer and victim. The researchers maintain that the results of their study suggest a difference in perception of same-sex compared to opposite-sex IPV that is influenced by specific, prototypic expectations regarding who are the batterer and victim. Participants had different assumptions for identifying the batterer and victim based on the sexual orientation of the couple. The researchers state, "although assessments of the same-sex scenarios were more varied, a prototypic perception of same-sex domestic violence may have emerged.

In the same-sex assessment, more equality and/or a smaller power differential between partners seems to be the prototypical assumption” (p. 266).

Implications

Although this study did not examine the nature or causes of IPV, our results lend support to Johnson’s (1995) typology – at least in terms of how individuals perceive IPV. Participants made a clear distinction between situational couple violence and intimate terrorism in regard to ratings of severity and attributions of responsibility to the abuser and victim – regardless of the sexual orientation of the couple involved. Thus, Johnson’s typology appears to apply to how individuals make classification of both same-sex and opposite-sex IPV.

Letellier (1994) contends that gays and lesbians, along with the general public, do not acknowledge same-sex IPV as a serious problem. The results of this study lend support to this assertion. In general, LGBT participants perceived same-sex IPV as less serious than opposite-sex IPV. Negative attitudes toward gays and lesbians among social service providers and law enforcement officials have been associated with lower levels of help-seeking behavior among victims of same-sex IPV (Renzetti, 1994). However, gay and lesbian victims may be less likely than straight victims to perceive the abuse they experience as warranting intervention. Our results suggest that victims’ friends and family members, both gay and straight, may reinforce this mentality. In recent years, gay and lesbian organizations have increased their efforts to spread awareness of same-sex IPV. However, most of these outreach campaigns have been aimed at addressing the barriers internalized homophobia and gay-stigma pose to seeking help. The role of internalized homophobia in same-sex IPV perpetration and victimization has been

demonstrated in previous research (see Island & Letellier, 1991). Furthermore, negative attitudes toward gays and lesbians can have significant implications in patient-provider interactions and treatment outcomes (Stein & Bonuck, 2001). The results of this study suggest that outreach campaigns may benefit from messages that challenge gay and lesbian individuals' prototypes of IPV.

Such measures may also be beneficial to mental health providers and law enforcement officials. Brown and Groscup (2009) found that crisis counselors rated same-sex and opposite-sex IPV differently on a number of outcome variables and offered different recommendations to straight and gay and lesbian victims. Unfortunately, the authors did not include measures of gender role beliefs or attitudes toward gays and lesbians, so we do not know how these variables affected participants' decisions. However, to the extent that the results of the current study are generalizable, it appears that gender role beliefs and attitudes toward gays and lesbians may only partially account for these differences.

Research on graduate mental health programs has found inadequacies in preparing students to work with gay and lesbian clients (Lidderdale, 2002; Safren, 1999). Lack of sensitivity training and experience with gay and lesbian clients may help explain the heterosexism and homophobia we often find among helping professionals (e.g. Berkman & Zinberg, 1997). A number of "exposure" techniques, where counselors-in-training have frequent and meaningful contact with gay and lesbian clients and seasoned counselors, have been shown to reduce antigay attitudes and heterosexist approaches to treatment (Doyle, 1996; Waldo & Kemp, 1997). Some research suggests that role-playing may be a better mediator of antigay attitudes than educational efforts alone (Bean, Keller,

Newburg, & Brown, 1989). Role-playing sessions involving scenarios of “non-traditional” partner abuse may be a valuable tool in helping counselors recognize and respond to a variety of IPV situations.

Such role-playing sessions might also be useful in training law enforcement officials to appropriately respond to same-sex IPV situations. Anecdotal evidence, and the results of a handful of empirical studies, suggests that police officers are often overtly discriminatory in cases involving gay and lesbian individuals (Connolly, Huzurbazar, & Routh-McGee, 2000). Traditional gender roles and homophobia undoubtedly play a role in how police officers may respond to cases of same-sex IPV (Lyons et al., 2005). It is also important to examine the prototypes that police officers may be using in their evaluations of domestically abusive situations. Such is the case in regard to juror decision-making. Our results suggest that victims of same-sex IPV are at a disadvantage in the courtroom, and it may not be sufficient to simply screen prospective jurors for anti-gay bias or sexist attitudes.

Limitations and Future Directions

Although the current findings have potentially important implications, they were demonstrated using only one straight and one LGBT sample of participants. Replication of the results is necessary to determine if they are reliable – especially given the relatively small effect sizes. Furthermore, although the samples were diverse in regard to several socio-demographic characteristics (including geographical location), they were still self-selected. Thus, we cannot be certain that our samples are truly representative of their respective populations.

As with other vignette-based studies, this study used a relatively brief scenario to present a hypothetical domestic altercation as reported by a batterer and victim. Police officers, mental health providers, and jurors would be provided with much more detailed information about the case than were our participants. Certain characteristics of the batterer and victim (as discussed earlier), physical evidence, and eyewitness testimony are just some of the factors not present in our scenarios that might influence how people perceive IPV cases. Future studies should use more realistic stimulus materials and procedures. For example, at trial, verdicts are reached through jury deliberations – not individual juror decisions. Research suggests that deliberation often leads to greater leniency for the defendant, even when jurors initially tend to favor conviction (Tanford & Penrod, 1986). Kern, Libkuman, and Temple (2007) found significant differences between participants' pre- and post-deliberation sentencing decisions in cases of IPV. Notably, women delivered more severe sentences toward batterers than did men pre-deliberation. However, no effect for participants' gender was found in post-deliberation sentencing. It would be interesting to examine the potential mediating effects deliberation may have on individuals' perceptions of same-sex IPV cases.

For the sake of a more parsimonious research design, and to help reduce alpha inflation, we did not include *violent resistance* as a manipulation in this study. According to Johnson (1995), *violent resistance* is violence used by a victim in response to intimate terrorism. It does not necessarily meet the legal definition of *self-defense* because most jurisdictions within the U.S. require that victims show that a reasonable person in their situation would believe that they were in imminent danger, and that the force used to repel the attack was reasonable rather than excessive (Dressler, 1995). We often see

violent resistance take the form of the battered woman syndrome. Although not a legal defense in and of itself, the battered woman syndrome is typically offered by an expert witness “attempts to frame the woman's actions within the existing laws of self-defense” (Schuller, 1994, p. 115). It would be interesting to examine how individuals perceive cases of same-sex *violent resistance* and whether a defense akin to the battered woman syndrome would be effective for gay and lesbian victims of IPV.

In addition, this study did not assess participants’ stereotypes of gays and lesbians or same-sex relationships, so we do not know how these factors may have influenced participants’ perceptions. As noted earlier, previous research suggests that individuals’ pre-existing beliefs and prototypes can affect how they process information about IPV and the resulting judgments they reach. For example, belief in a just world may influence peoples’ perceptions of IPV cases – especially those involving same-sex couples. According to Lerner (1965), people are motivated to believe in a world where people generally get what they deserve and deserve what they get. This belief has been conceptualized as a 'positive illusion' in that the perception of an orderly and meaningful world is likely to contribute to subjective well-being (Taylor & Brown, 1988). When faced with contradictory evidence, individuals with strong beliefs in a just world may adopt cognitive strategies to minimize apparent injustices. This often involves protecting their worldview by blaming or derogating victims. Indeed, belief in a just world has been linked to negative attitudes towards various social groups – including people with AIDS, the elderly, the poor, and the unemployed (see Sutton & Douglas, 2005).

To better understand individuals’ perceptions of same-sex IPV, it is also necessary to examine the nature of the schemas individuals may activate when presented

with such cases and whether the activation of these schemas has an impact on the processing, and later recall, of information about the incident. Individuals may take a different cognitive approach when evaluating cases that do not conform to their prototypes of a particular crime.

Conclusions

Limitations aside, this study is one of a handful to reveal significant differences between individuals' perceptions of same-sex and opposite-sex IPV. The study, therefore, begins to suggest ways to understand why these differences might exist. However, further investigation is clearly warranted. Even if perceived differences in same-sex and opposite-sex IPV are not a function of gender role beliefs or homophobia, our results suggest that gay and lesbian victims may be at a disadvantage when it comes to receiving social services and navigating the legal system.

Although research suggests that abuse in gay and lesbian relationships tends to occur as frequently and follow the same pattern as in heterosexual relationships, we still know little about what types of abuse occur in same-sex relationships, the causes of such abuse, or how people (both gay and straight) perceive such abuse. As with most psychosocial phenomena, there is no one all-inclusive explanation of IPV. Yet, because of the sensitive nature of the issue, and the limited resources available to address it, many fear that introducing nuance into the discussion will have negative social and political implications for victims. For example, so-called "men's rights" groups have used the results of family violence surveys to diminish the seriousness of wife battering (Pagelow, 1984). However, the reluctance to recognize or address same-sex IPV has helped to cultivate this problem in the gay and lesbian community (Island & Letellier, 1991).

Intimate partner violence is a complex, multi-dimensional problem, and it is important that we welcome different perspectives and the insights they provide.

Table 1. Means and Standard Deviations for Individual Differences and Outcome Variables Across Participants' Sexual Orientation and Gender

Variables	Participants							
	Straight				LGBT			
	Men (N = 48)		Women (N = 192)		Men (N = 104)		Women (N = 136)	
	<i>M</i>	<i>(SD)</i>	<i>M</i>	<i>(SD)</i>	<i>M</i>	<i>(SD)</i>	<i>M</i>	<i>(SD)</i>
GRBS (x / 70)	47.51	(12.25)	50.10	(10.46)	55.50	(10.85)	59.54	(7.65)
ATLG-S / IHS (x / 90; x / 81)	30.00	(16.28)	27.51	(18.98)	15.93	(10.10)	16.04	(10.67)
Batterer responsibility (x / 7)	4.56	(1.95)	4.36	(1.63)	4.19	(1.81)	4.56	(1.71)
Victim responsibility (x / 7)	3.15	(1.70)	3.34	(1.61)	3.26	(1.80)	2.85	(1.60)
Situation was serious (x / 7)	5.23	(1.65)	5.51	(1.37)	5.72	(1.38)	5.56	(1.60)
Abuse likely to reoccur (x / 7)	6.27	(1.02)	6.33	(0.97)	6.37	(0.85)	6.45	(0.87)
Abuse likely to get worse (x / 7)	5.88	(1.25)	6.14	(1.11)	6.17	(1.05)	6.25	(1.23)

GRBS = Gender Role Beliefs Scale

ATLG-S = Attitudes Toward Lesbians and Gays – Short Form

IHS = Internalized Homophobia Scale

Table 2: Intercorrelations of Predictor and Outcome Variable included in Model 1 (Straight Participants)

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Type of Violence	-													
2. Batterer Gender	0	-												
3. Victim Gender	0	0	-											
4. Participant Gender	-.13	.10	.06	-										
5. GRBS	0	.03	.06	-.10	-									
6. ATLG	.10	0	-.06	.05	-.49*	-								
7. Type x Batterer	0	0	0	-.06	-.02	-.01	-							
8. Type x Victim	0	0	0	-.02	.04	.04	0	-						
9. Type x Participant	0	-.04	-.01	0	.08	0	.10	.06	-					
10. Type x GRBS	0	-.02	.03	.11	0	.06	.04	.06	-.09	-				
11. Type x ATLG	0	-.01	.04	-.02	.06	0	0	-.06	.07	-.50*	-			
12. Batterer x Victim	0	0	0	-.04	.03	-.05	0	0	-.01	.11	-.01	-		
13. Batterer x Participant	-.04	0	-.05	0	.08	.04	-.12	0	-.06	-.13*	.04	.07	-	
14. Batterer x GRBS	-.02	0	.04	.04	0	-.08	-.01	-.12	-.08	.14*	0	.07	-.10	-
15. Batterer x ATLG	0	0	-.05	.05	.04	0	.10	-.01	.06	-.01	-.14*	-.05	.05	-.50*
16. Victim x Participant	0	-.05	0	0	.02	-.04	.01	-.12	-.01	-.04	-.01	.11	-.09	.05
17. Victim x GRBS	.04	.03	0	0	0	.01	.11	0	-.01	.11	-.05	.04	.05	0
18. Victim x ATLG	.03	-.05	0	-.03	.08	0	-.01	.09	-.02	-.05	.06	0	-.05	.03
19. Participant x GRBS	.08	.06	.01	0	0	.04	-.10	-.04	.09	-.22*	.02	.04	.14*	-.08
20. Participant x ATLG	.01	.04	-.05	0	-.09	0	.06	0	.11	.03	-.15*	-.07	.07	-.05
21. Type x Batterer x Victim	0	0	0	0	.11	-.01	0	0	-.04	.02	-.05	0	-.02	.06
22. Batterer x Victim x Part.	0	0	0	0	.02	-.05	-.01	-.04	-.01	.05	.02	0	0	.03
23. Batterer x Victim x GRBS	.12	0	0	.05	0	.02	.06	-.01	.02	-.20*	.13*	0	0	0
24. Batterer x Victim x ATLG	-.01	0	0	-.05	-.03	0	.03	-.01	0	.15*	-.05	0	-.02	.08
25. Batterer Responsibility	-.30*	.06	-.08	.05	.04	-.05	-.01	-.04	-.06	-.15*	.08	-.20*	-.01	-.15*
26. Victim Responsibility	.34*	.07	.09	-.05	-.06	.14*	.05	-.07	-.04	.05	-.04	.13*	.02	-.14*
27. Situation Was Serious	-.16*	.14*	-.02	-.08	.05	.02	-.05	-.07	-.01	-.14*	.07	-.14*	-.03	.03
28. Abuse Will Reoccur	-.22*	.13*	.06	-.02	.18*	-.19*	.02	.07	.04	0	.04	-.22*	.07	-.03
29. Abuse Will Get Worse	-.19*	.14*	.03	-.09	.09	-.03	.03	.08	-.09	-.04	.07	-.22*	.01	0

Variables	15	16	17	18	19	20	21	22	23	24	25	26	27	28
1. Type of Violence														
2. Batterer Gender														
3. Victim Gender														
4. Participant Gender														
5. GRBS														
6. ATLG														
7. Type x Batterer														
8. Type x Victim														
9. Type x Participant														
10. Type x GRBS														
11. Type x ATLG														
12. Batterer x Victim														
13. Batterer x Participant														
14. Batterer x GRBS														
15. Batterer x ATLG	-													
16. Victim x Participant	-.06	-												
17. Victim x GRBS	.01	-.10	-											
18. Victim x ATLG	-.09	.06	-.48*	-										
19. Participant x GRBS	-.02	.09	0	-.03	-									
20. Participant x ATLG	.16*	-.13*	-.02	-.07	-.52*	-								
21. Type x Batterer x Victim	.04	-.06	-.01	-.01	0	.03	-							
22. Batterer x Victim x Part.	-.02	0	.08	.05	.05	-.14*	-.11	-						
23. Batterer x Victim x GRBS	.02	.04	0	-.07	.03	0	-.01	-.10	-					
24. Batterer x Victim x ATLG	0	.05	.05	0	.01	-.03	.09	.04	-.49*	-				
25. Batterer Responsibility	.13*	.02	-.05	-.05	-.03	.08	.14*	.03	.02	-.04	-			
26. Victim Responsibility	.09	-.07	.04	-.09	.09	-.06	-.15*	-.17*	.13*	-.08	-.31*	-		
27. Situation Was Serious	.04	-.05	.06	-.04	.04	-.01	-.07	.13*	.01	.01	.29*	.01	-	
28. Abuse Will Reoccur	0	-.06	.13*	-.08	.07	-.09	-.08	.20*	.05	-.10	.16*	-.06	.39*	-
29. Abuse Will Get Worse	.04	-.03	.06	-.04	.09	-.07	-.13*	.13*	.04	.02	.16*	-.05	.43*	.67*

* $p < .05$

Table 3: Intercorrelations of Predictor and Outcome Variable included in Model 2 (LGBT Participants)

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Type of Violence	-													
2. Batterer Gender	0	-												
3. Victim Gender	0	0	-											
4. Participant Gender	.02	.02	-.10	-										
5. GRBS	-.03	-.06	.06	-.21*	-									
6. IHS	.05	.14*	-.14*	-.01	-.25*	-								
7. Type x Batterer	0	0	0	.20*	-.08	.05	-							
8. Type x Victim	0	0	0	-.12	-.06	.03	0	-						
9. Type x Participant	0	.20*	-.12	0	0	-.02	.02	-.10	-					
10. Type x GRBS	0	-.07	-.07	.04	0	-.03	-.05	.07	-.22*	-				
11. Type x IHS	0	.03	.04	-.02	-.05	0	.14*	-.15*	-.01	-.24*	-			
12. Batterer x Victim	0	0	0	.15*	-.01	-.03	0	0	.03	.10	.06	-		
13. Batterer x Participant	.20*	0	.15*	0	-.06	-.06	.02	.03	.05	-.08	-.09	-.10	-	
14. Batterer x GRBS	-.07	0	-.03	-.01	0	.01	-.01	.11	-.09	.17*	-.07	.06	-.21*	-
15. Batterer x IHS	.03	0	.04	-.06	.08	0	.03	.05	-.08	-.07	.05	-.15*	.02	-.28*
16. Victim x Participant	-.12	.15*	0	0	.01	-.02	.04	.01	-.03	.08	-.10	.02	.04	-.06
17. Victim x GRBS	-.06	-.02	0	0	0	-.04	.09	-.03	.08	.05	-.04	-.06	-.06	.09
18. Victim x IHS	.04	.01	0	-.03	-.08	0	.07	.06	-.11	-.04	.32*	.14*	-.02	-.09
19. Participant x GRBS	.01	-.04	0	0	0	.10	-.07	.11	-.03	.04	.07	-.05	-.05	.17*
20. Participant x IHS	-.01	-.05	-.03	0	0	0	-.09	-.10	.04	.04	0	-.01	.13	.02
21. Type x Batterer x Victim	0	0	0	.03	.09	.06	0	0	.15*	-.03	-.04	0	-.12	-.08
22. Batterer x Victim x Part.	.05	0	0	0	-.05	.01	-.13*	.21*	.04	.01	-.09	0	0	.04
23. Batterer x Victim x GRBS	.10	0	0	-.05	0	-.07	-.08	-.05	-.05	-.20*	.05	0	.02	0
24. Batterer x Victim x IHS	.06	0	0	.03	-.05	0	0	.04	-.01	.07	.23*	0	-.05	-.04
25. Batterer Responsibility	-.41*	.04	-.07	-.10	-.01	.03	-.03	.03	.13*	-.09	-.08	-.15*	-.01	-.01
26. Victim Responsibility	.18*	-.11	.05	.12	-.05	-.06	.14*	.04	-.05	.12	.10	.09	.09	.11
27. Situation Was Serious	-.16*	-.05	0	.05	.08	-.02	-.15*	.02	-.04	-.16*	.07	.03	-.02	-.08
28. Abuse Will Reoccur	-.23*	-.11	.02	-.05	.07	-.09	-.12	-.07	.09	-.02	-.09	-.02	-.05	.05
29. Abuse Will Get Worse	-.10	-.01	.02	-.04	.09	-.01	-.12	-.08	.06	-.08	0	-.14*	-.15*	-.04

Variables	15	16	17	18	19	20	21	22	23	24	25	26	27	28
1. Type of Violence														
2. Batterer Gender														
3. Victim Gender														
4. Participant Gender														
5. GRBS														
6. IHS														
7. Type x Batterer														
8. Type x Victim														
9. Type x Participant														
10. Type x GRBS														
11. Type x IHS														
12. Batterer x Victim														
13. Batterer x Participant														
14. Batterer x GRBS														
15. Batterer x IHS	-													
16. Victim x Participant	.03	-												
17. Victim x GRBS	-.09	-.21*	-											
18. Victim x IHS	.08	-.03	-.27*	-										
19. Participant x GRBS	.03	.04	-.07	.07	-									
20. Participant x IHS	-.19*	.15*	.07	-.28*	-.27*	-								
21. Type x Batterer x Victim	0	.20*	-.07	.06	-.02	-.08	-							
22. Batterer x Victim x Part.	-.05	0	-.07	-.04	.02	-.02	0	-						
23. Batterer x Victim x GRBS	.01	-.03	0	-.01	.30*	-.03	-.03	-.18*	-					
24. Batterer x Victim x IHS	0	-.02	.05	0	-.03	.07	.02	-.02	-.27	-				
25. Batterer Responsibility	-.05	-.20*	-.03	-.03	.01	.03	.06	-.08	0	.07	-			
26. Victim Responsibility	-.05	-.14*	.03	.07	.10	-.07	-.17	-.04	-.01	-.06	-.32*	-		
27. Situation Was Serious	.06	.09	-.07	-.01	-.04	-.05	.08	0	.11	-.08	.24*	-.16*	-	
28. Abuse Will Reoccur	-.05	.04	.03	-.12	-.05	.04	-.02	-.04	.06	-.11	.24*	-.08	.30*	-
29. Abuse Will Get Worse	.02	0	.04	-.12	-.09	.03	.06	0	.08	-.07	.22*	-.21*	.47*	.56*

* $p < .05$

Table 4: *Standardized Regression Weights for Effects of All Predictor Variables on Outcome Variables in Model 1 (Straight Participants)*

	Batterer Responsible	Victim Responsible	Situation Was Serious	Abuse Will Reoccur	Abuse Will Get Worse
Type of Violence	-.295**	.324**	-.198**	-.232**	-.225**
Batterer Gender	.046	.072	.138*	.126*	.132*
Victim Gender	-.067	.101 [†]	-.015	.047	.024
Participant Gender	.020	-.026	-.126*	-.063	-.136*
ATLG	-.012	.102 [†]	.087	-.118*	.040
GRBS	.045	.003	.087	.117*	.120*
Type x Batterer	-.015	.057	-.076	.028	.018
Type x Victim	.001	-.081	.069	.087	.085
Type x Participant	-.096 [†]	-.040	-.033	-.058	-.123*
Type x GRBS	-.120*	.061	-.135*	.102 [†]	.061
Type x ATLG	.076	-.064	.079	.016	.065
Batterer x Victim	-.175*	.147*	-.133*	-.243**	-.222**
Batterer x Participant	-.049	.017	-.069	.052	-.024
Batterer x GRBS	-.134*	-.088	.075	-.029	.046
Batterer x ATLG	.030	.057	.083	-.019	.065
Victim x Participant	.059	-.103 [†]	-.028	-.018	-.009
Victim x GRBS	-.051	-.033	.064	.107 [†]	.065
Victim x ATLG	-.066	-.089	-.007	-.037	-.008
Participant x GRBS	.010	-.005	.087	.062	.127*
Participant x ATLG	.092	-.118*	.066	-.035	.014
Type x Batterer x Victim	.152*	-.169*	-.074	-.067	-.152*
Batterer x Victim x Part.	.076	-.180*	.125*	.184*	.107 [†]
Batterer x Victim x GRBS	.027	.061	.056	.054	.100 [†]
Batterer x Victim x ATLG	-.010	-.021	.036	-.082	.080

[†] $p < .10$, * $p < .05$, ** $p < .01$

Values presented are standardized regression weights.

Table 5: *Standardized Regression Weights for Effects of All Predictor Variables on Outcome Variables in Model 2 (LGBT Participants)*

	Batterer Responsible	Victim Responsible	Situation Was Serious	Abuse Will Reoccur	Abuse Will Get Worse
Type of Violence	-.411**	.178**	-.165**	-.212**	-.069
Batterer Gender	-.021	-.086	-.073	-.145*	-.039
Victim Gender	-.064	.032	-.007	.032	.053
Participant Gender	-.071	.093	.129*	-.007	.034
IH	.050	-.073	.052	-.022	.036
GRBS	-.011	-.028	.093	.030	-.062
Type x Batterer	-.026	.094	-.188**	-.114*	-.128*
Type x Victim	.054	.050	.079	-.045	-.020
Type x Participant	.130*	-.010	-.022	.136*	.072
Type x GRBS	-.055	.138*	-.132*	-.004	-.021
Type x IH	-.129*	.112*	.158**	-.037	.054
Batterer x Victim	-.148**	.071	.009	-.022	-.151**
Batterer x Participant	.048	.077	.026	-.025	-.164**
Batterer x GRBS	.003	.094	-.046	.050	-.033
Batterer x IH	-.067	-.041	.032	-.019	.002
Victim x Participant	.163**	-.093	.062	.052	.013
Victim x GRBS	-.043	.020	-.041	-.008	-.003
Victim x IH	.020	.004	-.068	-.056	-.087
Participant x GRBS	-.021	.104 [†]	-.129*	-.082	-.141*
Participant x IH	.022	-.076	-.083	-.013	-.014
Type x Batterer x Victim	.005	-.124*	.058	-.053	.026
Batterer x Victim x Part.	-.067	-.064	.007	-.028	-.022
Batterer x Victim x GRBS	.069	-.110 [†]	.135*	.078	.109 [†]
Batterer x Victim x IH	.118*	-.115*	-.070	-.058	-.058

[†] $p < .10$, * $p < .05$, ** $p < .01$

Values presented are standardized regression weights.

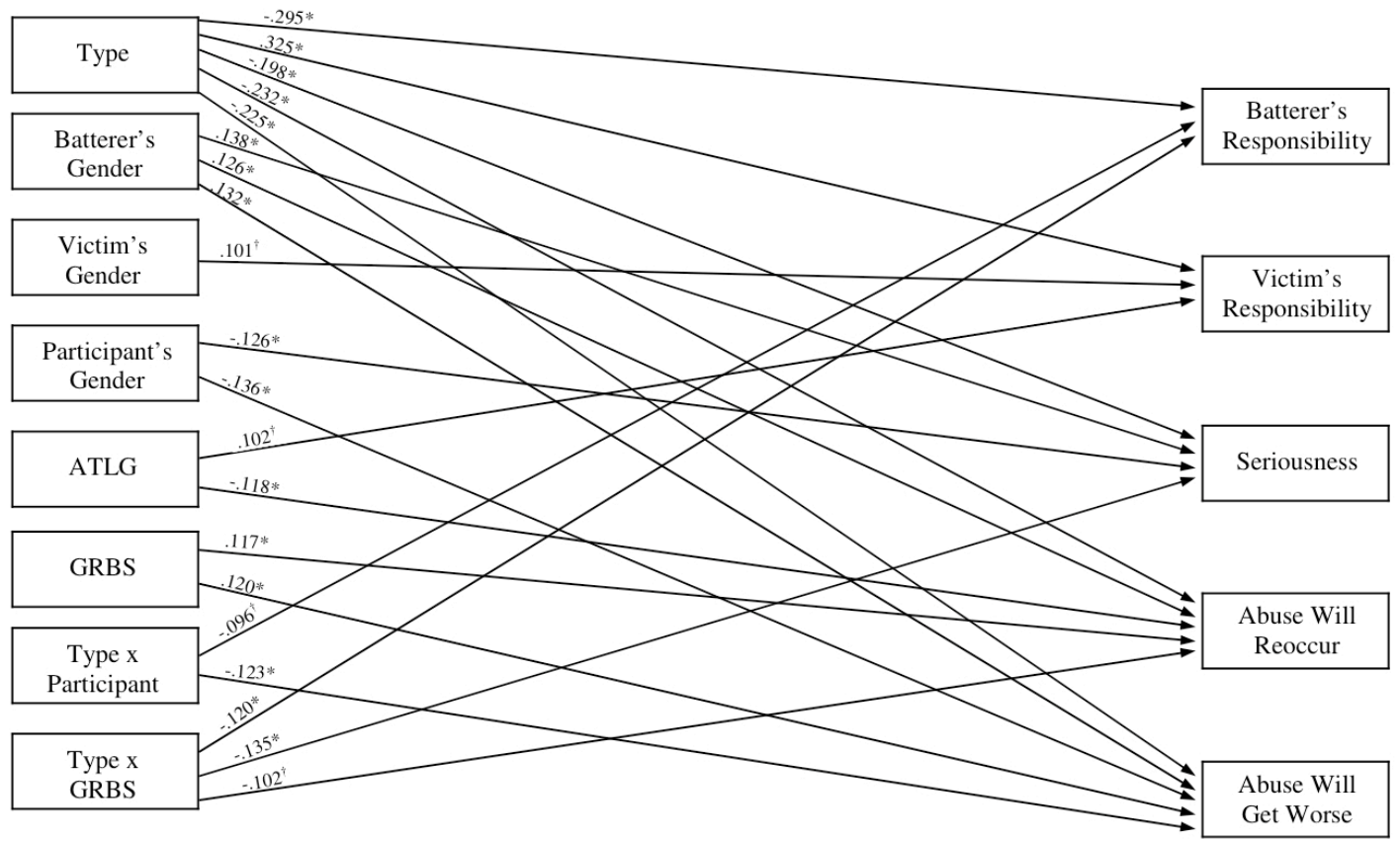
Table 6: Results of Fisher's r to Z Transformation Tests

	Batterer Responsible	Victim Responsible	Situation Was Serious	Abuse Will Reoccur	Abuse Will Get Worse
Type of Violence	-1.45	-1.70 [†]	-0.37	-0.23	-.069
Batterer Gender	-	-	0.21	-	-.039
Participant Gender	-	-	2.79**	-	-
Type x Participant	2.47*	-	-	-	-
Type x GRBS	-	-	0.30	-	-
Batterer x Victim	0.30	-	-	-	0.80
Participant x GRBS	-	-	-	-	-2.94**
Type x Batterer x Victim	-	0.50	-	-	-
Batterer x Victim x GRBS	-	-	-	-	0.10

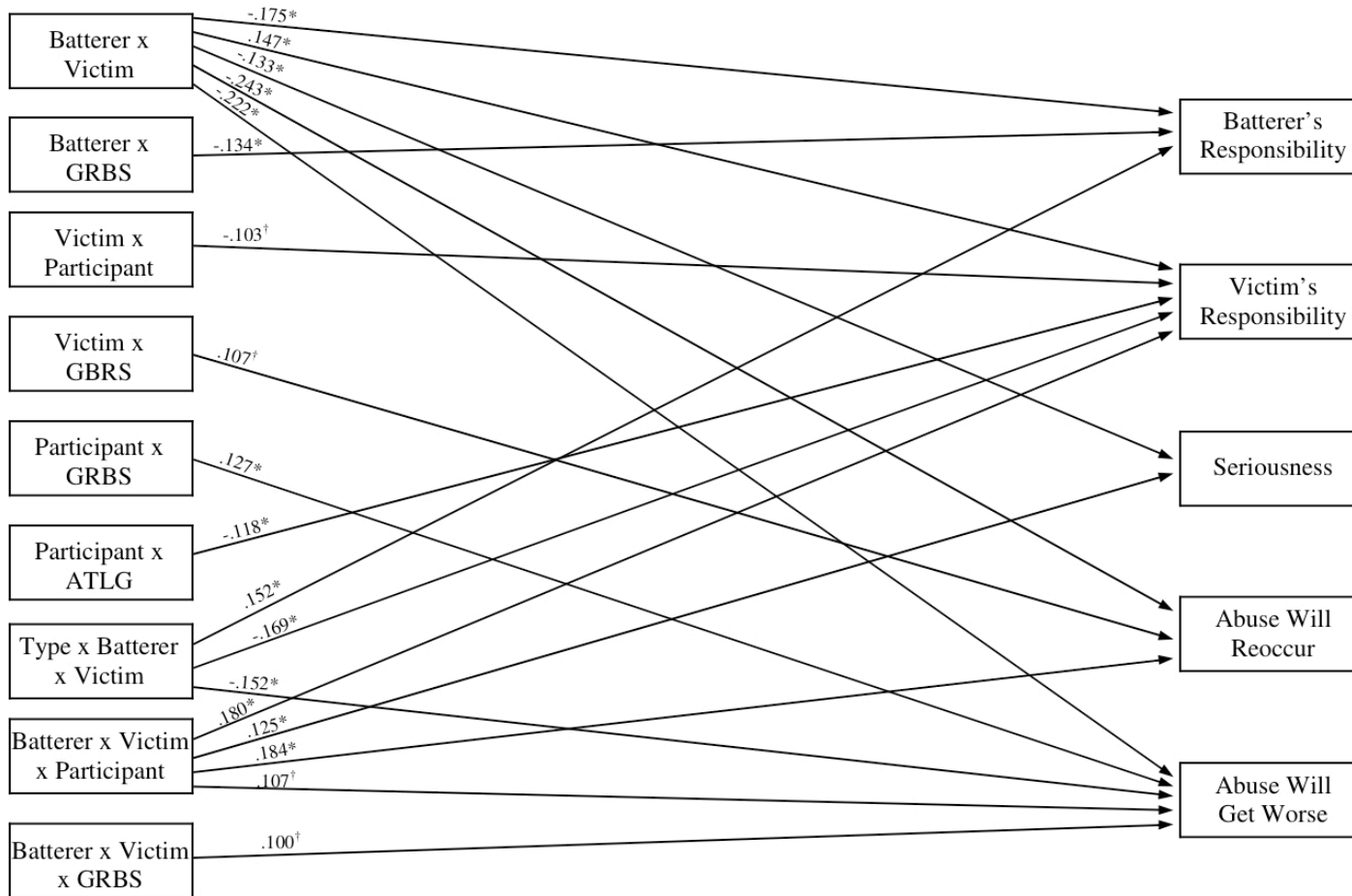
† $p < .10$, * $p < .05$, ** $p < .01$

Values presented are Z scores

Figure 1. Regression Model Demonstrating Significant Paths to Outcome Variables Among Straight Participants



Variable coding: In this figure, type of violence is coded as -1 for *situational couple violence* and 1 for *intimate terrorism*. The gender of the batterer, victim, and participant is coded as -1 for *female* and 1 for *male*.

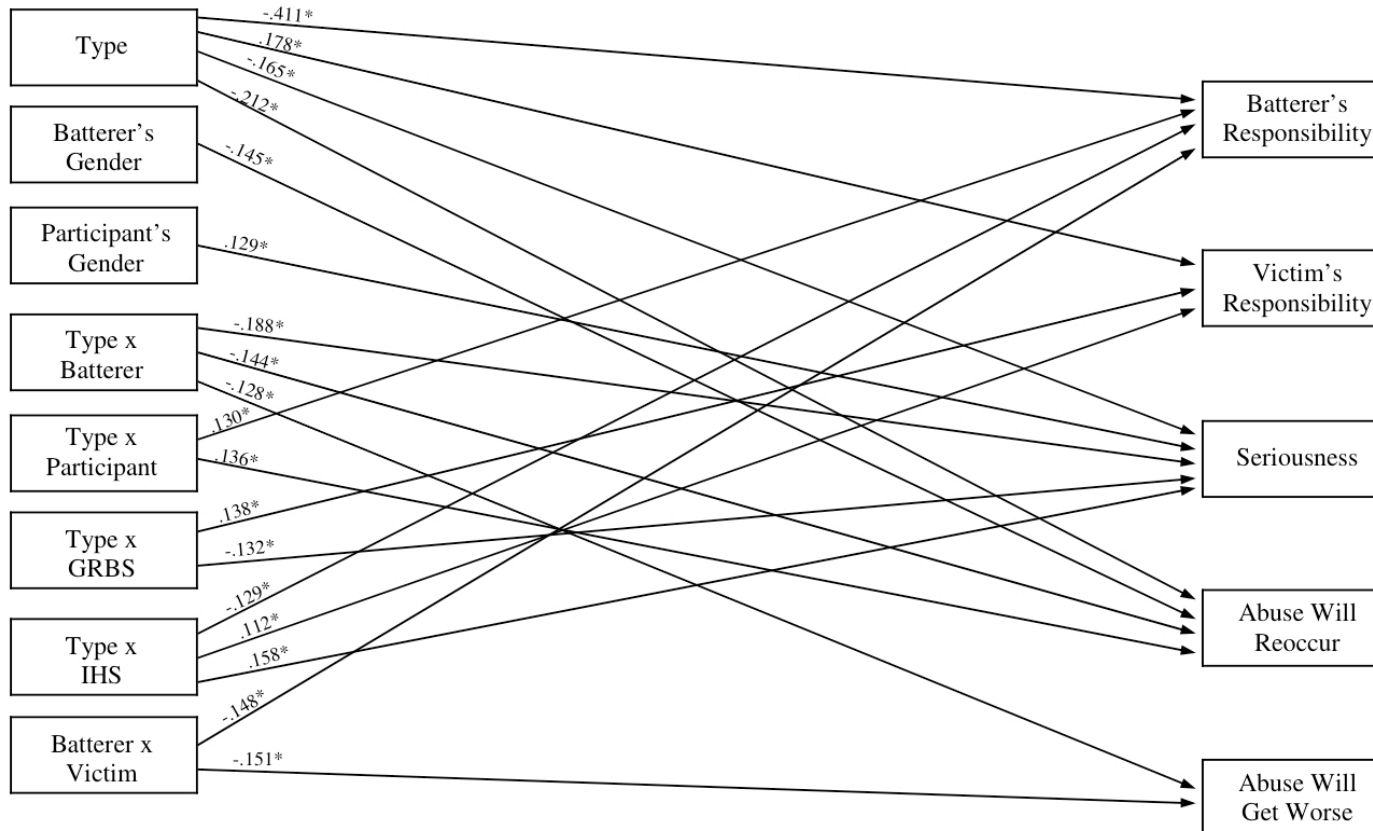


† $p < .10$, * $p < .05$, ** $p < .01$

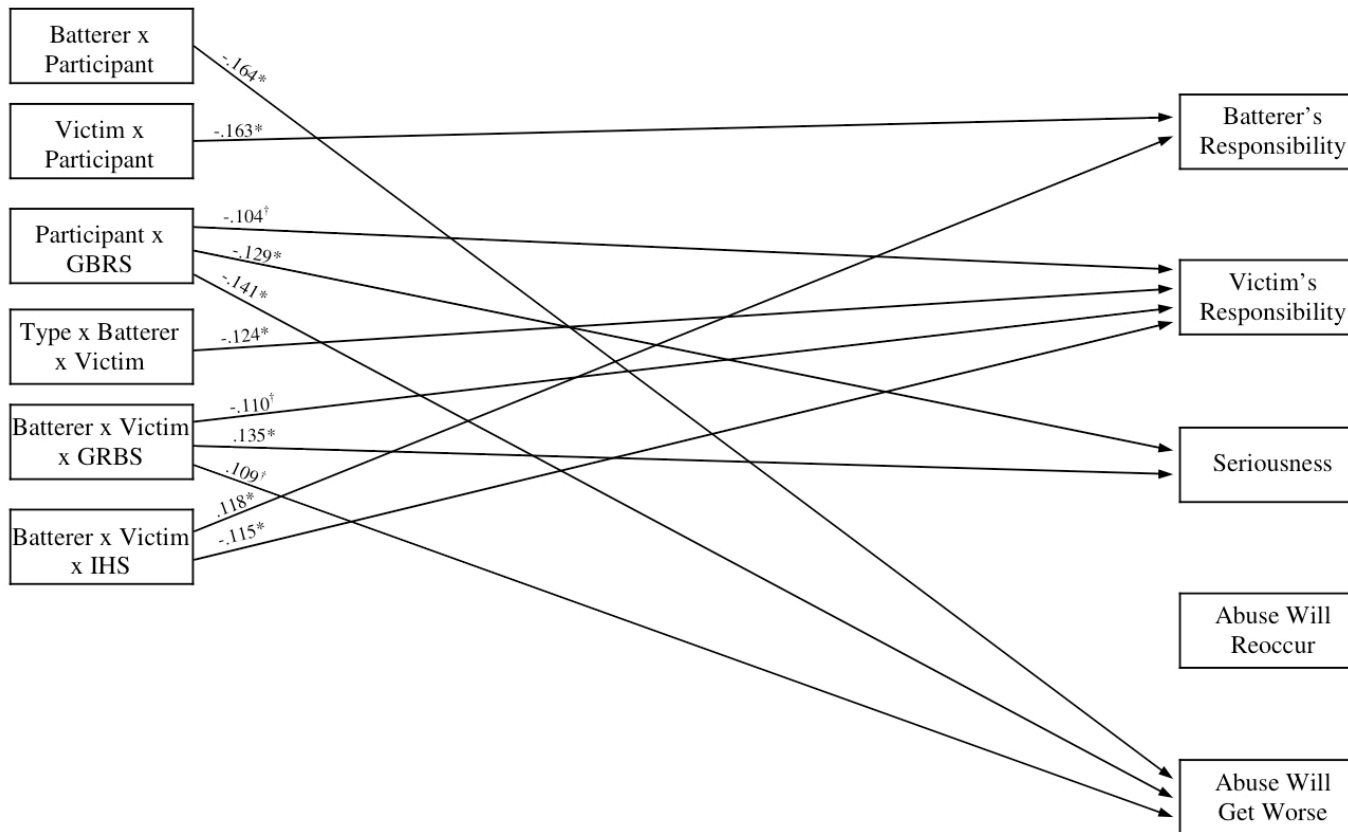
Values presented are standardized regression weights.

Note: This figure contains information pertaining to observed variables with significant paths. For a full list of predictors please see Table 4.

Figure 2. Regression Model Demonstrating Significant Paths to Outcome Variables Among LGBT Participants



Variable coding: In this figure, type of violence is coded as -1 for *situational couple violence* and 1 for *intimate terrorism*. The gender of the batterer, victim, and participant is coded as -1 for *female* and 1 for *male*.



† $p < .10$, * $p < .05$, ** $p < .01$

Values presented are standardized regression weights.

Note: This figure contains information pertaining to observed variables with significant paths. For a full list of predictors please see Table 5.

Appendix A. Situational Couple Violence Vignette

Please carefully read the scenario below and answer the questions that follow:

One evening a neighbor called the police because the couple next door was “fighting.” The caller said that she could hear screaming and glass breaking. The police arrived at the scene and they heard loud screaming. They knocked on the door and the screaming stopped, but no one came to the door. They knocked again and announced themselves. This time, a man answered the door. The police asked what was going on and the man replied “nothing.” Then he added that he and his girlfriend were “just arguing.” The police asked for his name and he identified himself as Eric Smith. They asked to enter the house, and the man agreed. They saw a woman standing in the hallway with a cut on her hand. The police asked Eric who the woman was and he explained that she was Michelle Harris, his girlfriend, and that they have been living together for two years.

The police asked Michelle to describe what happened. She explained:

“After work I went out for some coffee with my friends. When I got home, Eric started yelling and accusing me of being with another guy. I told him he was an idiot and a loser – that I was only out with some friends. He got really angry and started cursing at me. I started yelling back at him, and then he threw a bunch of dishes on the floor. I picked up one of the dishes and threw it at him, but I don’t think it hit him. I tried to leave the room, but he grabbed me by my shoulder. So I kicked him and kept walking. Then he threw another dish and it hit me in the knee. I was so mad that I grabbed his arm and dug my fingernails in him. He twisted his arm free and knocked me to the floor. I landed on a piece of a broken plate and got this cut on my hand. I got up, threw another dish at him, and went into the bedroom. That is when you showed up.”

The police then asked Eric to describe what happened. He explained:

“Michelle cheated on me two times since we’ve been together, and I’m tired of it. I do everything for that girl, and she stands here and lies to me right in my face. She comes in here after doing god knows what, with god knows who. She shouldn’t be in a relationship if she wants to screw around. She came in late and I asked her where she was. She got very defensive and gave me a BS story about being with some friends, and I said that I knew she was out with another guy. She kept denying it and I got so mad that I threw the plates that were on the table on the floor. One of them hit her on the knee, but I didn’t mean for it to. She started cursing at me and calling me all these names. She threw one of the dishes right at my head, so I went over to her to try to calm her down. Then she grabbed my arm and dug her nails in me. Look – you can see the marks on my arm. She started kicking and hitting me, so I pushed her away. She tripped and then fell on a piece of broken plate. I didn’t see any blood, but I wanted to make sure she wasn’t hurt, so I followed her into the bedroom. That’s when you guys started knocking on the door.”

Appendix B. Intimate Terrorism Vignette

Please carefully read the scenario below and answer the questions that follow:

One evening a neighbor called the police because the couple next door was “fighting again.” The caller said that she could hear screaming and glass breaking. She said that this has happened before and that she wanted the noise to stop. The police arrived at the scene and they heard loud screaming. They knocked on the door and the screaming stopped, but no one came to the door. They knocked again and announced themselves. This time, a man answered the door. The police asked what was going on and the man replied “nothing.” Then he added that he and his girlfriend were “just arguing.” The police asked for his name and he identified himself as Eric Smith. The police saw that some pieces of furniture had been overturned. They asked to enter the house, and the man reluctantly agreed. They saw a woman standing in the hallway with cuts on her knee and hand. The police asked Eric who the woman was and he explained that she was Michelle Harris, his girlfriend, and that they have been living together for two years.

The police asked Michelle to describe what happened. She was very reluctant to talk, but after some questioning she finally explained:

“After work I went out for some coffee with my friends. I tried to get home before Eric because he hates when I go out with friends, but I was stuck in traffic. When I got home, Eric started yelling and accused me of cheating on him. He doesn’t want me to have a job, and he thinks that I’m sleeping with every guy at work. He is always so jealous. I don’t know why. I never cheated on him and he always checks my phone and email, so he knows that I’m not doing anything. I told him that I was only out with some friends. He got really angry and started cursing at me. I tried to calm him down, but then he threw a bunch of dishes on the floor. He called me a slut and said that I was worthless. He told me to get out of the house before he kills me. He always says things like that, so I just tried to leave the room to avoid another fight. I have nowhere to go, and he handles all the money, so I can’t afford a hotel room or anything. As I was walking away, he grabbed me by my arm. I thought he was going to hit me, so I pulled away and just kept walking. He threw another dish and it hit me right on the leg. He came at me again, and threw me to the floor. I landed on a piece of a broken plate and got this cut on my hand. I was really scared, so I just got up and ran into the bedroom and locked the door. He followed me, and started kicking the bedroom door, but then you showed up.”

The police then asked Eric to describe what happened. He explained:

“Michelle cheats on me all the time, and I’m tired of it. I do everything for that girl, and she stands here and lies to me right in my face. She comes in here after doing god knows what, with god knows who. All she does is spend my money and screw around on me. She came in late and I asked her where she was. She gave me some BS story about being with some friends, and I told her not to lie to me – that I knew she was out with another

guy. She kept denying it, and I got so mad that I threw the plates that were on the table on the floor. One of them hit her on the knee, but I didn't mean for it to. She started screaming at me, so I went over to her to try to calm her down. She tripped and fell on a piece of broken plate. I wanted to make sure she was okay, so I followed her into the bedroom. That's when you guys started knocking on the door."

Appendix D. Demographics Questionnaire

Please answer the following questions about yourself. Your responses are completely confidential.

1. What is your age? _____
2. What is your gender?
 - 1) Male
 - 2) Female
 - 3) MtF
 - 4) FtM
3. What is your sexual orientation?
 - 1) Straight
 - 2) Gay
 - 3) Bisexual
 - 4) Unsure
4. What is the highest level of education you have completed?
 - 1) Less than High School diploma
 - 2) High School diploma / GED
 - 3) Some college
 - 4) Undergraduate college degree (Associates / Bachelors)
 - 5) Graduate school degree (Masters / Doctorate)
5. Which ethnicity do you primarily identify with? _____
6. What is your religion? _____
7. How religious are you?

1	2	3	4	5	6	7
Not at all			Moderate			Very Religious
8. What do you generally consider yourself politically?

1	2	3	4	5	6	7
Liberal			Moderate			Conservative
9. Are you currently, or have you ever been, involved in an abusive romantic relationship?

Yes No

10. Are any of your friends or family members gay or lesbian?

Yes No

11. How many people do you know who are openly gay or lesbian? _____

Appendix E. Attitudes Toward Lesbians and Gays Scale – Short Form

Please circle how strongly you agree or disagree with each of the following statements.

1. Lesbians just can't fit into our society.

Strongly disagree 1 2 3 4 5 6 7 8 9 Strongly agree

2. State law regulating private, consenting lesbian behavior should be loosened.

Strongly disagree 1 2 3 4 5 6 7 8 9 Strongly agree

3. Female homosexuality is a sin.

Strongly disagree 1 2 3 4 5 6 7 8 9 Strongly agree

4. Female homosexuality in itself is no problem, but what society makes of it can be a problem.

Strongly disagree 1 2 3 4 5 6 7 8 9 Strongly agree

5. Lesbians are sick.

Strongly disagree 1 2 3 4 5 6 7 8 9 Strongly agree

6. I think male homosexuals are disgusting.

Strongly disagree 1 2 3 4 5 6 7 8 9 Strongly agree

7. Male homosexuality is a perversion.

Strongly disagree 1 2 3 4 5 6 7 8 9 Strongly agree

8. Just as in other species, male homosexuality is a natural expression of sexuality in human men.

Strongly disagree 1 2 3 4 5 6 7 8 9 Strongly agree

9. Homosexual behavior between two men is just plain wrong.

Strongly disagree 1 2 3 4 5 6 7 8 9 Strongly agree

10. Male homosexuality is merely a different kind of lifestyle that should *not* be condemned.

Strongly disagree 1 2 3 4 5 6 7 8 9 Strongly agree

Appendix F. Internalized Homophobia Scale

Please circle how strongly you agree or disagree with each of the following statements.

1. I often feel it best to avoid personal or social involvement with other gay or bisexual people.

Strongly disagree 1 2 3 4 5 6 7 8 9 Strongly agree

2. I have tried to stop being attracted to people of the same sex.

Strongly disagree 1 2 3 4 5 6 7 8 9 Strongly agree

3. If someone offered me the chance to be completely heterosexual, I would accept the chance.

Strongly disagree 1 2 3 4 5 6 7 8 9 Strongly agree

4. I wish I weren't gay / bisexual.

Strongly disagree 1 2 3 4 5 6 7 8 9 Strongly agree

5. I feel alienated from myself because of being gay / bisexual.

Strongly disagree 1 2 3 4 5 6 7 8 9 Strongly agree

6. I wish I could develop more erotic feelings about people of the opposite sex.

Strongly disagree 1 2 3 4 5 6 7 8 9 Strongly agree

7. I feel that being gay / bisexual is a personal shortcoming for me.

Strongly disagree 1 2 3 4 5 6 7 8 9 Strongly agree

8. I would like to get professional help in order to change my sexual orientation.

Strongly disagree 1 2 3 4 5 6 7 8 9 Strongly agree

9. I have tried to become more sexually attracted to people of the opposite sex.

Strongly disagree 1 2 3 4 5 6 7 8 9 Strongly agree

Appendix H. Informed Consent

You are invited to participate in a study about people's perceptions of intimate partner violence. You must be 18 years of age or older to participate in this study. The following information is provided in order to help you make an informed decision about whether or not to participate. This study is being conducted by Michael Brown, a Ph.D. student in Psychology at The Graduate Center of the City University of New York as part of his dissertation.

Participation in this study will require approximately 30 minutes of your time. If you agree to participate, you will be asked to read a brief scenario and answer a number of questions relating to the scenario and the parties involved. You will also be asked to answer some questions about yourself and various social issues. Some of these questions may be personal in nature; however, your responses are strictly anonymous. At no time will you be asked to provide any information that may reveal your identity. This study is being hosted on a secure website, and your responses will be encrypted to provide additional security. Furthermore, we will not see or record your IP address or any other information that you do not knowingly provide to us. Only the primary investigator and his advisor will have access to the hosting website and your responses.

The results of this study are likely to be presented at conferences and/or published in scientific journals. However, your responses are anonymous, and no results from a single individual will be reported. A summary of the results will be posted on this website within a few months after your participation. You may also contact the researcher directly (through the contact info provided below) concerning the results from this study.

This study deals with confrontations in relationships – a topic that may cause discomfort for some people. If you find that the study makes you uncomfortable, you are free to decide not to participate or to withdraw your participation at any time by pressing the “exit this survey” button in the upper right-hand corner of every webpage. You will not be penalized in any way if you decide to withdraw from the study. In the event of any discomfort resulting from your participation in this survey, you can contact Long Island Crisis Center at (516) 679-1111 for free, immediate, and confidential crisis counseling and referrals.

The benefits to your participation in this research include that you may find the experience insightful, and the process may help you to better understand the nature of intimate partner violence. Also, you will have the opportunity to be entered into a raffle to win prizes. It is possible, however, that you may not consider these things necessarily beneficial. However, the information gained from this study will help us better understand how individuals perceive and respond to intimate partner violence.

Please feel free to ask questions about this study before agreeing to participate. If you have any questions regarding this research, you may contact Michael Brown, at mbrown.bc@gmail.com or 718-951-5000 ext. 6059 or his advisor for this study, Dr.

Elisabeth Brauner at ebrauner@brooklyn.cuny.edu or 718-951-5000 x6034 in the Department of Psychology at Brooklyn College. If you have questions about your rights as a research subject, you may contact Dr. David Balk, the Chairman of the Brooklyn College Institutional Review Board at dbalk@brooklyn.cuny.edu or 718-951-5000 x1232.

By clicking the “begin survey” button below you are agreeing to participate in this study having read the information provided above. You are encouraged to print a copy of this document for your records.

Appendix I. Debriefing

Thank you very much for participating in this study. This debriefing form is given as an opportunity for you to learn more about this study, how your participation plays a role, and why this study may be important to society. Please do not discuss this study with anyone else who might also participate in the future. Knowledge about the study may influence their responses and, essentially, invalidate the information obtained from them.

Research suggests that the rates of intimate partner violence among same-sex couples are equal to those among opposite-sex. Existing research also shows that same-sex intimate partner violence is likely to follow the same patterns of abuse seen in heterosexual relationships. However, because gay and lesbian relationships are often viewed as being less serious than straight relationships, it follows that intimate partner violence in these relationships may also be viewed as such. In order to ensure that victims receive the necessary assistance and protections, and that perpetrators are held fully accountable for their actions, it is important to examine how people perceive same-sex intimate partner violence and the parties involved. The purpose of the study you just participated in is to help identify how attitudes towards gays and lesbians, traditional gender role beliefs, and belief in a just world are related to straight, gay, lesbian, and bisexual individuals' perceptions of same-sex intimate partner violence. This knowledge may be useful in the development of appropriate treatment and harm-reduction programs, and in addressing any legal inequalities victims of same-sex intimate partner violence may encounter in the legal system.

Based on previous findings, we expect people who have traditional gender-role beliefs, who have more negative attitudes toward gays and lesbians, and who are more likely to believe that world we live in is fair to view intimate partner violence as less serious when it occurs in same-sex couples rather than opposite-sex couples. A summary of our results will be posted on this website in the following months.

It is likely that the results of this study will be presented at academic conferences and/or published as an article in a scientific journal. Again, your individual responses are completely anonymous. If you are interested in the results of this study or if you have any additional questions or comments, please contact Michael Brown at mbrown.bc@gmail.com or 718-951-5000 ext. 6059 or his advisor for this study, Dr. Elisabeth Brauner at ebrauner@brooklyn.cuny.edu or 718-951-5000 x6034 in the Department of Psychology at Brooklyn College.

If you would like to learn more about intimate partner violence or would like to speak with a counselor please visit www.domesticviolence.org or call the Long Island Crisis Center at (516) 679-1111 for free, confidential counseling 24 hours a day / 7 days a week.

Thank you again for your participation.

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