Woman Abuse: Psychologists' Attributions, Expectations, and Treatment Recommendations

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LOYOLA UNIVERSITY CHICAGO

WOMAN ABUSE: PSYCHOLOGISTS’ ATTRIBUTIONS,
EXPECTATIONS, AND TREATMENT RECOMMENDATIONS

A DISSERTATION SUBMITTED TO
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DEPARTMENT OF PSYCHOLOGY

BY

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CHICAGO, ILLINOIS

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CHAPTER I

INTRODUCTION

In the last two decades, psychologists have begun to take note of the pervasive presence of violence against women in the U.S. and abroad and to take steps toward meeting the emotional, mental, and physical needs of women who suffer violence. Woman abuse, or physical violence towards women by their intimate partners, has been estimated to occur in about one of three marriages (Koss, 1990), and an unknown number of non-marital intimate relationships. Psychologists are increasingly called upon to investigate the causes of woman abuse and to intervene to prevent it. However, even as prevention and treatment programs have been developed to address this widespread problem, psychologists and other service providers have been criticized for their attitudes, approaches, and "expertise" related to working with couples in which one partner, most often the male, is physically abusive toward the other. Several theoretical models for understanding woman abuse have been developed, yet little empirical evidence exists to explicate how practicing psychologists actually view their abused or abusing clients and how psychologists' explanations for woman abuse might affect their treatment expectations and decisions.

Research exploring various populations' perspectives on and responses to woman abuse now uses more sophisticated social-psychological theories. Principles derived from research in attribution theory have been successfully applied to guide research on the causal explanations made by the perpetrators and victims of woman abuse, and by non-
professional observers who confronted scenarios which depict such violence. A few surveys of professionals, such as psychologists, social workers, and police officers, have now examined the locus, stability, and specificity of professionals' causal attributions for woman abuse. Yet large gaps remain in our knowledge of how psychologists' personal characteristics (e.g., gender) and the situational characteristics of woman abuse (e.g., abuse severity and history of the participants) might influence the causal attributions for, or explanations for the occurrence of, this violence and affect subsequent clinical recommendations. To date, no study has surveyed a wide variety of practicing psychologists to determine their causal attributions and responses to clinical situations that involve woman abuse.

The current study used a survey method to assess how licensed, practicing psychologists' causal attributions for woman abuse related to respondents' gender, the severity of depicted woman abuse, the abuse history of the woman, and therapists' clinical expectations and recommendations. In the survey, each respondent (randomly selected from licensed clinical and counseling psychologists in the American Psychological Association [APA]) read one of four vignettes describing physical abuse of a woman by her husband. The vignettes varied on the severity of violence occurring, and whether or not the wife was abused in previous romantic relationships. Respondents estimated the degree to which the described woman abuse was caused by specified factors which have been derived using two dimensions of causality explicated in attribution theory: locus (where the cause was located, e.g., internal or external) and stability (how ongoing and consistent the cause was). Respondents then rated the degree to which they would support or dissuade the wife
from staying in the relationship, and indicated which modes of therapeutic intervention they would recommend to begin treatment. Finally, the respondents estimated the likelihood of several negative outcomes related to woman abuse when the situation is or is not presumed to include therapeutic intervention.

The following literature review introduces in greater detail the problem of woman abuse, the efforts made to curb it, and models used to explain it. The research literature on perceptions and attributions made by observers of woman abuse is reviewed, followed by a description of some major principles of attribution theory and a review of the growing body of research employing attribution theory to understanding both professionals’ and non-professionals’ explanations for and responses to this devastating and wide-spread form of abuse. Following this review, a statement of the problem, the hypotheses to be tested, and the method for the study are set forth. Results of statistical analyses are presented and conclusions based on these results are discussed.
CHAPTER II

REVIEW OF LITERATURE

The Problem of Woman Abuse

Woman Abuse: Definitions and Rates of Occurrence

As many researchers and practitioners point out, a major issue that must be addressed is the definition of woman abuse, domestic violence, and other terms used in this domain of literature (Goodstein & Page, 1981). Researchers frequently use a definition of violence similar to that stated by Browne (1993): "physical aggression with the potential to cause physical harm, sexual aggression, forcible restraint, and threats to kill or harm" (p. 1078). Physical, sexual, and emotional abuse of a woman by her male partner is variously referred to as woman abuse, wife abuse/assault/battering, spouse or spousal abuse/assault, or marital/domestic violence, and has become a focus of clinical and empirical examination since the battered women's movement began to publicize the widespread nature of this problem in the 1970s. Wife abuse, wife battering, and woman abuse are terms that have been specifically coined to focus attention on the high incidence and severity of male-to-female violence in an intimate relationship. Many writers in the area make clear that they use the term "wife" to designate both legally married women and women in close personal
relationships. The present work also uses "wife abuse" to refer to violence against a woman by any romantic partner.

By the 1980s, many studies demonstrated that the severity, incidence, and prevalence of woman abuse was greater than ever realized. An estimated minimum of 2 to 3 million women are assaulted each year in the U.S. (Browne, 1993; Straus & Gelles, 1990; Straus, Gelles & Steinmetz, 1980b) and the National Coalition Against Domestic Violence has estimated that between 2 and 6 million women are battered every year (Steese, 1988). Koss (1990) reviewed research indicating that violence in recent relationships is reported by 31% of married women, and romantic partners were implicated in 50% to 57% of sexual assaults reported by college age and adult women. Reviews by Avis (1992) and Browne (1993) indicated that between 18% and 36% of women are physically abused by a male partner at some time in their lives. An estimated minimum of 2 to 3 million women are assaulted each year in the U.S. (Browne, 1993; Straus & Gelles, 1990; Straus, Gelles & Steinmetz, 1980b) and the National Coalition Against Domestic Violence has estimated that between 2 and 6 million women are battered every year (Steese, 1988). Dutton (1988) reported that severe repeated violence occurs in one in 14 marriages, with an average of 35 incidents before domestic violence is reported.

Studies have shown that women can also be violent in intimate relationships (Browne, 1993; Straus, Gelles & Steinmetz, 1980a). In national surveys, about as many women as men report that they have perpetrated "at least one" of the behaviors on the widely used Conflict Tactics Scale (CTS; Straus, 1990a). However, the severity, frequency and injuriousness of aggressive actions remain higher for men than for women (Fagan &
Browne, 1993; Stets & Straus, 1990). It has been estimated that up to 95% of marital violence is perpetrated by men (husbands or ex-husbands) against women (Browne, 1987; Dobash & Dobash, 1979). The imbalance of power and lethality between men and women who are violent is also seen in statistics showing that women are at least 20 times as likely to be physically hurt by the men with whom they associate than are men by their women associates (Dobash & Dobash, 1979). The impact of this abuse is evident in the fact that in the U.S. and Canada, more physical injuries result from violence against women by their partners than from all incidents of car accidents, muggings, and rape combined (Toufexis, 1987).

Recent reviews have suggested that much remains for psychology to contribute toward an effective women's health agenda. In comparing the stated priorities of the National Institute of Mental Health to the research and practice of psychology, Koss (1990) concluded, among other findings, that the mental health implications of violence are not currently addressed by the practices of mental health professionals, that clinical understanding of the impact of violence is discontinuous with empirical treatment research, and that victim services are often developed with little direction from empirical data. Koss (1990) recommends that psychological research continue to gather more nationally representative information on the incidence, prevalence, and impact of "hidden violence" that occurs between intimate partners, and that treatment of the delayed and complex effects of violence by community and clinical agencies be evaluated by the scientific community in order to inform the development of programs.
Effects and Correlates of Battering

Physical injuries are one of the primary effects of wife battering, and have been well-documented. Browne (1993) described typical injuries as ranging from “bruises, cuts, black eyes, concussions, broken bones, and miscarriages to permanent injuries, such as damage to joints; partial loss of hearing or vision; scars from burns, bites, or knife wounds; or even death” (p. 1079). Hamberger, Saunders, and Hovey (1992) found that 25% of women surveyed sustained physical injury resulting from assault by a male partner at some time in their lives. It has been estimated using reviews of emergency room medical records that 21% of all women using emergency surgical services do so to treat sequelae of partner violence, and that 50% of all injuries presented were the result of a partner’s assault (Stark et al., 1981). Pregnant women risk particularly severe outcomes, including placental separation, antepartum hemorrhage; fetal fractures; rupture of the uterus, liver, or spleen; and preterm labor (Goodman, Koss & Russo, 1993; Saltzman, 1990). Gelles (1988) found between 15% and 17% of pregnant women are assaulted by male partners per year.

Woman abuse can also be lethal. When Browne and Williams (1993) examined homicides between 1976 and 1987, 61% of all partner-caused deaths in the U.S. were women killed by their male partners, while 39% were men killed by female partners. Between 40% and 52% of female murder victims in the U.S. are accounted for by partner homicides (Browne & Williams, 1989; Stump, 1985).

However, physical injuries are only one facet of the consequences of woman abuse. Reactions of shock, denial, withdrawal, confusion, psychological numbing, and fear are common according to Browne’s (1993) review. Battered women in both premarital and
marital relationships, when compared to non-battered women, are at greater risk for depressive symptomatology, suicidal ideation, and suicide attempts (Hilberman & Munson, 1977-1978; Sato & Heiby, 1992; Stark & Flitcraft, 1988), lower self-esteem (Aguilar & Nightingale, 1994), and higher rates of posttraumatic stress syndrome and PTSD symptoms (Astin, Lawrence & Foy, 1993; Goodman et al., 1993; Herman, 1992). Battered women may also suffer from psychological distress, demoralization, hopelessness, and feelings of helplessness, dependence, and numbness following one or more incidents of abuse (Browne, 1987; Dutton, 1992; Frieze, Hymer & Greenberg, 1987; Gelles & Harrop, 1989; Herman, 1992; Walker, 1989; Walker, 1979). The more severe and enduring the acts of violence against her, the greater the psychological distress and symptoms (Browne, 1987; Frieze, 1983; Pagelow, 1984; Walker, 1984).

Addressing the Problem

The Battered Women's Movement

The above cited research on the prevalence, incidence, and consequences of woman abuse took place in the context of a growing movement that, over the last 25 years, has brought the plight of the battered woman into the public awareness. The battered women’s movement might be said to have begun in 1971, when the first publicized shelter for battered women, Chiswick Women's Aid, was opened in London, England. The first such shelter in the U.S. is believed to be the Rainbow Retreat, which opened in 1973 in Phoenix, Arizona. Other pioneering shelters for women were Haven House, Pasadena, California; La Casa de las Madres, San Francisco, California; and Transition House, Cambridge,
Massachusetts, all opening in the early 1970s (Tierney, 1982). One of the first telephone hotlines to provide counseling to battered women in crisis was established in 1972 by Women's Advocates, Inc., in St. Paul, Minnesota. Feminist organizations worked through several channels to respond to the problem of wife beating. The National Organization for Women (NOW) formed a National Task Force on Battered Women/Household Violence at its conference in 1975, and the National Women's Year Conference in Houston passed a resolution in 1977 urging local, state, and federal actions to build programs for battered women (Tierney, 1982). By the end of the 1970s, the U.S. Commission on Civil Rights (1978) named over 300 shelters, hotlines, and groups which advocated for battered women.

Some of these groups and programs were founded and maintained with a feminist political and theoretical viewpoint, while others based themselves on models of community social service and mental health. Tierney (1982) maps out the funding and referral sources for aid programs to include women's service organizations (e.g., the YWCA), churches, federal agencies (e.g., the Department of Labor's Comprehensive Employment Training Act (CETA)), state and city governments, private foundations, mental health agencies (e.g., community mental health and women's health clinics), and fund-raising campaigns on both the community (e.g., the United Way) and individual organization levels.

Tierney (1982) pointed out that "(i)n less than ten years, wife beating (was) transformed from a subject of private shame and misery to an object of public concern" (p. 210). Progress was made in effecting legislation to clarify victims' legal rights and increase perpetrators' penalties; establishing government policies and programs to provide funds,
training, and staffing for battered women's agencies; and gathering and disseminating information on the causes and prevention of domestic violence.

The rapid growth of the movement to prevent battering and to help its victims can be attributed to the pre-existing flexible organizational base for the battered women's movement, and the incentives for sponsors to provide resources (Tierney, 1982). The connections of the battered women movement to feminist social networks provided common frames of reference for the new movement, opened up lines of communication, and provided experienced people to help with leadership. The battered women's movement was supported at the local, state, regional and national levels, and it pursued a number of goals and strategies that included advocating for legal changes, engaging law enforcement and courts to be more responsive to victims, and providing support and shelter for battered women and their children. Incentives to the media to cover the issue of woman abuse were the novelty, controversy, and social relevance of the subject; incentives to referral and funding sources were the positive, progressive image for the sponsoring clinic or agency, the movement's alternatives to criminal justice treatment of the problem, and "moral entrepreneurship:" the interest in capitalizing on both feminist and family preservation issues (Martin, 1977).

Tierney (1982) predicted that the battered women's movement would see a decline in emphasis on feminist concerns and an increase in conventional, social service-oriented programs. She agreed with Conrad and Schneider (1980) in foreseeing the domestic violence problem as becoming more and more "medicalized," professionalized, individualized, and depoliticized. Tierney (1982) also concurred with Andler and Sullivan
(1980) in suggesting that organized efforts to prevent battering would most likely be moderate and reformist, as opposed to militant or radical, because these ideologies are more compatible with outside sources of funding: "As (traditional institutions) make money available to battered women's groups, they are more likely to fund organizations that share their politics and bureaucratic systems. This will mean that research, academic, and traditional social service groups will be more likely to get the money rather than feminist organizations operating with a grass roots orientation" (Andler & Sullivan, 1980).

For the most part, psychologists' forays into understanding woman abuse and helping its victims fit the "research, academic, and traditional social service" approach, with less of the psychological literature continuing to be informed by the feminist and grass-roots orientation to the problem. Loseke and Cahill (1984) pointed out that while "the feminist ideals underlying the movement for battered women suggested that victims of wife assault could be the only 'experts' regarding their problems...the movement was accompanied by the emergence of experts on battered women.... These self-identified experts... include academics (sociologists, psychologists, legal scholars), social service providers (social workers, nurses, lawyers, shelter workers), political activists, and journalists" (p. 296). As discussed below, psychologists' response to battered women has met with mixed responses from battered women, professionals, scholars, and other "experts." The results of research endeavors have, however, contributed much of the information that Tierney (1982) sees as central to the success of the battered women movement.
Treatment and Prevention Programs

Although the theories related to treatment and prevention strategies are further detailed below, an overview of the levels on which intervention has been focused is helpful for understanding the role of psychology in addressing woman abuse. As Eisikovits and Edleson (1989) outline, intervention to prevent battering can take place on many levels: individual, couple, group, institution, and culture. The individual level of intervention involves attempting to halt or prevent abuse by reaching the man or woman alone. Few interventions at the individual level were found to be focused on men (Eisikovits & Edleson, 1989), while many are targeted toward women (Loseke & Cahill, 1984). A greater number of interventions were found by Eisikovits and Edleson (1989) to be focused on the couples level, in which the problem is addressed not by treating the “victim” or “abuser” but by treating “conjugal violence” in “abusive or violent couples,” which can be addressed either in couples therapy or in couples groups. This treatment often includes cognitive-behavioral techniques such as observing cues to violence, increasing self-talk, assertion and communication skills training, stress reduction, and problem solving.

The next level of intervention is, according to Eisikovits and Edleson (1989), the group. These authors address specifically how men’s groups have been formed to raise consciousness and promote behavior change through self-assessment, planning, education, skills training, and confrontation. Groups for women have also been advocated to give battered women practical information, social support, and opportunities for consciousness raising around violence against women (Goodstein & Page, 1981; Walker, 1979). At the level of the social institution, “larger systems” such as hospitals, educational systems,
religious institutions, and especially the police and criminal justice system (Eisikovits & Edleson, 1989) are seen as arenas in which changes can affect the incidence, prevalence, and outcome of domestic violence. Social actions such as increasing the rates of arrest, prosecution, and sentencing of batterers (Eisikovits & Edleson, 1989; Sherman & Berk, 1984); increasing the understanding, counseling, and referrals from religious workers and leaders (Fortune, 1993; Wood & McHugh, 1994); implementing prevention programs in schools (Jaffe, Sudermann, Reitzel, & Killip, 1992); and improving recognition of battering and tailoring treatment by medical professionals (Goodstein & Page, 1981) have been indicated to be effective in decreasing violence against women, raising awareness about the problem and improving outcomes for battered women. Additionally, provision of alternative living arrangements (e.g., shelters) has been seen as an institutional change that provides greater options for women's physical safety, economic independence, and social/emotional support for decision making (Ross & Glisson, 1991; Straus & Gelles, 1986).

Finally, on the cultural level, several researchers (e.g., Almeida, Woods, Messineo, Font, & Heer, 1994; Eisikovits & Edleson, 1989; Straus & Gelles, 1986) have argued that wider public attention to the problem of violence through advertising campaigns, media coverage, and political and economic shifts in power across gender, race, and sexual orientation are all difficult to measure, but act to “send a ripple through the larger system of values” related to domestic violence (Eisikovits & Edleson, 1989, p. 407).
Critiques of Psychology and Psychotherapists

While psychology has indeed produced a multitude of studies and treatment and prevention approaches to explore the correlates of woman abuse, psychologists and psychotherapists, among other service providers, have been criticized on several levels for their attitudes and interventions with the couples involved in domestic violence.

Training. Advocates for victims of woman abuse (e.g., American Psychological Association, 1975; Walker, 1994) have stressed that clinicians are unlikely to serve battered women appropriately without special training or detailed knowledge of the research on and experience of battered women. Like any members of the public, Walker (1994) warns, psychologists may subscribe to abuse "myths" such as blaming the victim for her abuse, or dismissing the abuse as a cause of the woman's psychological problems. Informal discussions among clinicians of various orientations often show great variety in the sensitivity to, interest in, and expertise in the complex treatment issues surrounding women who have been battered.

Describing "domestic violence": Acts without agents. Based on a view of language as not only reflective but also formative of understandings of and attitudes toward a subject, the language used in scientific journals to discuss woman abuse has been analyzed. Lamb (1991) showed that sentences of journal articles could be reliably coded according to how they assigned or avoided assigning responsibility for violence by naming the agents of acts. Phrases such as "marital aggression," "the process of abuse" or "the battered woman and her abusive partner/mate" can be seen to diffuse responsibility for violence and obscure the most frequent gender of the "mate," the man who inflicts the violence. In comparing the
language of 42 articles that appeared in social work journals between 1983 and 1989 to articles in psychology, sociology, and family therapy journals, Lamb (1991) found that social workers used a significantly smaller percentage of "agentless" sentences. However, across all articles, "at least half of the sentences about abuse refused to hold the man responsible for the violent acts he committed against the woman who was his wife, lover, or partner" (p. 255). The indictment against mental health professionals, with psychology as a clear offender, would be that the attribution of responsibility for violence in intimacy is avoided and obscured, despite the empirical data that show men to be the most frequent initiators and the most dangerous perpetrators of this violence (Dobash & Dobash, 1979).

Such findings also imply that mental health professionals subscribe to, or at least fail to challenge, a patriarchal construction of reality. Through their use of language, they focus on the problematic female victim of violence rather than on the problematic male offender.

**Treatment of men versus women.** On the individual level of treatment, a discrepancy exists between efforts to treat men and women. Hotaling and Sugarman's (1990) review of literature on risk-markers of assaulted wives found that offender characteristics have been studied far less frequently than have victim characteristics. In treatment, a parallel to this finding exists in that early approaches almost always focused on interventions with the abused woman, frequently in ways that implicated, implicitly or explicitly, her responsibility in causing or extending the violence. The question of "why does the abused woman stay?" has predominated in discussions of treatment (Loseke & Cahill, 1984; Symonds, 1979), while efforts to intervene on an individual level with the batterer himself were only considered as a secondary or tertiary goal. For example,
Goodstein and Page (1981) in their "overview" of the dynamics and treatment in domestic violence, consider factors in both the husband and wife that may contribute to the violence, but only discuss intervention with the wife, with only one line dedicated to interventions with the husband: "...attention should also be given to programs for reaching the abuser" (p. 1043). As noted above, the review by Eisikovits and Edleson (1989) also found very little activity focusing on interventions with men individually. However, books, articles, and treatment pamphlets address how to work with battered women (e.g., Pagelow, 1981; Walker, 1984); with goals varying from enabling women to find safety and empowerment to helping the wife to recognize her participation in the cycle of violence.

Meeting the needs of the battered woman. Hamilton and Coates (1993) have cited several studies to build the case that service agencies for battered women respond in ways that "doubly victimize" the woman. After the violence of the abuser, the lack of recognition and inappropriate advice and intervention by service providers can cause further emotional damage. In their survey of 270 emotionally, physically, or sexually abused women, Hamilton and Coates (1993) found that when psychologists were approached for help, they were perceived as helpful 67% of the time for emotional abuse, 57% of the time for physical abuse, and 69% of the time for sexual abuse. Women most frequently reported helpful responses to be "listening respectfully" and "believing my story," and also included as helpful "helping me see my strengths," "recognizing the impact (abuse) had on me," and "helping me see that I was in danger."
The above statistics suggest that psychologists are perceived as giving unhelpful responses in 33% of emotional abuse cases, 43% of physical abuse cases, and 31% of sexual abuse cases. The women surveyed most frequently mentioned "criticism for staying in the relationship," "advice giving," and "questioning my story" as unhelpful responses. They also included as unhelpful "did not inform me of other services available," "suggested my partner and I get counseling together," "suggested I must have wanted it," and "blamed me for what happened." While the views of psychologists as to what will be helpful may differ from what victims of violence feel to be helpful, it is disturbing to see that about 1/3 of psychologists' interventions are felt to be problematic by the women who are seeking "help."

If the above critiques are taken seriously, clinicians may be, as suggested, negatively affecting battered women clients with certain attributions, judgments, or interventions. It is therefore especially crucial for us to know who holds such beliefs and whether these are associated with other characteristics of the psychologist, such as theoretical orientation, gender, attitudes toward women, personal experience of abuse, or personal or professional contact with abused women. While it is difficult to perform the longitudinal research necessary to make empirically based explanations of the causes of woman abuse, it is quite possible, feasible, and important to investigate the ways in which psychologists think about these issues in their own practices. As the range and correlates of psychologists' attitudes and attributions about battered women become clearer, we might then be in a position to evaluate the ways in which some such attitudes translate into actual practices which are helpful or harmful to the recovery of battered women. We might then proceed toward
building models for effective training of present and future clinicians to work with battered women and their abusers.

Theoretical Approaches to Understanding Woman Abuse

Clear causal relationships in woman abuse are difficult to identify because of the correlational nature of most observations of the phenomenon. Without experimental control over the event of battering, and without long-term longitudinal studies of both violent and non-violent couples, causation can be attributed to the batterer, the battered woman, situational, historical, or social factors, or any combination of these. A few models for understanding the sources of woman abuse are explored here to demonstrate the disparities and similarities of the viewpoints expounded and to begin to explore sources of hypotheses for how psychologists may view woman abuse. Following a description of these perspectives, the individual characteristics of battered women that have been examined will be described.

Psychology of the Individual

In psychology, the etiology of woman abuse has frequently been sought in the characteristics and history of the individual men and women involved. Strongly put, either the individual man or the individual woman has deviant characteristics that lead to the occurrence of violence between them. The characteristics of men who inflict violence and the patterns of their behavior have been examined from several perspectives, including attachment theory and social learning theory.
Attachment theory. A central construct of attachment theory is that of the “internal working model” (Bowlby, 1984) which is an unconscious representation of self and other that is shaped by the infant’s interactions with caregivers. In this approach, “internal working models constructed by the sons of unreliable, absent, or needy caregivers may predispose those boys to anxious and ambivalent attachment” (Carden, 1994, p. 555). In other words, the experience in early life of a significant series of disruptions in attachment to the parents leads to intense anger, sorrow, and anxiety in the child. It is therefore difficult to develop relationships based on mutuality and trust. When connections in adulthood are made, the underlying anxiety and anger have the potential to erupt, as the person continues to have a longing for closeness at the same time as a fear of intimacy. Violence is used by such individuals in “self-defense” to establish a “safe” level of relatedness when they perceive a threat of abandonment or enmeshment (i.e., threatening violence if a significant other threatens to leave or if the insecure individual feels vulnerable to too much intimacy). Carden (1994) cites several studies that have observed in the history and relationships of batterers the themes of fear of abandonment, unavailability, anxious attachment, and anger.

Social learning theory. Carden (1994) and Widom (1989) review literature on the application of social learning theory’s explanations of aggression (Bandura, 1973) to the problem of domestic violence. They concluded that a strong relationship has been found between a batterer’s having been abused by parents or, especially, witnessing interparental violence and being violent toward a partner as an adult. This would support the view that witnessing powerful parental models using violence in the family of origin would promote the learning of such aggressive behavior as a viable conflict resolution strategy for intimate
relationships. In other words, “violence breeds violence” (Widom, 1989, p. 3). The personal and cultural context of the batterer (e.g., neighborhood, church, media, peers) serve to maintain the behavior through reinforcement. The influence of external sources causes behavior to be discarded when punished and strengthened when rewarded. For example, Bandura described the rewards of increased status that are bestowed on a violent person in a culture or sub-culture that respects power and dominance. If a religious teaching supports the view that “wives should submit to their husbands in everything” (Ephesians 5:24, Fortune, 1993), if neighbors expect a man to be a vigorous “head of the household,” if television and film equate masculine strength with male violence, or if friends tease about “who wears the pants in the family,” then a culture exists in which violence by men toward their family members is supported, justified, and rewarded.

Bandura (1973) originally proposed that, eventually, individuals develop the facility to regulate their own behavior by setting their own standards and evaluating their performance against these standards. Such self-regulation and self-evaluation can be stronger in determining a person’s behaviors than social rewards or punishments, if the actor is strongly convinced or even deluded in his belief in the appropriateness of his or her behavior: “Devalued actions can be, and often are, justified so that losses in self-respect are minimized as long as the self-deception remains convincing,” (Bandura, 1973, p. 49). Thus, even when external influences oppose aggressive behaviors (e.g., social and legal sanctions against domestic violence), these influences can be “neutralized” by the violent actor (e.g. justification or normalization of the behavior). Several of these self-regulating mechanisms have, according Carden’s (1994) review, been observed to be used by batterers in treatment.
However, Widom (1989) also finds that much evidence indicates that abuse or witnessing abuse in the batterer's childhood history is neither a sufficient nor a necessary condition for his own abusive behavior. In other words, some men who witnessed or experienced abuse as a child do not use physical violence against their mates, and some violent men did not experience or witness violence as a child.

**Psychological profiles of men.** Designation of psychological profiles has been frequently attempted in the last 15 years to trace more specifically the characteristics of men who might be likely to abuse their partners. Carden's (1994) review found that studies have produced a wide variety of oft-observed intrapersonal characteristics (e.g., low self-esteem, dependency, jealousy, fear of intimacy, high power/control needs, hostility, and depression), as well as interpersonal characteristics (e.g., communication skills deficits, difficulty trusting and expressing affection, tendencies to minimize the severity and consequences of their violence and to blame it on external reasons). For example, Avni (1991) found that men who abuse their partners are extremely controlling of the woman's behavior and environment, often not allowing them to leave the house without supervision. This house arrest cuts them off from information and social supports that could facilitate an end to the abuse. Carden (1994) did point out, however, that the reviewed research has failed to produce a unitary predisposing batterer profile, a lack which lends support to the social-structural/socio-political models described below.

**Women's masochism and attachment theory.** Women who suffer violence have also been investigated as part of the individual psychology approach. As has been widely noted, the concept of women's masochism has long been set forth in both general cultural
beliefs and clinical literature as an explanation for why women fall victim to and remain in abusive relationships. In this explanation, abuse is tolerated, or even sought, because it is "fulfilling masochistic needs of the wife (Snell, Rosenwald, & Robey, 1964). While masochism and other characterological explanations for woman abuse have been criticized extensively as blaming the victim, excusing violence, and implying inherent weaknesses in females (e.g., Bograd, 1982; Caplan, 1984; Hilberman, 1980; Symonds, 1979; Walker, 1987), it has been maintained that more complex, contemporary psychoanalytic perspectives on masochism can contribute to understanding woman abuse. For example, Shainess (1979) argued that the masochistic position, "I suffer because that is the only way I know how to live" (p. 174) is a widely held, culturally-determined submissive and self-destructive process adopted by women that increases their vulnerability to violence. Young and Gerson (1991) suggested that "masochistic behavior among chronically battered women does not reflect pleasure in pain, but rather the endurance of pain as the price paid to stay close to the person she loves" (p. 31). These authors also employed Bowlby's (1984) attachment theory to suggest that a battered woman may have had abusive caretakers as an infant and small child and had no choice but to "accept pain and suffering in order to remain in proximity to the caretaker" (p. 32). As an adult, the woman may continue to endure, if not to seek, suffering as a necessary component of love and care from her primary attachment figure, who happens to be her abusive partner.

Risk markers in women. In the attempt to discover which women are indeed more vulnerable to violence in their intimate relationships, much research has been dedicated to the search for risk markers in women. This search has produced ambiguous and discrepant
results. In contrast to the replicated characteristics often found in male abusers, very few personality traits, psychological symptoms, or demographic markers have distinguished battered from non-battered women. Hotaling and Sugarman (1990), in their summary of four major review studies of victim and relationship risk markers, found that five indicators could be linked to increased risk of domestic abuse: a woman’s low socio-economic status, her experiencing parental violence as a child, her witnessing parental violence as a child, her holding traditional sex-role attitudes, or her having lower status than her husband because of her occupation or because of religious dictates. However, no more than two of the four reviews agreed on any one indicator being a risk marker. Furthermore, socio-economic, religious, and occupational status arguably belong more to the social-structural sphere of influence (see below) than to the individual psychology perspective on domestic violence.

**Psychological profiles of women.** Research has also explored the possibility of psychological profiles to characterize the “type” of woman who is battered. Rhodes’ (1992) review of the literature found evidence that, on the Minnesota Multiphasic Personality Inventory (MMPI), battered women, when compared to non-battered women, are more prone to report distress; to feel isolated, withdrawn, and regressed; to struggle to control their hostility, and to fail to learn from past experience. Rhodes’ (1992) own study found a higher Psychopathic Deviate scale (Scale 4) in abused than in non-abused women, which was accounted for by higher scores on the Harris and Lingoes subscales of Family Discord (Pd1), Authority Problems (Pd2), Social Alienation (Pd4a), Self-Alienation (Pd4b), but low scores on Social Imperturbability (Pd3). The author, however, cautions that these correlates
could be a result of suffering abuse, rather than predisposing women to cause or endure abuse.

Learned helplessness. A principle of learning theory that has been proposed to explain some of battered women’s behavior, learned helplessness, is often cited especially with regard to some women’s maintaining relationships with partners after physical violence starts. Originally observed by Seligman (1975) in studies of dogs who were exposed to unavoidable shocks and later failed to learn to jump over obstacles to escape avoidable shocks, learned helplessness is considered a maladaptive style of behaviors and, in humans, cognitions. Abramson, Seligman, and Teasdale (1978) described learned helplessness in humans as an attributional style developed when people are exposed to uncontrollable aversive events. Helpless people tend to see their painful situation as due to factors which cannot be modified through their own efforts. Walker (1979) applies the concept of learned helplessness to help explain how the battered woman responds to abuse: “Repeated batterings, like electrical shocks, diminish the woman’s motivation to respond... She does not believe her response will result in a favorable outcome... She cannot think of alternatives” (pp. 49-50). Learned helplessness as a result of battering has thus been used to explain why abused women appear to be reluctant to “escape” a violent man, and have trouble overcoming obstacles to separation: “[B]attered women need to be taught to change their failure expectancy to reverse a negative cognitive set. They need to understand what success is...” (Walker, 1979, p. 53).

Furthermore, Walker (1979) argues that cultural conditions, laws, and values governing marriage, and economic and physical power inequalities teach women that they
have little direct control over their lives, making them more vulnerable than men to abusive relationships and less likely to respond effectively to negative events such as battering. Finally, according to Walker, battered women may indeed try to regain some sense of control over abuse by attempting to control the time and place of batterings, even though they continue to see the abuse as inevitable. Thus a woman's “provocation” of violence could be explained as an effort to overcome a more generalized feeling of helplessness.

Social-Structural and Socio-Political Influences

Upon examining the community in which violence against women occurs, Briere (1987) acknowledged that broad social forces are at work in the etiology of violence: "aggression is partially a function of widely held attitudes and beliefs which condone violence against those with lesser power" (p. 61). For example, Briere (1987) found that a full 79% of college-aged men surveyed reported some hypothetical likelihood of using physical violence in a marital relationship under at least one circumstance (not including self-defense). The incidence and prevalence of domestic and courtship violence are comparable across race, family income, and religion (White & Koss, 1991), which could encourage us to view the abuse of women more as a universal problem for society than a difficulty faced only by exceptional individuals (Ryan, 1976).

Social-structural stressors. Stressors and configurations in the social fabric have been cited as possible contributors to incidents of violence. Petersen (1980), for example, argues for the position explicated by Gelles (1974) which sees family violence as a response to stress that originates in the social structure of Western society. Such stressors as poverty, unemployment, and unmet role expectations lead to frustration, which leads to violence.
Consistent with this type of focus on social-structural variables, Straus and Gelles (1986) explained their observations of some decrease in wife beating between 1975 and 1985 as due in part to changes in the American family structure, decreases in economic stressors, improved housing alternatives for battered women through shelter systems, and deterrence of woman abuse through publicity and increased legal sanctions for this form of violence.

Feminism. Feminist explanations of woman abuse can be seen as specialized theory under the general rubric of social influence. Basing their explorations on the tenet that "male-female relationships are structured by the unequal distribution of power based on gender" (Bograd, 1984, p. 559), feminist theorists begin by pointing to the large preponderance of initial battering instigated by men against women, rather than vice versa (Bograd, 1984). This approach then points out the ways in which men are encouraged/supported by culture to inflict violence on women. In feminist understandings, violence is not just an isolated incident or symptom of rare individuals' pathology but is an obvious tool in a context of societal subordination of females. Strongly stated, "...violence against women is a normal part of patriarchy, expected and condoned...(M)ale violence and abuse directed against women and children in families are the norm, not the exception, in North American families" (Avis, 1992, p. 90, 92).

Feminists differ from individual approaches in their charge that "blaming the victim" occurs when a battered woman's personal characteristics are observed to be not only correlated with but a causal factor in the abuse. According to Ryan (1976), blaming the victim is an ideological process by which the actual causes, especially social forces, which lead to a problem are ignored in favor of locating the cause of the problem within the very
person who suffers the problem. Researchers with an explicitly feminist stance, such as Walker (1994) and Dobash and Dobash (1984), are therefore more likely to see observed qualities in battered women as caused by the abuse itself rather than as pre-existing, innate shortcomings.

To alternatively explain battered women's behavior, feminists sometimes point out the economic, legal, and social dependence that can make it difficult for women to leave abusive relationships (Strube, 1988; Walker, 1979). Feminists also draw on psychosocial models of learned helplessness and sex-role stereotyping that limit a victimized woman's sense of efficacy, competence, and options for improving her situation. It is important to note, however, that the psychological models used by feminists are usually employed to explain a woman's experience after the fact of abuse rather than to locate the responsibility, vulnerability, or risk factors for abuse within the woman prior to abuse. As Gelles and Harrop (1989) stress, it is crucial that therapists do not doubly victimize battered women by colluding with abuse myths in diagnosis, case conceptualization, and treatment of women who are already suffering as a result of violence. In feminist theory, the locus of the cause for woman abuse is more often seen as internal to the man and in the influence of the patriarchal socio-cultural patterns. Intervention therefore focuses on changing men's socialization and a particular man's view of his own responsibility, rather than holding the woman responsible for her male partner's behavior. At the same time, the feminist approach encourages efforts to educate and empower women as to the social forces that affect them in their personal lives, and to provide resources (e.g., shelters and economic opportunities) for women to extricate themselves from dangerous relationships.
Systemic Approaches

In contrast to feminist approaches, the family systems viewpoint is more likely to attribute at least partial causality for domestic violence to the characteristics and behavior of the woman involved, which are seen as contributing to the interpersonal dynamics of the relationship in which abuse occurs (Cook & Frantz-Cook, 1984; McKeel & Sporakowski, 1993). Systemic approaches focus on the relationship and interactions within the relationship which initiate and maintain the violence. A main tenet of the family systems viewpoint is that of "circular causality," by which each partner has a role in affecting the other through patterns of mutual influence. Thus, from a purely systemic perspective, it is not only the man, but both spouses who contribute to a problematic relationship, and both spouses can facilitate an end to violence. Strongly stated, "the woman also can take action that stops the abuse...In fact, she alone can promote a nonabusive relationship" (McKeel & Sporakowski, 1993, p. 103). Although batterers may be seen as responsible for their specific behaviors, both the man and the woman are responsible for the relationship and their actions within the abusing situations.

Family systems approaches to woman abuse draw on principles used throughout systemic theory that are applied to numerous family and marital problems. Cyclic bonds between the abuser and the abused are seen as contributing to why a battered woman stays in a relationship with her male partner (Flemons, 1989). Systemically-oriented therapists have been thought to be more likely to recommend treatment of the spousal system in order to change the interaction patterns that are seen to be leading to abuse (Sporakowski, McKeel, & Madden-Derdich, 1993).
The family systems approach differs from the individual psychopathology model of woman abuse in that relational patterns, rather than just characteristics of one or the other spouse, are seen as the problem. An individual's "symptoms" are understood to be highly contextual in the systemic view, and the structure of a relationship and roles of both spouses are part of the framework for understanding any problem, be it abusive behavior or helpless dependence. However, many systems theorists maintain that both members are responsible for the interactions, and are therefore required to make changes in order to stop violence. Both individual and systemic models recognize the greater likelihood that persons with certain family histories or personal qualities are more likely to enter into and fail to change abusive interactions.

Bograd's (1984) feminist critique of family systems perspectives from a feminist perspective illustrates the differences among the emphases, causes and attributions of responsibility that feminist and systems theorists advocate in order to explain woman abuse. First, feminist perspectives claim to emphasize the primary, concrete emotional and physical realities of violence and point out the "threatening and organizing influence" on the marriage, while systemic approaches tend to contextualize, abstract, or re-explain violence as the result of something else (e.g., diffuse boundaries, rigid structures). Second, feminists usually state clearly that men are solely responsible for their actions, and no beaten woman "deserves it;" while systemic theorists emphasize circular causation, homeostatic mechanisms, and shared responsibility of both partners for the violence. Third, feminists decry the language used in systemic theory as hiding the gender-specific nature of battering (e.g. "the battering system"; see also Lamb, 1991) and reifying the male perspective by
describing the system in terms of what the man, not the woman, needs. Fourth, feminists rely more heavily on broader social structures and patterns to explain violence against women than do family systems approaches, which often locate the causes of woman abuse within the family itself.

**Integrations**

Many researchers have advocated for "both/and" approaches to understanding woman abuse. As Sporakowski et al. (1993) pointed out, "The hypothesized abyss ... between marital and family therapists and (feminist) service providers at battered women’s shelters may well be a myth developed by theorists who have taken extreme positions in the current debate about wife abuse intervention" (p. 496-497). With increasing dialogue between camps during the 1980s and early 1990s, development of integrated positions has become more prominent. The founding of *The Journal of Feminist Family Therapy* in 1989 illustrates the movement to preserve family systems principles while acknowledging patriarchal, societal influences and unequal power and resource allocation in relationships in which men abuse their female partners. Approaches such as the *nested ecological theory* examine interactive effects of the broader culture, the subculture, the family, and individually learned characteristics (Dutton, 1988; 1994; Eisikovits & Edleson, 1989). In this view, more within-category individual variation exists than can be accounted for by merely looking at between groups differences (e.g., males vary greatly in their likelihood to use violence in relationships). These individual differences must therefore be explained by looking at influences on the individual at all levels: personal history, family standards, community pressures, and broad social and institutional influences. *Multiple category*
typologies also seek to explain the heterogeneity of traits in batterers, by examining the multiple contributions to explaining domestic violence that are made by variables derived from social-learning, attachment, and sociopolitical theories (see Carden, 1994, for a review).

Woman abuse is clearly a highly complex problem. The causes which are hypothesized by the various theoretical frameworks for the initiation and continuation of domestic violence implicate a variety of treatment approaches from which professionals can draw in making treatment decisions. While the research and theory on woman abuse continues to expand and move toward integrated understandings, many of the psychologists who have clinical contact with battered women may have had limited exposure to this literature. Avis (1992) has found that, out of the social work, family therapy, and psychology education programs surveyed in Canada, 26% did not include gender and power issues in their curricula, and only 42% included an optional course on the subject. While no similar data are available for the U.S., it is reasonable to surmise that a substantial number of psychologists may not have been exposed to formal training in treatment of woman abuse. Psychologists' attributions and treatment decisions may therefore be strongly influenced by a number of factors in addition to any formal training they may have received. Characteristics of the psychologist, such as gender, theoretical orientation, or experience with domestic violence may contribute to perceptions, explanations, and responses to incidents of woman abuse. Situational characteristics, such as the severity, frequency, or duration of the violence, the use of alcohol by the abuser or battered woman, demographics of the couple (e.g., race, socio-economic status, employment), or the presence of children,
are likely to have impact on psychologists' judgment, perhaps in interaction with the personal characteristics of the perceiver.

Psychologists' causal attributions and clinical judgments on woman abuse have only begun to be empirically examined. The studies that have included psychologists in their samples are part of a wider field of research that attempts to illuminate the attributions and reactions to woman abuse of helping professionals (e.g., therapists, social workers, clergy, police), non-professional observers (e.g., college students and the lay public) and participant observers (e.g., the abusers and battered women themselves). To place the current study in context, we turn next to a review of the empirical studies on the causal attributions and responses to battering made by these three types of perceivers.

Perceivers' Causal Attributions and Responses to Woman Abuse: General Studies

In research on perceivers' causal attributions and the effects of these attributions on behavioral reactions, studies vary widely across several dimensions: the degree to which attribution theory is employed in design and hypotheses; the type of perceiver exposed to woman abuse; the type of stimulus presented, and the method of ascertaining participants' attributions and other responses. A substantial portion of literature examines perceivers' assignment of responsibility for domestic violence to various potential causes, with little to no reference to previous research and theory on how individuals make causal judgments. The hypotheses in these studies tend to be either purely exploratory or non-directional, and design and method are based less in empirically tested theories, and more in rational extrapolations from other research findings. However, a smaller number of studies have
successfully used attribution theory to organize the various findings and to specify hypotheses and research design. This approach has proven to be productive in more carefully predicting which perceiver and contextual variables are likely to influence causal attributions for woman abuse and subsequent behaviors.

The following literature review presents first the more general, less theoretical assays into how perceivers' assign responsibility for woman abuse and otherwise respond to the problem. These studies are organized according to the type of perceivers involved: helping professionals, lay observers, or partners directly affected by violence. The various methodologies utilized in this area are described, and the conclusions reached thus far are highlighted.

**Psychologists and Other Professionals**

At present, there is a dearth of empirical work exploring the actual nature of psychologists' expectations, interventions, or beliefs when working with battered women. In contrast, several studies have been conducted with marriage and family therapists, police officers, social workers, staff in battered women's shelters, and members of the clergy to evaluate how beliefs and attributions about the nature of woman abuse affect treatment of victims.

At present, only one study has directly examined the attributions made by psychologists about the causes of woman abuse. A dissertation by Sandberg (1986) sampled 153 psychologists in three states, asking them to allocate responsibility to the husband/offender, the wife/victim, situational, and societal variables that can be involved in woman abuse. The study did not present any specific scenarios in which target variables
could be manipulated. Instead Sandberg (1986) inquired about responsibility for woman abuse in general. Results of the study included a main effect for locus of causality: situations (e.g. alcohol use) received the highest attributions of causation, while the husband and societal factors were equal in second place. Wives were blamed least for the abuse. Sandberg’s (1986) survey also found that male psychologists were more likely to blame wife/victims than were female psychologists, who were more likely to attribute responsibility to societal variables than were males. Attributions made by psychologists were also related to preferred treatment approaches. While, as a whole, the respondents reported using a systemic approach to treating domestic violence, a positive correlation between blaming the wife and systemic treatment was found, while societal blame was correlated with using more individualistic treatment.

Uncontrolled scenarios. The need for further assessments of clinicians’ responses has been made clear by Hansen, Harway, and Cervantes (1991), who presented some distressing data on the perceptions of clinical practitioners on woman abuse. This study also demonstrates the effectiveness of the most widely-used method of assessing clinicians’ and other non-participant perceivers’ responses to woman abuse: the case vignette or scenario. Such vignettes are short, usually written descriptions of “a social situation containing precise references to factors believed to be important in judgment and decision-making” (Home, 1994, p. 71). Uncontrolled scenarios in woman abuse research are sometimes varied only in order to make available several possible situations to respondents, with little concern for experimental control over the dimensions on which the descriptions differ. In these cases, researchers cannot determine how systematic scenario differences are
related to differences in perceiver response. However, the results of the study can be argued to have greater external validity due to the variety of situations in which responses were observed. This method is also useful in obtaining a general description of responses when specific hypotheses cannot be generated.

Hansen et al. (1991) used the uncontrolled scenario method to explore the degree to which clinicians could ascertain the level of potential danger in woman abuse. The authors presented two scenarios involving husband to wife violence, one of which represented an actual set of events, but did not otherwise control the differences between scenarios. The cases were similar in their presenting the involvement of children, jealousy, and level of severity, and differed in several uncontrolled variables: the age of children, the physical consequences of the violence, the length of the marriages, and employment of both spouses. One of the two scenarios (about 10 lines long) and accompanying questions was mailed to each therapist in a random sample of approximately 1800 members of the American Association of Marriage and Family Therapy. Their respondents consisted of the 362 therapists (20% response rate) who returned the survey, and included marriage and family therapists (66%), psychologists (14%), and clinical social workers (13%). Clinicians were asked to read a scenario and to describe, in an open ended format, what they saw as the problem, how they would intervene, anticipated outcomes without intervention, and legal/ethical issues raised by the scenario.

Hansen et al. (1991) reported that a surprising 40% of respondents did not address the dangerous conflict presented in the scenario, and in fact, the sample of psychologists was significantly less likely to address the conflict (50% did not address danger) than all
other mental health professionals. Only 22% of the total sample identified the conflict as violence or battering. Fifty-five percent of the sample would not intervene as if the violence required immediate action (such as obtaining protection for the wife (11%) or reporting the abuse (12%)). In contrast, 14% of clinicians said they would work on the couple's communication style. Only 8 of the 362 respondents foresaw the possibility of lethality in the scenario, an outcome which actually occurred in the scenario depicting real events. The study found that psychoanalytically-oriented professionals were more likely, and existentially-oriented professionals less likely, to address the conflict than cognitive, family systems, and behavioral clinicians. Hansen et al. (1991) found no differences between male and female mental health professionals in their perceptions and interventions involving scenarios that depict woman abuse. Both were equally likely to address a domestic conflict, label it as violence or battering, and design interventions to prevent it. The authors note "serious gaps in the recognition of violence and the formulation of interventions among practicing professionals" (Hansen et al., 1991, p. 234) and recommend that professional organizations should support mandatory reporting laws, continuing education requirements, and academic coursework to improve upon the insufficient skills and judgment of mental health professionals who work with woman abuse.

Research using uncontrolled scenarios was also conducted by Wood and McHugh (1994), whose review of literature on church leaders suggested that members of the clergy who were approached by victims of woman abuse felt torn by theological perspectives that conflict with their concern and desire to help. They also found that more counseling and secular advice (for example, referral to police or shelters) was given to battered women by
clergy with more liberal views of sex roles. The authors used the same two scenarios as Hansen et al. (1991), and mailed both scenarios along with a six-page packet to 200 clergy members. Sixty clergy from fourteen different Christian denominations responded (30% response rate). Ninety percent of respondents were male. While the response items are not clearly described in the report of the study, it appears that an open ended format was used to obtain the clergy’s recommendations for the woman, “Carol,” in the scenario. Seventy percent of the respondents recommended taking “secular action,” (e.g., going to a shelter, to a counseling agency, or to the police), indicating concern for the victim’s safety. However, 43% of respondents to the survey vignettes made clearly victim-blaming statements, such as, "She needs to be apprised of her failure to make the marriage work" and “I’d consider slapping around my ‘Carol’ as well.” Wood and McHugh (1994) suggested that such attitudes be countered in religious institutions by focusing on teachings that stress mutual respect, mutual submission, and mutuality of decision making, rather than those that hold as ideals hierarchy, patriarchy, and submission.

Stith (1990) used an uncontrolled scenario method to look at relationships between specific officer characteristics and response to domestic violence in a survey of married male policemen. She distributed questionnaires to officers at several Midwestern law enforcement agencies, and used two vignettes “depicting situations officers are likely to encounter when responding to marital violence calls” (p. 43). The author does not specify how the vignettes differed from each other, nor whether officers read one or both vignettes. Seventy-two responding officers (a 40% response rate) rated the probability with which they would use 10 interventions in response to the described violence, and interventions were
categorized as arrest, warning of arrest, referral to another agency, or mediation. An "antivictim" response (blaming or arresting the victim of battering) was predicted by the officer's low sex-role egalitarianism, approval of marital violence, and use of violence in his own marriage. However, the study found that arrest of the violent perpetrator and mediation of the dispute were not predicted by these officer characteristics. Stith's (1990) study emphasized the increased specificity of prediction to be gained by evaluating the personal qualities of service providers when determining the behaviors of members of a profession in response to battered women's needs.

The uncontrolled scenario method can be utilized to present a variety of problematic situations. One of the few studies including psychologists in the sample of respondents was done by Sporakowski, McKeel, and Madden-Derdich (1993) who sampled marriage and family therapists (MFTs) and volunteer advocate counselors (ACs) who worked in women's shelters. They hypothesized that, given their greater family systems orientation, MFTs would be more likely to attribute some responsibility for violence to an abused woman than would ACs, whose orientation is usually more feminist. By asking MFTs for their primary therapeutic frame of reference, the authors determined that 68% of MFTs used a systems framework and 32% used non-systems approaches; however, no statistically significant differences were found between attributions of the two groups of MFTs.

Sporakowski et al. (1993) surveyed a total of 157 American Association of Family Therapy members (52% of the 300 clinicians who received the survey); they also received surveys from 121 ACs (response rate not reported). All respondents read six very brief (two sentence) vignettes which varied greatly, but non-systematically, in the type of information
presented, ranging from the severity, frequency, or duration of violence experienced by a wife, to the presence of provocation or alcohol in the description. Respondents rated who was responsible for several behaviors (e.g., the husband slapping the wife) on a 5-point scale ranging from “husband” to “wife.” Respondents also indicated in a multiple choice item what they thought would be most helpful to the couple: seek a divorce; seek marital counseling; seek individual counseling for the husband/wife; or arrest the husband. Finally, respondents indicated whether they believed the husband could learn to control his violence.

The differences between scenarios in this study were not controlled in that some information was present in some scenarios but not at all in the others, with no order to the presence or absence of material. Thus, the authors could not systematically compare responses to one scenario to responses to any other. Analyses were performed separately for each scenario. The study found that ACs were significantly more likely than MFTs to attribute responsibility to the husband, although both groups attributed more responsibility to the husband than to the wife. The authors also report that ACs were less likely than MFTs to believe the husband could control his violence, but do not report whether this difference was statistically significant. While MFTs and ACs differed in the recommended type of counseling offered, no specifics are given on where the differences lay. Marital counseling was most often recommended by both groups on four of the six scenarios. The authors concluded that while some group differences could be demonstrated, these were not highly clinically significant, and suggested that “the hypothesized abyss regarding attributions of blame in cases of wife abuse between marital and family therapists and service providers at battered women’s shelters may well be a myth developed by theorists
who have taken extreme positions in the current debate about wife abuse intervention" (Sporakowski et al., 1993, p. 497) and encourage taking a "both/and" approach to improve services. This method of this study supports the demonstrative power of the vignette design, but also exemplifies the limitations in analysis resulting from insufficient control of possible variations in scenarios.

The uncontrolled scenario method has also been used to explore relations between service providers' causal attributions and other beliefs and behaviors. McKeel and Sporakowski (1993) surveyed 121 counselors (a 78% response rate) in battered women's shelters. They first asked simply, "People have different opinions about who is responsible for physical abuse in a marriage. In your opinion, who is usually responsible when wife abuse occurs?" Afterwards, they presented the same six scenarios used by Sporakowski et al. (1993), and asked counselors whether they believed the husband in each vignette was capable of stopping his battering. Finally, counselors were asked whether, when a battered woman wished to remain married to her abusive husband, the counselor would support this decision or encourage the woman to leave the relationship. The study found that shelter workers' belief in the batterer's primary responsibility for violence was positively correlated with the belief that the batterer was not capable of ceasing to be violent, and also with less active support by the counselor of a woman's decision to remain in a marriage with a batterer. These results indicate that a service provider's understanding and belief system can influence the actions that provider may make when working with battered women.

Bentzel and York (1988) used a single scenario to compare social workers and volunteers in domestic violence agencies on their service response to battered women.
They asked 105 social workers (72% response rate from the 146 who received surveys) and 40 volunteers (57% response rate out of 70 receiving surveys) to use 5-point scales to rate their agreement with several feminist statements, and to rate the extent to which they would offer to a described battered woman services involving interpersonal dynamics (individual psychotherapy, family therapy, group psychotherapy) or services focused on the theme of independence (legal services, shelter care, employment services or training, financial assistance, and a peer support group). After controlling age, gender, and experience with domestic violence, the authors found that the expressed feminism of the worker positively predicted emphasis on independence themes. Volunteers emphasized services involving interpersonal dynamics more than did social workers. The authors concluded that the results of the study "tend to diminish the concern... that social workers will respond to the abused wife in this [interpersonal dynamics] manner at the expense of the client's need for social and economic independence" (p. 63).

Controlled scenarios. To increase the experimental control in studies on causal attributions around woman abuse, many researchers have more carefully chosen the dimensions on which to vary their scenarios. As Lavoie, Jacob, Hardy, and Martín (1989) explained, the controlled scenario method "makes it easier for subjects to consider a specific case whose characteristics are experimentally controlled, making it possible to ensure the internal validity of the research, since it is possible to show that the variables studied are responsible for the different attitudes observed... The vignettes are most useful when the judgments about individuals are susceptible to bias" (p. 374). Lavoie et al. (1989) used a partially controlled scenario approach when sending questionnaires to police officers in
Quebec City. They chose eight variables on which to vary their 1/2 page vignettes: the couple's socioeconomic status, the marital status of the couple, the husband's drinking alcohol, the woman's alleged antagonism, the determination of the woman to lodge a complaint, the severity of the abuse, the frequency of the abuse, and the occurrence of violence toward the children. However, because the authors could not obtain enough respondents to present all possible combinations of the variables (256 scenarios), they chose to present only enough combinations (64) to assess all main effects of the variables and all two way interactions, using a "randomized fractional factorial design." This approach, they argue, enables main effects and interactions to be pooled across scenarios to facilitate sufficient statistical power for analyses.

Results gathered from their 282 respondents (50% participation rate) showed that when police officers read vignettes describing violence as a verbal threat, they were more likely to attribute responsibility for it to the wife than when the wife was physically abused. Lavoie et al. (1989) suggested that because of the lack of "tangible proof" in a report of a verbal threat, the threat is not seen as quite as problematic as physical violence, and the wife is not as easily supported by police officers. When a vignette showed the wife as having been verbally antagonizing, police continued to hold the man partially responsible, but took a less supportive, more blaming stance toward the wife. The authors relate this tendency of blaming the victim to the "myth of 'mutual combat'," according to which both members of the dyad contribute to the violence, even when responsibility for the aggression belongs to the person who loses control. Lavoie et al. (1989) interpreted these results as demonstrating
the potency of the belief that women "get what they ask for," despite researchers' and women's activists' arguments that antagonism should not justify resorting to violence.

Police and social workers were compared by Home (1994), who appears to have used a partially controlled scenario design similar to Lavoie et al. (1989) in examining professionals' causal attributions and assessment of dangers and risks involved in woman abuse. Although Home used the same 8 variables manipulated in Lavoie et al. (1989), and states that these were manipulated to produce "various combinations," she does not make explicit whether the variables were combined factorially, or whether selected combinations were presented. Her analyses include examination of interactions between worker type (social work vs. police) and four of the independent variables; this suggests that the study presented enough combinations to assess at least main effects of manipulated variables.

Home's (1994) results, based on 423 respondents (55% response rate) showed that police and social workers were similar in that both sets of professionals were more likely to blame the abused woman for the violence when the vignette mentioned provocation than when it did not. Both police and social workers attributed greater responsibility to the abused wife when the violence described was a verbal threat as opposed to actual physical violence. The study also observed that, while all workers attributed more responsibility to the male perpetrator in the scenario, male social workers were more likely than female social workers to attribute responsibility for violence to the woman, while there were no gender differences for male and female police officers. Female social workers were also more likely than male social workers to see the violence as dangerous for the woman.
These results reiterate the necessity to consider gender differences in the perception of and attributions about wife abuse.

The two groups differed in that police attributed more blame for wife abuse to women and to socio-economic factors than did social workers, who attributed more blame to the male perpetrator than did police. When the vignette included alcohol use, police were more likely to attribute blame to both the man and woman than when alcohol was not present. Social workers, however, were less likely to blame both the man and the woman when alcohol was present. Social workers were more likely than police to see the violence presented in vignettes as serious, dangerous, and at risk for recurring or worsening, and were more concerned about the consequences for the abused woman. Given the differences in responses by the service providers in social work versus law enforcement, it seems necessary to investigate professionals' views specifically according to field, to explore the recommendations that violence victims will likely receive from various groups of "helpers."

Stalans and Finn (1995) used a detailed, three-page controlled scenario method with 128 police officers (response rate not reported) who read a script of a domestic violence police call, that varied the income level of the couple (low, middle) and the behaviors of the wife as indicators of her mental state (normal, perceptual disorder, alcoholism, and unusual startled response). Respondents wrote down their thoughts, opinions, and decisions as they read the script, answered three open-ended questions on their decisions (which were later coded on 14 conceptual categories) and used 7-point scales to rate the dangerousness, truthfulness, responsibility, and believability of both husband and wife. Overall, husbands were seen as more responsible for the violence than were wives. Wives portrayed as
hallucinating or alcoholic were perceived as more dangerous and less believable than other wives, while their husbands were seen as more believable and less dangerous than the husbands of other wives. Officers inferred more frequently that the wife previously hit her husband (this was not stated in the scenario) and that her mental illness contributed to the violence when she was hallucinating than when she was otherwise portrayed. The unusual startle response was included as a condition to suggest a scenario in which the wife had been repeatedly abused (hyper-arousal and reactivity). When officers indicated that they recognized this sign of recurrent abuse, they perceived the wife as being more in control of her own actions, less dangerous, more believable, and less responsible for the occurrence of the violence.

Stalans and Finn (1995) also found that the police officers in this study were most likely to refer the wife to mental health treatment programs when she was perceived as dangerous and less aware that violence was wrong. They noted that this model was more predictive for experienced police officers than for novice officers, and interpreted this to be a result of experienced officers’ use of more developed content schemas for understanding domestic violence. The more the husband was perceived as dangerous or the abuse was perceived as recurrent, the more likely all officers were to refer the wife to a battered women’s shelter. The authors also found that decisions by experienced officers to arrest one or the other spouse were made based on efficiency considerations (likelihood of severe harm in the future) more often than on normative considerations (whether the husband or wife should have acted differently), while novice officers used normative frames more than efficiency frames.
A study by Ross and Glisson (1991) is one of the best illustrations of the controlled scenario method. Each of the 149 respondents to their mail survey (60% return rate) read one scenario. Two variables, the level of violence (none, low, and high severity) and the type of relationship (married, unmarried) were factorially combined to produce six possible scenarios. Respondents rated the male and female on 10 personality characteristics, listed the most important problems shown in the vignette, indicated which of a given list of problems might be explored with the client, and rated the likelihood with which eight options might be suggested to the client (e.g., relocation or arrest). Results showed that the greater the severity of spousal abuse described in a vignette, the more clinicians were likely to stereotype the woman in terms of personal characteristics attributed to her (e.g., dependent, incompetent mother, provocative, masochistic). Ross and Glisson (1991) also found that social workers were more likely to mention relocation as an option for an abused woman when the abuse was described as more severe. Such a correlation might be explained in terms of providers' attempts to fit their recommendations to the perceived danger of the situation. However, given Hansen et al.'s (1992) observation of clinicians' poor judgment of lethality in domestic abuse situations, it is reasonable to expect that other forms of attributions and judgments are also mediators between the depicted violence and the clinician's treatment responses.

**Personal experience.** Unfortunately, research on professionals' response to woman abuse rarely assesses the professionals' response in more realistic settings, such as role-playing or videotape studies, or reports of actual personal experience of these professionals in their respective contacts. No such observational or self-assessment studies have been
performed with psychologists or other clinicians, and only one study has examined the behaviors of police officers as retrospectively recalled by them. Breci and Simons (1987) surveyed 242 law enforcement officers (75% response rate), asking them to specify on a 5-point scale the frequency with which they used four interventions with actual domestic violence calls: warn, arrest, help, and refer. They found that 47% of the variance in officers' self-rated frequency of "service" responses (helping the couple or referring them to other assistance) and 40% of variance in "law enforcement" responses (warning them of legal consequences or making an arrest) could be explained by the officers' individual characteristics, including their view of their professional role in the community and the type and amount of domestic violence intervention training they had received. Indirectly, officers' age and the value they placed on their training also affected service and law enforcement responses. In contrast, the study found that organizational characteristics of the law enforcement agencies (e.g., the chief's administrative policies, the agency's peer group attitude, or attitudes of other officers) only accounted for 19% of the variance in service responses and 17% of variance in law enforcement responses. Thus these professionals' personal experience, training, and sense of their own role were more potent predictors of their responses to wife battering than were more general situational and organizational variables. It is clear that much room remains for the implementation of more realistic and externally valid methodologies when assessing the attributions and response of professionals, including psychologists.

Summary of results. The studies that have examined professionals' attributions and responses to woman abuse without specific reference to attribution theory and principles
have nevertheless provided insights into the effects of several important variables. Studies reporting professionals' overall attribution of responsibility to various causes yielded mixed results. Sandberg (1986) found situational variables to be most often blamed for woman abuse, with husbands and social factors blamed more than wives. Most studies also indicated that professionals assigned more responsibility to the abuser than to the victim (Home, 1994; Lavoie et al., 1989; McKeel & Sporakowski, 1993; Sporakowski et al., 1993; Stalans & Finn, 1995). Yet other studies found significant degrees of victim-blaming responses (Home, 1994; Lavoie et al., 1989; Stalans & Finn, 1995; Stith, 1990; Wood & McHugh), which correlated with specific person and situation characteristics.

The gender of the perceiver was reported to influence responses in several studies: male professionals were occasionally more likely to blame the wife/victims than were female professionals (Home, 1994; Sandberg, 1986), but Ross and Glisson (1991) found males to focus more on violence in scenarios than did females. However, no differences between males' and females' perceptions or interventions were reported in other studies that examined gender (Bentzel & York, 1988; Hansen et al., 1991; McKeel & Sporakowski, 1993). The type of profession (Hansen et al., 1991; Home, 1994; Sporakowski et al., 1993) and treatment orientation (Hansen et al., 1991; Sandberg, 1986) were reported to be significantly related to attributions and intervention. Other personal characteristics, such as sex role expectations (Stith, 1990; Wood & McHugh, 1994), approval or use of violence in one's own marriage (Stith, 1990), and level of domestic violence training received (Breci & Simons, 1987) were also observed to be influential. Person characteristics such as the above must be further evaluated with regard to differences within and across professions and
situations. Interestingly, psychologists have thus far escaped such careful scrutiny of their attributions and interventions.

Situational characteristics were also crucial in determining professionals’ causal attributions. The severity of the violence described led to greater blame of the male abuser (Home, 1994; Lavoie et al., 1989) but also greater stereotyping of the female victim (Ross & Glisson, 1991). When “provocation” by the woman was mentioned, she was more likely to be blamed for violence against her (Home, 1994; Lavoie et al, 1989). Alcohol use by the husband was observed to affect perceivers differently depending upon their occupation (Home, 1994). The effects of situation variables may be better understood as more studies evaluate the effects of such variables by using systematically controlled as opposed to uncontrolled scenarios in surveys.

Non-Professional Observers

Several studies have been done which examine the views and attributions of observers who are not themselves victims or perpetrators of violence. As is the case with research on professional observers, most of the studies of nonprofessional observers do not use attribution theory to guide hypotheses or design. However, their methods have revealed intriguing results.

Single scenario. Using a single scenario has been helpful in demonstrating the necessity of further research on the perceptions of battered women. This strategy is represented by the findings of Ewing and Aubrey (1987) who sent letters to randomly selected "potential jurors" in two cities. Their 216 respondents (17% response rate), who were mostly married, white, and middle class, all read the same scenario that described a
first incident of husband to wife abuse, and then indicated whether they believed eight statements to be true or false. The statements pertained to the relationship, the responsibility of each spouse, and characteristics of the wife. The study found that 1/3 or more of the respondents endorsed beliefs that the battered woman is partly responsible for the battering, is masochistic, and probably emotionally disturbed; nearly 2/3 of the sample believed that the woman could easily leave the relationship. Gender differences were also found in this survey: males were more likely than females to see the described incident as an isolated one, and to place responsibility on the females. However, females were more likely to agree that the woman could “simply leave” the relationship, and to see her as emotionally disturbed if she did not do so. The authors concluded that "our results clearly support the notion that a substantial proportion of the public (from which juries are drawn) subscribes to various stereotypes or "myths" about battered women" (p. 263). The following studies further explore the perceptions and attributions made by non-participant observers of woman abuse.

**Controlled scenarios.** As with professional observers, the presentation of several controlled scenarios has been used to suggest that person characteristics such as gender and personal history of the perceiver are of central importance in determining his or her response to violence. For example, Dent and Arias (1990) presented to each of their 180 college student respondents one of four domestic violence scenarios that varied on whether the husband or the wife was the perpetrator of violence and which of the spouses was using alcohol. Respondents were asked to distribute 100% of responsibility to the husband, the
wife, the situation, or "chance," and then rated both spouses on 12 semantic differential items.

This study found that men and women did not differ in their overall attributions of responsibility to either wives or husbands who were violent in their marriages. Perceivers of either gender viewed women as less responsible for violence when she was the victim than when she was the perpetrator; however, the husband was seen as equally responsible for the occurrence of violence when he was the perpetrator and when he was the victim. The authors also found an interaction between perceiver gender, perpetrator gender, and alcohol use; male respondents appeared to be more disapproving of drinking wives, while female respondents were more disapproving of violent wives. The authors suggested that this is because males were more affected by violations of drinking norms (i.e., women drinking alcohol is less socially acceptable than men drinking), while women are more susceptible to violations of aggression norms (i.e. women are not expected to be aggressive). The study also found that individuals with physical violence in their own relationships perceived woman abuse as less negative than individuals who themselves have not been violent.

A study by Burke, Ames, Etherington, and Pietsch (1990) also used a controlled scenario approach to explore whether the attractiveness of husbands and wives influenced the perceptions and judgments of potential jurors. They presented 480 first-year psychology and sociology students with photographs of a hypothetical husband and wife, followed by a 1/2 page domestic violence scenario. This scenario presented both the husband's and the wife's perspectives, and had been prejudged in a pilot study as having a 50/50 split in the decision of the husband's guilt. The pictures varied in the pre-rated
physical attractiveness of the husband and of the wife. Respondents rated several items on a 5-point scale, including the likelihood of finding the husband guilty, the severity of the sentence given, the attribution of responsibility to each spouse, and the psychological adjustment of each. They also rated an adjective checklist for each spouse, including items such as trustworthy, confident, etc.

The study found little effect of attractiveness on attributions of responsibility or guilt and sentencing, but found gender differences between male and female college students in their views of the described abusive husband and abused wife. Males were more likely than females to be lenient when it came to “sentencing” the husband, and thought the husband was better psychologically adjusted, more trustworthy, and more confident than did females. However, males and females were equally likely to find the husband guilty of assault. The authors suggested that while men recognize the wrongfulness of woman abuse, they do not recognize the seriousness of the crime as much as women do.

Arias and Johnson (1989) also used a very brief controlled scenario to assess evaluations of male and female perpetrators using “ordinary” and “severe” violence. Their 103 male and 99 female undergraduates were first asked to use the Conflict Tactics Scale (CTS; Straus, 1979) to rate their own experience of using violence against or being the victim of violence by a current or former dating partner. Respondents then considered (1) a female partner as the aggressor towards her male partner, and (2) a male partner as aggressor towards his female partner. For each situation, respondents used a 12-item bipolar semantic differential type questionnaire to rate nine violent behaviors derived from
the Conflict Tactics Scale (Straus, 1979). Behaviors varied in severity, with actions such as slapping the other being “ordinary” and hitting the other with an object being “severe.”

Arias and Johnson (1989) found male and female respondents to be similar in that they both rated either male or female perpetrators’ severe aggression as more negative than ordinary aggression; and both rated male violence (ordinary and severe) as more negative than female violence (ordinary and severe). Respondents who had engaged in violence against their own partners rated ordinary violence (male and female perpetrated) and female-perpetrated severe aggression as less severe than did non-violent respondents. Furthermore, violent male respondents rated male violence less negatively than did violent female respondents. Respondents who had been the target of violence rated ordinary violence (male and female perpetrated) and female perpetrated severe violence as less negative than respondents who had not been victimized. These results indicate that males and females are, for the most part, similar in their evaluations of aggressive acts; however, when the potent effects of experience with violence (either on the perpetrating or receiving end) are taken into consideration, gender of the evaluator does have an impact on ratings of violence.

College students in Barnes’ (1983) controlled scenario study read one of nine woman abuse scenarios which varied according to the husband’s antecedent behavior (drinking, under work stress, and no information) and level of severity of the violence. Respondents then rated the level of responsibility of each spouse, predicted the reoccurrence of the violence, and recommended social and legal consequences. Increased severity resulted in greater attributions of responsibility to the man, as well as predictions of greater
likelihood of reoccurrence and stronger recommendations for social and legal consequences for the abuser. Drunken abusers were seen as more responsible for the violence than sober men; no differences between responsibility for work-stressed men and non-work-stressed men were reported.

Other research formats. Presentation of relevant information in a realistic format such as videotaped acting, role-playing, or a slide presentation, are infrequent in woman abuse research, but three such studies have been performed as part of dissertation research. Muldary (1983) used such a method, in that she manipulated the frequency of woman abuse acted out in a slide show/audiotape presentation watched by 120 undergraduate psychology students. Respondents used Likert-type scales to attribute blame to the portrayed husband, to the wife, to both, and to environmental causes. Males and females were found to be similar in attributing more responsibility to the abusing husband than the wife. The locus of causality interacted with the frequency of violence shown: as incidents of violence increased, respondents blamed the husband and joint causes (both husband and wife) more than they blamed the wife or environmental causes.

Beaman (1988) also used a more realistic presentation of information to assess victim versus perpetrator blame. He had 270 undergraduate students complete scales to assess their own locus of control and belief in a just world before viewing a videotape of an incident of abuse of a woman by a man. Written descriptions of the portrayed violence varied on two dimensions: the length of the relationship (short and long), and the type of the relationship (dating or married). Respondents were then asked to give their impression of the cause of the event, and to indicate the degree to which they identified with each
character. Male students were more likely to identify with the perpetrator in the video, while females were more likely to identify with the victim when assigning blame. However, no effects of locus of control or just world orientation were found.

One criticism of psychotherapy’s approach to the problem of woman abuse is the accusation that therapists take an “expert” role, and do not understand the problem of violence from the point of view of the women involved. Such differences in perspective were the focus of a study by Costello (1983), who examined the attributions of 40 nonbattered women as compared to those of 40 battered women. Each woman listened to one of two audiotaped recordings of a hypothetical battered woman, whose commentary varied in the expression of an overall feeling of optimism or pessimism. The women rated the husband, wife, and environment on the degree to which each was responsible for the violence, and the alternatives to change available to the hypothetical victim. Each person also completed the CTS, the Beck Depression Inventory, and the Attitudes Toward Women Scale (Spence, Helmreich, & Stapp, 1973).

Costello (1983) found that both battered and nonbattered women attributed more responsibility to the optimistic hypothetical victim than to the pessimistic victim. Nonbattered women made more internal, characterological attributions of blame to the hypothetical victim, as compared to battered women, who attributed less responsibility to the portrayed victim, and more to environmental as opposed to characterological causes. Although the author did not use attribution theory to explain these results, they support the hypothesis that a fundamental attribution error - attributing more responsibility to internal, stable characteristics of a target when observing behavior than when acting - can indeed be
a factor in explaining woman abuse. Such discrepancies between the perspectives of those who observe and those who “act” in a situation have been more widely studied in research on the fundamental attribution error.

**Summary of results.** The studies which examine attributions and perceptions of non-participant, non-professional observers without the benefit of attribution theory as a guide provide data on several variables relevant for the current study. First, Ewing and Aubrey (1987) provide evidence that a large proportion of the general public partly blame the victim of woman abuse, and see her as emotionally disturbed and masochistic for staying in the relationship. Several studies indicate similarities across gender in the tendency to attribute more responsibility to the abuser than to the victim (Burke et al., 1990; Dent & Arias, 1990; Muldary, 1983). Males and females are also similar in rating severe violence as more negative than less severe violence, and male-perpetrated violence as more negative than female-perpetrated violence (Arias & Johnson, 1989).

However, female perceivers empathized more with depicted female victims (Beaman, 1988) and saw abuse as more worthy of punishment (Burke et al., 1990) than did male perceivers. Males and females also differed in their response to information related to alcohol use by the depicted couple. Men were more negatively influenced in their perception of a woman when she drank, while females judged her more harshly when she was a perpetrator of violence (Dent & Arias, 1990). Another personal characteristic of the perceiver that decreased the attribution of responsibility to a hypothetical wife included a the perceiver’s own history of having been abused in an intimate relationship (Costello, 1983; Dent & Arias, 1990). However, having been the victim of domestic violence in the
past also predicted less negative ratings of violence that was described as low in severity (Arias & Johnson, 1989).

As severity (Barnes, 1983) or frequency (Muldary, 1983) of abuse increased, joint responsibility and husband responsibility increased as compared to wife responsibility or environmental responsibility. Other situational and personal characteristics that have been studied (e.g., attractiveness of the abuser or victim, perceiver’s locus of control, and perceiver’s just world beliefs) have not been predictive of differing attributions (Beaman, 1988; Burke et al., 1990). As in the case of professional observers, a clearer picture of the situational characteristics is likely to evolve with continued use of controlled scenarios in surveys. Further work also remains to be done on other characteristics of non-professionals (e.g., sex role attitudes or exposure to real incidents of violence) that could influence their views of woman abuse; interactions between personal and situational characteristics have been infrequently examined. It is also surprising that, unlike in other victimization and trauma fields, few characteristics of the victim of wife abuse have been assessed to determine their influence on judgments of responsibility and blame.

Studies in Related Fields of Inquiry

With regard to victim characteristics, several studies in related trauma/violence fields (e.g. rape, sexual harassment, auto accidents) yield results which could be relevant to attributions made for woman abuse. Specifically, several studies indicate that information about the previous history of someone affected by a traumatic event is used in forming judgments about that actor’s characteristics and responsibility for the event.
Two studies asked non-professional non-participant observers to read scenarios that presented variable information on a rape victim’s sexual history or sexual assault history. For the controlled scenarios read by the undergraduates in the study by Johnson, Jackson, Gatto, and Nowak (1995), not only did male respondents attribute greater responsibility to rape victims than did women, males also attributed more responsibility to a victim with a “promiscuous sexual history” than did males who did not see the victim so described. This discrepancy was not found for female respondents. Schult and Schneider (1991) found in their controlled scenario study that, while male undergraduate observers attributed more blame to the victim in a scenario depicting sexual assault than did female observers, both genders attributed more blame to a rape victim who had a previous history of being raped, or who was described as dressing and behaving in a provocative manner. Pollard’s (1992) review of judgments of rape victims and their attackers similarly concluded that information about a victim’s previous “promiscuous” sexual activity, “provocative” dress, intoxication, and other “risky” behaviors increase the likelihood that the victim will be partially blamed for the rape. Pollard (1992) also summarized research showing that male observers’ judgments are more influenced by these background and history descriptions than are females’ judgments.

In studies of sexual harassment, information about the victim’s background or history has also been shown to influence judgments of her. For example, Summers (1991) used controlled scenarios to show that when a woman complained of sexual harassment, the complaint was seen by undergraduates as a result of her own characteristics when she was described as a feminist or as being in competition with the perpetrator for a job, than when
these descriptions were not given. The discrepancy was more true for male than for female respondents.

One of the clearest demonstrations of the effect of an actor's history on perceptions of her/him comes from Taylor and Kleinke (1992), whose controlled scenario study showed that when a drunk driver who caused an accident was described as having a history of drunk driving, he was blamed more for the accident by undergraduate observers. He was also seen as less believable and more reckless, compared to a drunk driver with no previous history of driving under the influence. Blame also increased as the severity of the accident increased, as the driver's expressed remorse decreased, and as his expressed awareness of being impaired when driving increased (i.e., he intended to take the risk of driving drunk).

These studies represent a trend in fields related to domestic violence indicating that the background of someone involved in trauma, particularly a history of the same trauma or "risky" behavior, increases the likelihood that the victim will be held at least partially responsible for the trauma.

**Participant Observers**

Recently, researchers have begun to examine the attributions for woman abuse made by the actual participants in the violence, with the assumption that the explanations spouses use to understand marital violence will influence their emotional and behavioral reactions to it (Holtzworth-Munroe, 1988). It is important to note that, for a variety of reasons, psychologists' views may concur or disagree with those of the perpetrators and victims. Clinicians' views may be influenced not only by the research literature and professional dialogues in which they participate, but also by the explanations they hear from their clients.
This research also provides valuable clues as to what environmental factors influence participants and may also influence clinicians' attributions. Therefore the findings related to the attributions of those directly involved in woman abuse are reviewed here to provide further bases for the hypotheses of the current study.

Frequently the content of victims' and perpetrators' attributions are of interest to researchers, even though specific hypotheses are not generated from attribution theory or other psychological models. (Other studies that are more clearly guided by theory are reviewed following an overview of attribution theory and research.) The approach most often used to elicit these attributions from participants is presentation of a number of questions to elicit current and past attributions for various real incidents of violence. This has been done using two main methods: the interview and the questionnaire. Participants are typically recruited from a variety of sources, and occasionally, both the man and woman are questioned, although far more studies have access only to the abused woman.

Informal interview. Upon discovering that half of all women referred in a twelve-month period by the medical staff of a rural health clinic for psychiatric evaluation were victims of marital violence, Hilberman and Munson (1978) used an informal interview format to explore the similarities of the 60 battered women referred, and their symptoms and treatment needs. The authors did not describe specific tallying or coding procedures, but did report percentages of women experiencing different kinds of abuse from their husbands and other problems (e.g. alcoholism of the husband, trying to protect children from violence) and describe the patterns that they observed in treating the women. With respect to attributions, the authors concluded from their interviews that these victims of
woman abuse utilize a group of beliefs to “explain” the brutality: the violence is perceived as a norm, violence is rationalized (the husband is not responsible because he is sick, alcoholic, etc.), violence is justified (she deserves it), and violence is thought to be controllable by the wife (if she is good, quiet, compliant, etc.). Furthermore, Hilberman and Munson (1978) observed that these women avoided dissolving the marriage because of other attributions and beliefs: that the woman loves the man, that she cannot live without him, that she stays “for the sake of the children,” and that he will change. Although the authors did not cast their conclusions in terms of attribution dimensions, they appeared to conclude that abused wives tend to blame themselves, to see the causes of the violence as stable, as it is normative in both the current family and family of origin, and to view the violence controllable in that the wife’s behavior impacts the outcome and the husband can make changes.

**Questionnaires.** At least two questionnaire studies call into question Hilberman and Munson’s (1978) conclusion that all abused women blame themselves for violence. O'Leary, Curley, Rosenbaum, and Clarke (1985) asked 51 self-referred female clients of a domestic violence treatment center to complete a self-report questionnaire containing a marital adjustment measure, the short version of the Attitudes Toward Women Scale, an alcoholism screening test, two measures of assertion, and personal information related to demographics, history, marital dynamics, child rearing practices, and severity, frequency, and onset of abuse. As part of the latter portion of the questionnaire, the abused wives described why they felt their husbands hit them. These reasons were reliably categorized by two researchers into ten categories.
O’Leary et al. (1985) found that the highest percentage of self-blame was 33% of women blaming their own assertiveness or disagreement. Other self-blaming responses were wife yelling and sarcasm, wife persisting in talking, wife refusing sexual advances, wife asking questions or not answering. Husband blaming responses included alcohol, drugs, or psychological state of the husband, and or husband’s being threatened by wife’s independence. Environmental blame was attributed to financial problems. Thus, the study suggests that with more careful measurement, women do not only blame themselves, as Hilberman and Munson (1978) concluded. Other results of this study not related to causal attributions are reported in Rosenbaum and O’Leary (1981).

Prescott and Letko (1977) also used a questionnaire sent to 40 respondents to an ad placed in a major women’s magazine requesting that women share their information on marital violence. The questionnaire asked for demographic data, and used both multiple choice and open-ended reply formats to assess the type of abuse experienced, the details of the most recent abuse incident, the women’s participation in the incidents, and the attribution of blame and the perceived causes of the violence. The authors do not describe how women’s responses were coded. Eighty percent of women surveyed by Prescott and Letko (1977) felt the blame for the abuse was shared between themselves and their husbands, with each spouse’s failure to meet the expectations of the other the most frequently cited cause of violence. Other causes mentioned to explain the violence included lack of agreement over appropriate roles for each spouse, lack of communication skills, emotional disturbance or upset, women’s rising expectations for personal growth and achievement, lack of agreement on behavior in crucial areas of marriage (e.g., sexual
relations), child rearing disputes, the woman’s employment, husband’s financial difficulties, and the women reminding him of responsibilities. The authors do not provide data on the percentages of women using these explanations, nor do they relate person or environmental characteristics that influence these attributions. The broad range of possible causes suggests the need for an organizing framework, such as attribution theory provides. However, the observation that a majority of women at least partially blame their husbands for abuse is a different conclusion than that of Hilberman and Munson (1978) whose 60 battered women were thought to completely exonerate their husbands.

Summary of research. The three studies that examine participant observers’ attributions about the causes of woman abuse present opposing perspectives. Hilberman and Munson’s (1978) informal interview study concluded that battered women tend to make stable, internal causal attributions, and view the violence as controllable by their own behavior. However, the questionnaires administered by O’Leary et al. (1985) and Prescott and Letko (1977) indicated that women blame themselves, at most, at the same rate as they blame their husbands. The imprecise descriptions of methods used for assessing these women’s attributions make it difficult to explain the discrepancy between the studies. It may be because of this imprecision that a number of researchers have turned to attribution theory for organization.

Attribution Theory, Models, and Correlates

We have seen that several person and contextual characteristics influence the responses of professionals and lay observers who are confronted with situations involving
woman abuse. However, when it comes to understanding the perceived causes of violence, the lack of theoretical grounding for much of the above research severely limits the way questions regarding attributions can be asked and answered. To explore more precisely how observers and participants understand and explain woman abuse, more recent literature has used the well-researched social psychological model of attribution theory. We turn now to a more thorough explanation of attribution theory, and review the smaller number of studies which have implemented this approach in investigations of causal understandings of and responses to woman abuse.

**Weiner’s Model of Causal Attributions and its Revisions**

A special issue in understanding psychologists' response to woman abuse is responsibility, both responsibility for instigation of the battering and preventive responsibility for its end. Who started the violence? Who contributed to its continuation? Who should leave if it doesn't end? Who should get treatment or seek professional help (social, psychological, or legal)? Making judgments about the causes of an event involves a high degree of inference and uncertainty (Einhorn & Hogarth, 1986). Attribution theories can help conceptualize explorations of views of psychologists who work with battered women. Attribution theory "describes the process through which we choose one from many possible causes to which a behavior should be attributed" (Overholser & Moll, 1990, p. 108).

According to Weiner's model of causal attributions (Weiner, 1979; Weiner, 1986; Weiner et al., 1972), the three most important dimensions for assessing causality are the locus of the cause (internal or external), stability of the cause (stable or unstable), and
controllability of the event (within or out of the individual's control). All three dimensions contribute to the assignment of responsibility to a person involved in an occurrence. Thus, a woman who has been physically assaulted would be more likely to be seen by an observer to be causing the abuse if she were believed to have some stable internal qualities which brought the occurrence of the abuse into her control. In contrast, the abuse could be seen as having an external cause (economic stress on the marriage), an unstable cause (the husband having just been fired) or an uncontrollable cause (alcoholism of the husband).

Attribution theory suggests that after a need for help is perceived, the perceiver searches for reasons why the need has come to be. Assessments of the three dimensions affects the potential helper's emotions, which influence helping behavior. For example, Forsterling and Rudolph (1988) describe how questionnaire research has shown that willingness to help depends on the extent to which the described person has control over the cause of needing help and the extent to which the potential helper feels sympathy, rather than disgust, for the needy person. Weiner's model would indicate that therapists' causal attributions may influence their decisions about providing assistance to a woman who claims she is a victim of woman abuse.

Critiques of Weiner's model question whether controllability adds substantially to the explanation of causal attributions. One reformulation of the model for use in understanding learned helplessness in depression retains locus and stability of the event as key dimensions of causal attribution, and also includes the category of global versus specific (Abramson, Seligman & Teasdale, 1978). A global, "pervasive" attribution is one which can be generalized to many different situations, as compared to a specific attribution, which
only applies to a single event, or a narrow range of occurrences. For example, if a husband is seen as having a “violent personality” (showing hostility towards friends, coworkers, and his wife) a more global attribution may be made than to a husband who has violent tendencies toward his wife only.

Attributions have been assessed using these four dimensions (locus, stability, controllability, and specificity) in a wide variety of arenas. A substantial amount of literature has been devoted to how perceivers explain achievement (success and failure), rape (Pollard, 1992), depression (Anderson & Arnoult, 1985; Anderson, Jennings, & Arnoult, 1988; Carver, Ganellen, & Behar-Mitrani, 1985; Janoff-Bulman, 1979; Peterson, Schwartz, & Seligman, 1981), and marital events, especially conflict (Bradbury & Fincham, 1990; Sayers & Baucom, 1995). Any of these four dimensions of causal attributions (locus, stability, controllability, and specificity) could also be used to explore the ways that psychologists think about how domestic violence is initiated and maintained.

**Principles of Attribution Theory Applied to Woman Abuse**

Attribution models can also guide questions about how blame and responsibility are dealt with in controversial events such as woman abuse. Responsibility refers to who (or what) can be held accountable for an event that has positive or negative valence, while blame often refers to an attribution of responsibility to someone with the additional inference that the person intended to achieve a negative outcome (Fiske & Taylor, 1991). Several concepts used in research on attributions of responsibility are the fundamental attribution error and actor-observer effects; self-defensive attributions such as the defensive attributional bias (Shaver, 1970) and the "just world" formulation (Lerner, 1977; Lerner,
1970), and self-blame of victims of violence (Bulman & Wortman, 1977; Janoff-Bulman, 1979; Wortman, 1976). Such concepts can organize and explain previous findings on attributions about woman abuse, and can assist researchers in making predictions in new studies.

One of the more robust findings in causal perception is the fundamental attribution error, a bias in social perception whereby a perceiver is more likely to attribute a target's behavior to dispositional qualities, such as attitudes or personality traits, rather than to situational factors, such as social norms or roles (Heider, 1958; Ross, 1977). A substantial amount of research has demonstrated this pattern (e.g., Miller, Jones & Hinkle, 1981; Schuman, 1983), and has found such attributions of dispositional qualities to other persons to be made fairly spontaneously, rapidly, and without awareness (e.g., Winter & Uleman, 1984; Winter, Uleman, & Cunniff, 1985). Other studies further suggest that using situational information to discount the role of dispositional factors is a more complex, cognitively demanding task than is the more spontaneous dispositional attribution itself (Fiske & Taylor, 1991; Gilbert, Pelham & Krull, 1988). For example, rather than just attempting to explain a person's behavior through dispositional attributions, the perceiver in a social interaction may also be busy trying to manage his/her own impressions, predict the other's behavior, or evaluate future courses of action. Gilbert et al. (1988) demonstrate that "cognitive busyness" with these other tasks interferes with the also complex process of dispositional attributions. Thus, a psychologist who is making attributions about the qualities of a new client in a real clinical setting may not be as unbiased as the psychologist
who is the reader of a scenario, who is not also having to establish rapport, test hypotheses, formulate questions and interpretations, or attend to the time.

An extension of the fundamental attributional error is the *actor-observer effect*, which is "the tendency to explain others' behavior as due to dispositional factors and one's own behavior as due to situational or unstable factors" (Fiske & Taylor, 1991). This discrepancy has been explained as a result of the difference in the salience of one's own, versus another person's, behavior in a situational context, or as a result of the greater access to information an actor has about his/her own feelings, intentions, etc., compared to what an observer knows about a target's internal world. Both explanations have been supported empirically, and actor-observer differences have been demonstrated in multiple studies (Jones, 1976; Jones & Nisbett, 1972; Kelley & Mechela, 1980; Nisbett, Caputo, Legant, & Maracek, 1973). Two qualifications of this tendency are important. First, some research has found that negatively valued behaviors are more often attributed to situational factors, while positive outcomes are more likely to be attributed to dispositional factors (Taylor & Koivumaki, 1976; Tillman & Carver, 1980). Also, higher empathy for the target leads to greater situational attributions; that is, the observer makes attributions as if s/he were the actor (Gould & Sigall, 1977; Regan & Totten, 1975).

Another aspect of attribution theory relevant to this study is the *defensive attributional bias*, which refers to "the idea that people attribute more responsibility for actions that produce severe rather than mild consequences" (Fiske & Taylor, 1991, p. 84). Shaver (1970) suggested that it is difficult for observers to view severely negative consequences of an actor's behavior as merely accidental. To avoid imagining that the
same thing could happen to oneself, the observer is more likely to see the action as avoidable, and to therefore to attribute greater blame to the actor. This is especially true when an observer is dissimilar to the perpetrator of an act. However, a corollary of this model is the notion of "judgmental leniency," in which observers who feel similar to the actor decrease their attribution of responsibility to that actor: "[W]hen respondents ... [feel] that they could just as likely have been the victim, they [are] hesitant to assign responsibility since doing so might be comparable to stigmatizing themselves in the process," (Bell, Kuriloff, & Lottes, 1994, p.1728). For example, a male observer of domestic violence may be less likely to attribute responsibility to a male perpetrator of violence if the observer identifies himself with the actor along gender lines. While support for the defensive attribution hypothesis has been mixed, a meta-analysis of defensive-attribution literature by Burger (1981) does indicate increased blame of actors under severe outcome conditions when observers were dissimilar to actors, and greater judgmental leniency when observers identified with actors. Thornton (1984) also found that defensive attributions are mediated by the degree of arousal elicited by a threatening situation: higher arousal or "cognitive threat" experienced by the observer motivates the observer to defend him- or herself by decreasing the attributed responsibility to the actor with whom they identify.

The "just world" belief formulated and researched by Lerner (1970) is also based on the need to ward off threats to the self. Seeing the world as basically fair (in which good things happen to those who deserve them, and bad things happen only to bad people) helps an observer to believe that if one tries to act appropriately (through behavior that one can control), mostly good things will happen in one's life. Seeing events as randomly caused
would imply that a negative incident could happen by chance to oneself, despite all efforts to control the environment. Thus, the observer of accidents or misfortunes in others is likely to blame the actions of the person involved, or if that fails, to blame the person's character. Both the just world hypothesis and defensive attributions are self-enhancing attributions which suggest that in cases of wife beating, the victim's actions or character could be seen as partly responsible for the violence, especially when violence is severe or when the observer is dissimilar to the victim (e.g., a male observer).

Researchers have also examined the application of attribution theory specifically to victims of accidents, disasters, and violence, and have pointed out that victims' attributions for their own outcomes may differ from the attributions of observers. The reviews and empirical studies of Wortman and Janoff-Bulman (Bulman & Wortman, 1977; Janoff-Bulman, 1979; Wortman, 1976) indicate that “people exaggerate the extent to which uncontrollable outcomes are caused by their [own] prior misbehavior or mistakes” (Wortman, 1976). Bulman and Wortman (1977) found that, while both self-blame and other-blame were used by victims of spinal cord injuries, those who attributed responsibility for the accident to others showed great difficulty in coping with their paralysis. Victims who perceived the accident as unavoidable but nevertheless their own fault were better able to cope with the victimization. However, when the outcome is perceived as avoidable and one's own fault, coping is also problematic. The authors suggested that “although exaggerated feelings of personal control may generally be adaptive, they can be maladaptive when the individual is confronted with a permanent, nonmodifiable outcome” (Bulman & Wortman, 1977).
In addressing the seeming paradox between a victim’s blaming oneself for an outcome and feeling a lack of control over the outcome, Janoff-Bulman (1979) distinguished between behavioral self-blame, which is control-related and focuses on one’s own behavior, and characterological self-blame, which is esteem-related and focuses on the kind of person one perceives oneself to be. She found that victims of rape often blamed themselves behaviorally, which would represent a functional control-maintenance strategy for managing a traumatic event. These victims rarely blamed themselves in a characterological way, suggesting that the view of a victim who perceives herself as worthless is unfounded.

A similar distinction is made by Miller and Porter (1983) who have suggested that two different questions can be asked by a victim trying to understand a violent act: (1) what was the “cause” of the violence (“Why violence at all?”), and (2) what was the “occasion” of the violent episode, or why was this victim the recipient of the violence at this time, (“Why me?”). Miller and Porter (1983) theorized that a battered woman is more likely to try to answer the first question to determine whether the cause for the violence resides within the husband or herself: “For her what is most in need of explaining is the very existence of her spouse’s violence” (p. 144). In contrast, a stranger rape victim may be trying to answer the second question, “Why me?” instead of someone else on some other night, etc. However, several theorists such as Walker (1994) and Frieze (1979) have describe one of a battered woman’s coping mechanisms as her attempt to gain a sense of control over the ongoing violence by getting it to happen at a particular time and place when the woman can be prepared for it. This appears to be a
form of control over the "occasion" of violence, as this type of provocation may not be seen by the victim as actually causing the violence but making the violence predictable by controlling it. Thus, a victim’s attribution of responsibility for violence to herself may indicate neither characterological self-blame nor seeing herself as the "cause" of violence, but may be a behavioral control strategy in which one can influence the "occasion" of violence, which may actually increase coping.

Attributions and Behavior

An important link in the chain of relationships from either attributions to actual treatment of battered women is the relationship between reported cognitions and observed behavior. Fiske and Taylor (1991) note that research on the relationship between cognitions and behavior has been mixed: "sometimes the two parallel each other...and sometimes not" (p. 515). They warn against expecting too strong a relationship between attributions or attitudes and behavior and observe that higher levels of consistency between reported cognitions and behaviors are found when both are measured at a similar level of specificity of the construct. In the present study, therefore, it was important to begin to assess the relationship between psychologists' attributions about battered women and their estimations of their expectations and behaviors if they were to work with specifically described battered women. While the current study remained at a level of self-report, the current examination of psychologists' possible interventions can contribute to the design of studies of their behavior in real, or realistically simulated, woman abuse situations.
Perceivers’ Causal Attributions and Responses to Woman Abuse:

Applications of Attribution Theory

Non-Participant Observers

To date, no studies of helping professionals’ attributions have used attribution theory or principles to generate hypotheses or guide research design. To this extent, our knowledge of psychologists’ and other mental health or service workers’ attributions and reactions to woman abuse is less sophisticated than what is known about participant observers, a population in which far more studies have based their predictions and methods on what has been previously found in other areas of attribution research. The few studies that have been guided by attribution theory on non-participant perceivers of woman abuse, all of which use controlled scenarios, illustrate the productivity of using attribution theory to guide research, and gives some suggestions as to how research on professionals’ attributions could be carried out.

Corenblum (1983) surveyed 24 female and 61 male members of Alcoholics Anonymous (AA) on their reactions to controlled scenarios which depicted husband to wife violence involving alcohol. The six-line scenario varied according to whether the husband, wife, both, or neither were intoxicated at the time of the violence incident. After reading one of these four scenarios, respondents used 7-point scales to attribute responsibility for the abuse to the husband, wife, or other factors, and also to estimate the likelihood of the attack’s recurrence, the degree to which alcohol influenced the actors’ behavior, the degree to which the abuse had been deliberate, and the likelihood of past and future alcohol abuse
by the using party(s). Respondents also indicated their age, sex, length of membership in AA, regularity of AA attendance, length of alcohol problems, and the frequency with which they had received from or inflicted abuse on their partners, if ever.

Corenblum (1983) reviewed research on actor-observer differences and the just-world hypothesis in order to generate precise predictions. The author hypothesized that as members of AA progress through the Twelve Steps, their causal schemata would change as they became more aware of the number of interrelated factors, controllable and uncontrollable, that contribute to alcohol use and other behaviors. In other words, a more advanced or mature approach to understanding one’s own behavior would lead an observer to be less susceptible to traditional actor-observer differences (i.e. attributing an actor’s behavior to dispositional features of the actor), and the observer would attribute violent behavior to both internal and external factors. The study also proposed two competing predictions. One hypothesis was that shared experiences would engender feelings of empathy, that is, women and/or victims of violence would attribute less responsibility to the abused wife depicted. On the other hand, the just-world hypothesis suggests that a similar other may be held more responsible for a misfortune, so that the perceiver decreases the sense that s/he too could become a victim by chance alone. This would mean that victims and/or women would attribute more responsibility to the hypothetical abused wife.

Corenblum’s (1983) report does not indicate whether the male perpetrator or the female victim was blamed more for the violence. The study found that, overall, women were more likely to attribute the violence to factors external to both husband and wife, than were men. When both parties in the vignette were described as intoxicated, women were
more likely than men to hold the wife responsible. Results supported the hypothesis involving length of AA attendance, in that long-standing attendees were more likely to make external attributions of responsibility, holding the depicted husband and wife less at fault than did less regular attendees of AA. Both men and women who had been abused in their current marriages held a hypothetical wife more responsible for the abuse inflicted upon her, than did respondents who had not themselves been abused. This result was interpreted to be consistent with the just world hypothesis: “if an innocent other can be a victim of alcohol-related violence, then the respondent may come to feel that he or she too can be victimized despite attempts to remain sober...Fairness can be restored by attributing responsibility to the victim, thus implying that the abuse was somehow justified” (Corenblum, 1983, p. 667).

Hillier and Foddy (1993) examined the role of provocation in non-professional, non-participant observers by unsystematically recruiting 128 participants (59 male) from workplaces, sporting clubs, schools, and other community organizations for their study. They used six vignettes depicting a moderate level of violence (as determined by pilot testing), which varied in the level of provocation by the wife-victim. High provocation was represented by the wife’s sexual infidelity, gambling, or drinking in public, while low provocation was represented by the wife’s taking up a hobby, wanting to work outside the home, or complaining about repairs not being completed. In response to each vignette, respondents rated six questions using an analogue line on which a cross was placed to indicate degree of blame. Two questions rated blame of the husband and wife and were used in analyses, while the others related to the dispositions of the spouses and expected
recurrence of violence. Respondents also completed a short form of the Attitudes Towards Women Scales (AWS), which yielded total scores on a traditional-liberal dimension.

The study found that overall, perpetrators were blamed more than victims. Male respondents were more likely than women to blame the victim in both high and low provocation scenario types, while women were more likely than men to blame the perpetrator of violence. This gender difference was interpreted by the authors as being a form of defensive attribution (Shaver, 1970). Respondents categorized by the AWS as having traditional sex-role attitudes blamed the victim more and perpetrator less than did respondents categorized as egalitarian in sex-role attitudes. Victims were blamed more in high provocation scenarios, but overall were blamed less than the perpetrator. Respondents with traditional sex-role attitudes were influenced more by provocation in their attributions of blame than were respondents with egalitarian sex-role attitudes.

Delgado and Bond (1993) explored the degree to which jealousy is seen by the lay public as mitigating the responsibility for wife abuse. Male and female interviewers approached passers-by in railway stations, small companies, and shopping areas, and asked them to complete a short questionnaire concerning wife battery. While the total number of those approached is not reported, the authors state that “nearly all those approached” agreed to participate, for a total of 351 respondents. Two brief scenarios varied on the type of detail that was given: “A man has battered his wife. He was angry because: (1) he had found out she had been having sexual relationship with another man or (2) he had been having financial problems and arguments about money.” Respondents read both scenarios, and after each used an 11-point scale to rate locus, stability and controllability of the causes
relative to the husband, his responsibility and guilt for the assault, the likelihood of his feeling guilt or shame, the wife’s likelihood of feeling guilt or shame, and the likelihood of recurrence of violence. This study found that, overall, perpetrators were blamed more than victims, and respondents with higher education expected less guilt in the victim than did medium and low education respondents. Older respondents attributed the violence to more stable causes and were more likely to expect the victim to feel guilty and responsible for the violence. Respondents expected more guilt and shame in the perpetrator in the jealousy scenario than in the money scenario. This was interpreted as indicating that jealousy is not seen as justifying wife abuse.

Many studies have sought to highlight further the explanations given by the actual victims and perpetrators of this form of abuse. As the field of participants’ attributions is the area that has been most thoroughly integrated with attribution theory, several of these studies are reviewed next.

Participant Observers

One paradoxical result of the literature’s intense focus on victims’ characteristics is the advance made in detailing the attributions made by abused women and, less frequently, abusing men. This vein of exploration has been more extensively guided by attribution theory than has research on other observers of woman abuse, and has often gone beyond mere husband and wife blaming, toward examining the locus and stability of attributions and the factors in the environment that affect these attributions. Once again, abusers’ perceptions are less often studied than those of the abused women. In both cases, principles derived from attribution theory, such as the just-world hypothesis, defensive attributions,
and actor-observer differences have often been employed to make predictions and interpret results. Methods used include conjoint and individual interviews and scenarios, both controlled and uncontrolled.

Conjoint interviews. Cantos, Neidig, and O’Leary (1993) used a conjoint interview to assess the attributions of both husbands and wives for the same incident. One hundred thirty-nine couples on military bases were mandated to attend a domestic violence treatment, and data were gathered from an initial screening interview. Couples were asked, in the presence of each other, to describe the first episode of violence and the most recent incident. They then responded “yes” or “no” to whether he/she blamed him or herself, and whether the spouse was blamed for that incident. Participants also completed the CTS and an assessment of marital adjustment and indicated the level of injury sustained in the last incident of violence. Cantos et al. (1993) found that the external attributions made by women and men were similar in that they were both more likely to blame their spouse than themselves for both incidents of violence (first and most recent). The study also found that wives who blamed their husbands more than themselves tended to have received more injuries than did wives who blamed themselves. The authors interpreted this as supporting the hypothesis that more extreme behaviors are more likely to be perceived as being intended and caused by the actor (Jones & Davis, 1965). Wives who blamed themselves more were more likely to have been abused as children, which the authors suggested may be because events consistent with past experience tend to be attributed to stable causes internal to the person.
Structured interviews. Frieze (1979) described a study designed to test an attributional model of women’s reactions to battering. According to the model, attributional biases would operate through the woman’s egocentric bias towards blaming others more than herself, and at other times, through women’s and victims’ tendency to blame themselves for problems. The model predicted that repeated and severe violence would be attributed to the husband, as would be consistent with the tendency for perceivers to attribute actions with extreme results as intended and caused by the actor. The study used lengthy structured interviews with 41 self-identified battered women and with control groups drawn from the same neighborhoods as the battered women. The “control battered group” consisted of 27 women who identified violence in their marriages without identifying themselves as battered, while 55 “control non-battered” women had not experienced any violence from spouses.

Women were asked to provide background information, and information about power relations in the marriage, sexual relations, help seeking behavior, alcohol use, and, for women who had been assaulted, the violence experienced. After a description of the first violent incident was obtained, participants were asked how they understood why the husband was violent. Later in the interview, the women were asked whether they now notice any general pattern to the violence and what particular times they expected violence. Women’s attributions for “first incident” and for “patterns” were categorized according to locus (husband, joint, wife, and don’t know) and stability (unstable, uncertain, and don’t know). Women also indicated the degree to which they blamed a hypothetical victim of wife battering, compared to her husband and environmental causes.
Results showed that most women did not know why the first incident occurred. For those who did make an attribution, a slight tendency for self-blame was found for the first incident in the control battered group, while self-identified battered women were equally divided between self and husband blame. Both groups were more likely to make unstable attributions than stable ones to explain both the first incident and the overall pattern of violence. More husband blaming than self-blaming responses were found in looking at patterns of violence, and women's attributions were somewhat more stable when assessing patterns of violence than a single incident. The author interprets these results to indicate that women may become less likely to blame themselves over time. A mere 10% of these women blamed the hypothetical battered woman, while 82% blamed the husband, a pattern which suggests that victimized women may blame themselves more than they would blame other victims. However, because the self-blame attributions were to unstable factors internal to the woman, the women appeared to be making behavioral rather than characterological attributions to explain how she influenced the abuse.

The model used by Frieze (1979) received some support in that women who had been more seriously hurt saw their husbands as somewhat more to blame for the battering, and saw the causes as more stable. However, a stronger predictor of experiencing severe levels of violence was the woman's belief that the cause of violence was a stable factor within oneself. The author suggests that this may be because battered women focus on themselves more as actors than their husbands as actors, and urges that further research be conducted on severity and frequency of violence as predictors of victims' attributions.
Shields and Hanneke (1983) relied on previous research and theory on actor-observer differences and self-enhancing perspectives to predict that victims would attribute woman abuse to causes internal to the husband, while violent husbands as actors would make external rather than internal attributions for their violence, and would try to enhance their own identities with these attributions. The authors used standardized interviews with 85 violent husbands and 92 wives of violent husbands, in the course of which each participant was asked why they thought the husband had been violent with specific target categories (e.g., with the wife, with nonfamily targets etc.). The responses were reliably categorized using Orvis, Kelley, and Butler’s (1976) 12 category causal attribution coding scheme. These categories include attributions to circumstance/environment, people/objects, actor’s state, actor’s characteristics, actor’s preference/belief, actor’s concern, actor’s intention to influence, actor’s negative attitude toward partner, partner’s responsibility, activity being desirable, activity being undesirable, and activity having a desirable indirect consequence. Up to 5 attributions per target were coded, and an attributional preference was defined as the percentage of internal versus external attributions for each target and for all targets combined.

Results showed that, consistent with Shields and Hanneke’s (1983) prediction, wives attributed significantly more of their husbands’ violence to causes internal to the husband than did the husbands, who tended to attribute causality to sources external to himself. Shields and Hanneke (1983) reported their view that such results are not consistent with research that finds that victims self-blame to maintain a belief in "just world" (e.g., Hilberman & Munson, 1977-78, Shaver, 1970, Walster, 1966), but that the data do support
the hypotheses that attributions can be self-enhancing and protective for both victims and perpetrators.

Senchak and Leonard (1994) also used the work of Jones and Davis (1965) to predict that both husbands and wives would attribute responsibility for severe physical aggression to the husband, the actor. To gain a community sample, the authors approached newlywed couples at a marriage license bureau and asked them to complete a short interview for $5. After two more stages of this longitudinal study, 62% of those originally approached agreed to an in-home structured interview for $50. While the total number of interviewees is not reported, 117 wives and 109 husbands reported physical aggression used by the husband. Interviewees were asked to provide a detailed account of the most serious episode of physical aggression in their first year of marriage, and severity was measured using the Conflict Tactics Scale (CTS; Straus, 1979). Interviewees were asked about alcohol use, and used a 4-point scale to attribute responsibility for the scenario to four causes which represented two levels of locus and two levels of stability: (1) one’s own character (self-stable); (2) the partner’s character (partner-stable); (3) one’s own behavior or mood (self-unstable); and (4) the partner’s behavior or mood (partner-unstable). A fifth cause to be rated was the relationship itself.

The study found that husbands were more likely to attribute responsibility for severe aggression to wives in alcohol absent episodes, but to themselves in alcohol present episodes. There was no effect of alcohol use on attributions for moderate aggression. Furthermore, in severe violence episodes with alcohol present, husbands attributed more responsibility to the relationship than in severe episodes with alcohol absent, while there
was no difference on relationship causes for moderate aggression episodes. Wives were more likely to attribute responsibility for severe aggression to the husband’s behavior (unstable) than to their own behavior, and to the husband’s character (stable) than to her own. For moderately severe episodes, wives attributed more responsibility to unstable than to stable characteristics. Overall, wives attributed less responsibility to the relationship when alcohol was present than when it was absent. The authors concluded that alcohol use and severity interact to produce self-blame by husbands, and that wives attribute the responsibility for severe violence to their husbands more than themselves.

Dutton (1986) conducted one of the few studies that focused exclusively on the attributions made by men for domestic violence. He explored whether the perpetrators of wife abuse used Bandura’s cognitive mechanisms to “neutralize self-punishment.” Participants were men who either self-referred for treatment of wife assault (n=25) or were referred to treatment by the courts as a condition of probation (n=50). Study participants and their wives completed the Conflict Tactics Scales, which showed these men to be in the top 1% of the population for frequency of use of aggression against wives.

Participants were interviewed about their history of assaultive behavior, use of violence outside their marriage, and history of arrests and were asked to describe the most recent assaultive action in detail. The interviewer probed for details on the victim, the situation, precipitating events, details of the incident, the attitude of the offender, and his explanation for the violence. Dutton (1986) reliably coded the interviews on the locus of causal attributions for violence (victim, self, situation); the respondents use of excuses (denying personal responsibility for the act) or justifications (accepting responsibility for the
act but justifying it in terms of reasons or norms); the respondent's minimizing either the act (its severity or frequency) or the effect (i.e., injuries caused) of violence.

Although it was theoretically possible for men to neither excuse nor justify their actions, all men in the study used these cognitive mechanisms. Justifications were given in 79% of cases and excuses in 21%. Men who excused their assaults tended to attribute the violence more to situational circumstances, while men who justified their assaults more often attributed blame to the victim. Self-referred participants attributed more responsibility to themselves than did court-referred participants. There was a trend toward significance for the self-attributors to minimize the assaults less than other participants. Men who attributed the violence to the victim were more likely to be classified as high minimizers than self- or situation-attributors. Dutton (1986) concluded that wife assaulters can be grouped into three categories: (1) those who see the wife as the cause of violence, and who minimize the severity, frequency, and effect of violence; (2) those who attribute the violence to themselves but either (a) minimize the severity, frequency, and effect of violence, or (b) justify the violence but do not minimize at all (these men may be trying to “come clean” as a result of court involvement; and (3) men who attribute violence to situations, and who excuse their violence and moderately minimize it. Dutton (1986) also argued that attribution to situation or culture acts as a self-justifying, exonerative function for the perpetrator.

Single scenario. Frieze (1979) also reported data from two papers presented in conferences, in which a total of 72 battered women, 48 non-battered women, and 44 men. In the context of an interview, a single, brief scenario was presented describing a married
woman who is "beaten up" by her husband. Respondents indicated attribution of blame to the husband, wife, and "other" causes. The author described the concept of defensive attributions to ground the hypothesis that women who do perceive themselves as potentially being in the same position as the victim would not blame that victim for the abuse. The results indicated that women who had themselves been battered were less likely to blame the depicted woman than were female participants who had not themselves been victimized.

Controlled scenarios. Holtzworth-Munroe and Hutchinson's (1993) questionnaire used a controlled scenario method with a realistic presentation in one of the few existing studies on husband's causal attributions. They compared 22 violent husbands in a domestic violence program to 17 maritally distressed but non-violent husbands and 17 nondistressed husbands who responded to a newspaper advertisement. Respondents completed a demographics section of the questionnaire, the CTS, and a marital adjustment measure. They then listened to nine vignettes in which hypothetical problematic marital situations were described on audiotape, with the instructions to imagine this was happening in their marriage. The vignettes presented multiple realistic, difficult situations, varying on the type of problem confronted. After each vignette, respondents completed the Responsibility Attribution Questionnaire (RAQ; Fincham & Bradbury, 1992), in which they rated on three 6-point scales the extent to which they agreed or disagreed that the wife had acted with negative intent, and acted with selfish motivation, and deserved to be blamed for her actions. They also completed a new scale, the Negative Intentions Questionnaire (NIQ), in which they rated on five 6-point scales the extent to which they saw the wife trying to make
the husband angry, hurt his feelings, put him down, get something for herself, or pick a fight.

The study found that, on both the NIQ and RAQ, men who abused their wives were more likely than nonviolent men (both distressed and nondistressed) to attribute negative intention and selfish motivation to their wives as portrayed in the vignettes. Holtzworth-Munroe and Hutchinson (1993) also observed that certain vignettes tended to elicit more attributions of negative intent to the wife by the violent husbands than by nonviolent husbands: situations involving jealousy, rejection by the wife, and potential public embarrassment. They used a social information-processing model to interpret their results as suggesting that violent men are more threatened by depictions of abandonment or resistance themes than engulfment themes, and therefore make more negative interpretations of their wives’ behaviors in these situations, as well as offering less competent behavioral responses to these situations.

Miller and Porter (1983) discussed three theories of victim self-blame: the need for perceived control (Wortman, 1976), the just world hypothesis (Lerner, 1970), and the need to impose meaning on significant events (Frankl, 1963). They also suggested that because of the ongoing nature of woman abuse, the battered woman is most likely to focus on interpersonal effects (“Why me?”) as opposed to only intrapersonal effects (“Why now?”), and on causes of violence, rather than merely “occasions” of violence. They discussed research in which 50 battered women in a shelter were interviewed, asked about the types and duration of abuse and their attributions for the violence they incurred, and given measures of affective experience and psychological adjustment. Results indicated that the
more extreme they perceived the violence to be the more confident they were that it was their husbands, not themselves, who were primarily responsible for the violence. Miller and Porter (1983) also found that the longer the violence had continued, the more women’s responses were likely to distinguish between “causing” abuse (i.e., doing something to make the violence necessary) and “occasioning” abuse (i.e., doing something that either gives the abuser an excuse for violence, or makes the violence happen in a particular time and place). However, there was no relation between the duration of violence and general self-blame.

**Relationships between attributions and decisions, behaviors, and reactions.**

Holtzworth-Munroe (1988) observed that "the clinical importance of attributions rests on two assumptions: (1) that spouses do indeed make attributions for the cause of marital violence, and (2) that these attributions influence their feelings and behaviors about the abuse and the relationship" (p. 338). She pointed out that, across studies, 11-35% of women interviewed do not know why their husbands had been violent, but emphasized the usefulness of exploring the relationship between attributions and reactions to violence. For example, Frieze (1979) found that women who blame their husbands for abuse are more likely to want to leave the relationship than women who do not.

Women's self-blame has been related to two opposing outcomes, according to Holtzworth-Munroe (1988). Some literature has suggested that self-blame for negative events leads to depression and learned helplessness behaviors (Abramson et al., 1978, Walker, 1979). Women who view the cause of abuse as stable are more likely to feel depressed and helpless, according to Frieze (1979). Characterological attributions of self-blame in battered women were especially strong predictors of depression and poor coping in
Costello's (1983) study. However, victimization literature is consistent in showing that the degree to which a victim attributes causality to herself behaviorally can be positively correlated with subsequent coping (Bulman & Wortman, 1977; Miller & Porter, 1983), perhaps because of the belief imparted by such attributions that the victim can control future events, or to maintain a belief in a "just world." With regard to stability, women who make unstable attributions are more likely to return to abusive husbands after leaving, while women making stable attributions make more attempts to leave, perhaps in order to take some control in a consistently harmful, disempowering relationship.

With regard to couples' experience and behavior, Maisel (1991) sampled married couples, in some of which the husband was abusive toward the wife, and obtained causal attributions regarding four hypothetical negative partner situations and two actual marital conflicts. He found positive correlations between both husbands' and wives' attributions of internal causality and their level of marital distress, and between several dimensions of causality (globality and blame for husbands; relationship attributions for wives) and marital violence. In particular, agreement between spouses as to the attribution of blame was most predictive of violence and distress in the relationship.

Summary of research. The research on participant attributions which uses attribution theory as a central guide yields interesting but varied results. The locus of attributions (internal versus external) for woman abuse has clearly been shown to vary by participant status: abusing men tend to blame causes external to themselves, including their female partners (Cantos et al., 1993; Dutton, 1986; Holtzworth-Munroe & Hutchinson, 1993; Shields & Hanneke, 1983) and very frequently excuse, justify, or minimize the effects
of their use of violence (Dutton, 1986). Abused women have often been shown to attribute responsibility for the abuse to their violent male partners (Cantos et al., 1993; Frieze, 1979; Senchak & Leonard, 1994; Shields & Hanneke, 1983) but have also been observed to self-blame, especially when making attributions for a first incident of violence (Frieze, 1979). Holtzworth-Munroe (1988) concluded from her review of several of the above studies that no results showed the majority of women to blame themselves for their husbands' violence. Increased severity and duration of domestic violence have been shown to influence wives to become more husband blaming (Cantos et al., 1993; Frieze, 1979; Miller & Porter, 1983; Senchak & Leonard, 1994), while the mere use of violence predicts husbands' increased negative attributions of intention to his wife's hypothetical behaviors (Holtzworth-Munroe & Hutchinson, 1993). Attributions of both men and women for domestic violence tend to be stable (Cantos et al., 1993) and they are especially stable for women when the abuse endures over time (Frieze, 1979).

Summary of the Literature

While efforts to prevent wife abuse have increased as a result of the battered women movement, psychology, among other helping professions, has been critiqued in terms of its responses to the problem. Psychologists have used several models to explain wife abuse, including individual psychology of the abuser and of the victim, social-structural and socio-political forces, family systems constructs, and integrations of these. Assessment of attributions to a sensitive subject such as violence is a complex task. Attributions for wife abuse by professional and non-professional observers, as well as by
participants, have been measured using structured and unstructured interviews, single, uncontrolled, and controlled scenarios to portray violent situations, questionnaires, and retrospective recall methods. The studies with these three populations have found a number of factors to influence the kinds of attributions made, including gender, occupation, treatment orientation, training, sex role orientation, experience with violence, severity, duration, and frequency of portrayed or experienced violence.

Specifically, studies that have explored the attributions made by professionals who come into contact with batterers and battered women have found that the victim of domestic violence is blamed less than the abuser (Sporakowski et al., 1993) or situational factors (Sandberg, 1986). However, greater victim blaming has been associated with professionals who are male (Home, 1994; Sandberg, 1986), have traditional sex role expectations (Stith, 1990; Wood & McHugh, 1994), subscribe to a systemic theoretical orientation (Sandberg, 1986), use or approve of violence in their own relationships (Stith, 1990), have received little training in handling domestic violence (Breci & Simons, 1987), and are police officers or marriage and family therapists (Home, 1994; Sporakowski et al., 1993). The severity of the violence described led to greater blame of the male abuser (Home, 1994; Lavoie et al., 1989) but also greater stereotyping of the female victim (Ross & Glisson, 1991). When “provocation” by the woman was mentioned, she was more likely to be blamed for violence against her (Home, 1994; Lavoie et al., 1989).

However, research on mental health practitioners’ explanations and clinical expectations around wife abuse has been limited by the low number of studies performed in the area, the failure to use systematic theoretical formulations to guide research, and the lack
of studies investigating therapists' approach to treatment of individuals involved in domestic violence. Use of principles of attribution theory such as the dimensions of causal attributions (e.g., locus, stability), actor-observer differences and the fundamental attribution error, and the just world hypothesis could be helpful in understanding service providers' views of woman abuse, as they have been in studies targeting non-professional and, especially, participant observers.

Because psychologists often serve in roles in which they not only treat and advise individuals confronted with domestic violence, but also teach future professionals and conduct research on causes and interventions for wife abuse, their own attributions are likely to be highly influential on the development of empirical and clinical perspectives on and responses to wife abuse. Practicing clinicians are likely to have complex theoretical and personal understandings of the issues involved in woman abuse, including subtle uses of power, coercion, and control, and social and developmental influences. The current study therefore aims to provide greater detail in understanding psychologists' explanations for woman abuse and the treatment decisions that follow from these attributions.
CHAPTER III

STATEMENT OF THE PROBLEM

Purpose and Rationale

The current study focused on the causal attributions made by psychologists for woman abuse as depicted in a scenario, and how those attributions affected expectations and treatment interventions. Thus, the study had three main purposes: (1) to examine factors that influence psychologists’ attributions about woman abuse; (2) to examine factors influencing psychologists’ treatment decisions when confronted with woman abuse; and (3) to explore the relations between attributions and treatment decisions. The study used attribution theory to generate specific hypotheses to be tested.

Little is known about the underlying nature, that is, the causal dimensions, of psychologists’ attributions for woman abuse. Therefore, two dimensions were chosen to be more carefully assessed, locus and stability, which have been observed to be central in the attributions of participants (Cantos et al., 1993; Frieze, 1979; Hilberman & Munson, 1977-1978; Holtzworth-Monroe & Hutchinson, 1993; Miller & Porter, 1983; O'Leary et al., 1985; Prescott & Letko, 1977; Shields & Hanneke, 1983). While attributions were expected to vary on several other dimensions (e.g., controllability, specificity, and intentionality), locus and stability are of special relevance to psychological treatment for
three reasons: (1) psychologists’ expectations of outcomes for the spouses (e.g. prognosis) are likely to be affected by what and whom they see as responsible for the violence, and how stable (unchanging) they see the problem to be; (2) psychologists’ attributions on these dimensions are thus likely to influence their recommendations as to who (if anyone) should be the target of interventions, and what the goals of treatment should be; and (3) a participant’s attributions on these two dimensions would likely influence their decisions of whether to stay in relationship or leave it, a decision which a clinician must also take into account in treatment recommendations.

Psychologists’ attributions for woman abuse have thus far only been assessed by asking how psychologists generally perceive the causes of domestic violence, with no manipulated variables in presentation of violence (Sandberg, 1986). To improve on this method, the present study manipulated two variables in a domestic violence scenario: (1) severity of violence, which has been found elsewhere in the literature on woman abuse to have a bearing on the causal attributions made by other professionals as well as non-professional observers and participants in domestic violence (Arias & Johnson, 1989; Barnes, 1983; Cantos et al., 1993; Frieze, 1979; Home, 1994; Lavoie et al., 1989; Miller & Porter, 1983; Muldary, 1983; Ross & Glisson, 1991; Sandberg, 1986); and (2) abuse history of the wife, that is, whether she is described as having been abused or not having been abused in previous romantic relationships. The history and behavior of a victim of violence or trauma has been demonstrated to influence perceivers’ judgments of her characteristics and contribution to current violence (Arias & Johnson, 1989; Costello,
The direct rating method was chosen to assess the dimensions of locus and stability, in order to assure that all psychologists evaluate a range of possible causes for woman abuse with a minimum of demand characteristics. An open-ended format with coding would be less precise in assessing the two dimensions of interest. Asking psychologists to rate their own attributions on locus and stability (which Bradbury and Fincham (1990) argued would increase precision) would present demand characteristics such that psychologists could respond in a socially desirable way, especially with regard to locus (e.g., not blaming the victim because it is not “politically correct”). Therefore the direct rating of the contribution of several causes to depicted woman abuse was seen as the most precise method to measure specific dimensions over a variety of contents. Each item was presented separately in order to avoid building into the method the assumption that the causes are mutually exclusive. Instead, relations among specific items and between dimensions were assessed empirically.

The three areas of clinical decision making stated above (prognosis, interventions, and stance toward maintenance of the abusing relationship) were explored using items that assessed what expectations clinicians had about the couples’ future, the degree of support given to a battered woman’s staying in a relationship with the abuser, and the interventions the clinician would be likely to recommend. A number of characteristics of psychologists were also assessed. Only one, gender, was expected to be significant predictor of attributions, while the others, such as the clinician’s age, race, years in
practice, and experience with and interest in the problem of woman abuse, were included as possible control factors.

Hypotheses

Given that the survey had three major independent variables (severity of depicted violence, presence/absence of abuse in wife’s history, and respondent gender) and four dependent variable groups (causal attributions, stance toward wife’s maintaining relationship, treatment modality recommendations, expected outcome), a great many relationships among variables could be explored. However, the following directional hypotheses, grouped according to dependent variable, were generated using previous research findings and clinical judgments, to focus the scope of the study.

Causal Attributions

1. **Locus of attribution.** The design of the survey allowed causal attributions for domestic violence to be examined according to the locus of the attributions. A score for each of the four loci (husband, wife, couple, environment) was calculated by averaging 4 items. Most clinicians were expected to subscribe to the belief that perpetrators of violence are more responsible for their behavior than are their victims or their environment. Therefore, it was hypothesized that causes internal to the husband would be rated as contributing more to violence than either causes internal to the wife, or causes external to both individuals. This
main effect of locus on attributions of causality was expected to hold across all vignettes. Therefore the following hypotheses was tested:

a. Causes internal to the husband would be rated as contributing more to depicted woman abuse than would causes internal to the wife.

b. Causes internal to the husband would be rated as contributing more to depicted woman abuse than would causes intrinsic to the couple.

c. Causes internal to the husband would be rated as contributing more to depicted woman abuse than would environmental causes.

2. Stability of attribution. According to the fundamental attribution error, observers are more likely to make dispositional (internal, stable) attributions for a target’s behavior than they would for their own behavior. Thus, respondents to the current survey were thought to be more likely to attribute responsibility for woman abuse to causes that are more stable than unstable. Therefore the following hypothesis was tested:

Stable causes would be rated as contributing more to woman abuse than would unstable causes.
3. **Severity of violence.** It was expected that severity of the violence occurring in the vignette would be perceived by respondents as signs of more pathological or intractable behavior on the husband's part. The idea of a defensive attribution bias predicts that the worse the outcome of an event, the more the actor is likely to be seen as responsible in some way for its occurrence. Thus, the average attribution rating for causes internal to the husband was predicted to be higher in response to vignettes in which severity of violence is high, as compared to vignettes with low severity of violence. Therefore the following hypothesis was tested:

   a. **Causes internal to the husband would be rated as higher contributors to violence in high severity of violence scenarios compared to low severity scenarios.**

   Increased severity of violence may also impact respondents' perception of the wife. Psychologists were expected to engage in some "blame the victim" attributions, based on their use of defensive attributional biases, according to which people attribute more responsibility to an actor for more severe outcomes, and also because of therapists' own needs to believe in a just world: that bad things happen more often to people that "deserve" them. Thus in scenarios where severity of violence is shown to be high, psychologists may begin to question the wife's "tolerating" the husband's behavior and staying in the abusive relationship, and ask themselves what she might have done to provoke or contribute to the
violence. It was therefore hypothesized that the average contribution ratings of causes internal to the wife would also be higher in high severity vignettes. The following hypothesis was tested:

b. Causes internal to the wife would be rated as higher contributors to violence in high severity of violence scenarios compared to low severity scenarios.

Also, when the severity of violence was portrayed as high, psychologists were expected to search for some underlying pathology, dysfunctional pattern, or otherwise ongoing cause of such a serious outcome. In this way, psychologists were expected to be similar to the victims of wife abuse who are more likely to attribute violence to stable causes as the severity of violence increases (Cantos et al., 1993; Frieze, 1979). The following hypothesis was therefore tested:

c. In scenarios depicting more severe violence, stable causes would be rated as contributing more to violence than in scenarios depicting less severe violence.

4. History of Abuse. When the wife was depicted as having been the victim of physical abuse in previous relationships, respondents were thought to be likely to consider
the possibility that there is a pattern or regularity in the wife's life which may be related to
the current violence. Respondents might then see the wife to be contributing to the
violence, either through her behaviors in this relationship, or through her choices in
relationships. The following hypothesis was therefore tested:

a. In scenarios in which the wife had a history of physical violence in previous
relationships, causes internal to the wife would be rated higher than in
scenarios with no abuse history.

When the wife was depicted as having a history of being in violent relationships,
this stable pattern might also cue psychologists to consider the ongoing, stable influences
internal to the wife, the husband and the couple, and possibly the environment as stronger
contributors to the violence than when no historical pattern was suggested in the scenario.
The following hypothesis was therefore tested:

b. In scenarios in which the wife had a history of physical violence in previous
relationships, stable causes would be rated as more contributory to violence
than in scenarios with no abuse history.

5. Respondent Gender. While the above hypotheses for locus, stability, severity, and
abuse history were expected to be demonstrated for both male and female respondents,
gender was expected to play a role in the extent to which the effects of the above variables are observed. According to some research on actor-observer effects, higher empathy for the target leads to greater situational attributions; that is, the observer makes attributions as if s/he were the actor (Gould & Sigall, 1977; Regan & Totten, 1975). Following the concepts explored in other studies examining gender (Beaman, 1988; Corenblum, 1983) and also studies on the judgmental leniency aspect of defensive attributional bias (in which observers judge a similar actor more leniently than a dissimilar actor), female respondents' sense of their own similarity to or "perceptions of common fate" (Corenblum, 1983, p. 667) with the target wife was expected to lead female respondents to attribute less responsibility to the wife than male respondents, even when the outcome is more negative. Similarly, male respondents, who would be more likely to identify with the husband (Beaman, 1988), would attribute less responsibility for the violence to the husband than would female respondents. Therefore the following hypotheses were tested:

a. Female respondents would attribute less responsibility to the wife than would male respondents.

b. Male respondents would attribute less responsibility to the husband than would female respondents.
Stance Toward Wife Maintaining the Relationship

6. **"Expert" response.** Following Loseke and Cavil (1984), it was hypothesized that psychologists will for the most part remain in an "expert" role when judging whether or not a woman should stay in a relationship with a violent man, and would see the normative, most healthy, and perhaps the safest response to woman abuse as being to leave the relationship. Therefore, most respondents were expected to give less support to the wife's desire to stay with her partner, than to her leaving the relationship. Therefore, the following hypothesis was tested:

   More respondents would encourage the wife to leave the relationship than would support her decision to stay.

7. **Severity of violence.** Because of psychologists' concerns for their clients' safety, respondents' encouragement for the wife to leave her husband, at least temporarily, was hypothesized to be more likely when the violence in the vignette was portrayed as high in severity, even when the wife expressed a desire to stay in the relationship. Therefore, the following hypothesis was tested:

   Ratings of the likelihood of encouraging the wife to leave would be higher in scenarios depicting high severity of violence than in low severity of violence.
8. **History of violence.** When the wife was depicted as having been abused in previous relationships, respondents might also question her judgment and be more concerned about her safety than when the violence was portrayed as the first she has experienced. Therefore the following hypothesis was tested:

*Ratings of the likelihood of encouraging the wife to leave would be higher in scenarios in which she had a history of abuse, than in scenarios in which a history of abuse was absent.*

9. **Respondent gender.** In much the same way as described for causal attributions, female respondents were expected to identify more strongly with the battered woman, and perhaps to see the violence in the relationship as more dangerous and threatening than would male respondents. Therefore, female respondents were expected to be more extreme than males in their tendency to encourage the hypothetical wife to leave the relationship. Therefore, the following hypothesis was tested:

*Female respondents would be more likely to recommend that the wife leave the relationship than male respondents would be.*
10. **Stability of attributions.** The more respondents perceived stable, ongoing contributors as responsible for the violence depicted, the more they were thought to be likely to consider more drastic changes, such as the wife leaving, as necessary to break the pattern and make room for change. This is also consistent with Holtzworth-Munroe’s (1988) conclusion that women who make stable attributions for domestic violence make more attempts to leave a relationship than women who make unstable attributions. Therefore the following hypothesis was tested:

   **High attribution ratings for stable causes for violence would be positively correlated with the likelihood of encouraging the wife to leave the relationship at least temporarily.**

**Modality of Recommended Treatment**

11. **Modalities including wife versus husband.** Because the person presenting for treatment in the vignette was the wife, interventions including her were thought to be likely to be considered immediately, in order for the respondent to address the ethical responsibility of a clinician to provide services or referrals to those who request them. This ethical consideration was expected to influence treatment recommendations regardless of how the respondent explained the etiology of the violence. Furthermore, since the husband had not presented for treatment, clinicians might hesitate to make therapeutic recommendations without knowing his attitude or motivation toward such interventions. Therefore, the following hypothesis was tested:
Respondents would be more likely to recommend treatment modalities (individual and group) for the wife than for the husband.

12. **Respondent gender.** Because of the hypothesized tendency to identify with the spouse of one's own gender and attribute more responsibility to the partner of the opposite gender, female respondents were thought to be more likely than males to recommend that the husband's involvement in treatment is necessary, while males would be more likely than females to recommend that the wife be in treatment. Therefore, the following hypotheses were tested:

   a. **Female respondents would be more likely than males to recommend treatment modalities for the husband.**

   b. **Male respondents would be more likely than females to recommend treatment modalities for the wife.**

13. **History of Abuse.** When the wife in the scenario had been physically abused in previous romantic relationships, respondents might not only partially blame her for the current abuse, but see her as having a significant set of other problems, such as low self-esteem, lack of assertiveness, a family history of abuse, or any other explanations for why this particular woman has been abused more than once. Respondents were therefore
expected to consider treatment for this woman a helpful option, regardless of their other causal attributions. The following hypothesis was therefore tested:

Respondents would recommend treatment modalities for the wife more often in scenarios in which she had an abuse history than scenarios in which this is the first violent relationship for her.

14. Causal attributions as predictor. The type of therapy recommended for the presented situation was expected to be related to the causal attributions made by the respondent. It was hypothesized that the more a respondent made causal attributions that were internal to the wife, the more likely the respondent would recommend individual or group counseling for her; likewise, more attributions of causes internal to the husband would predict individual or group counseling for him. Therefore, the following hypotheses was tested:

a. High attribution ratings for causes internal to the wife would be correlated with greater likelihood of recommendations for treatment modalities for the wife.

b. High attribution ratings for causes internal to the husband would be correlated with greater likelihood of recommendations for treatment modalities for the husband.
Outcome Expectations

15. **Impact of treatment.** Respondents were expected to place some credence in the effectiveness of therapeutic intervention as a way to diminish the impact and continuation of domestic violence; therefore a main effect of intervention (versus no intervention) on outcome severity was hypothesized. Therefore, the following hypothesis was tested:

   **Less severe outcomes would be expected when intervention was provided compared to when it was not provided.**

16. **Severity of violence.** Because clinicians were expected to recognize the increasing physical and emotional danger inherent in worsening domestic violence, and the impact of this danger on relationships, it was hypothesized that respondents would rate negative outcomes as more severe when the vignette violence was described as more severe. Clinicians would also be more likely to doubt the ability of their interventions to moderate the outcome of violence when the violence was more severe, that is, more intractable, habitual, or dangerous. Therefore an interaction between severity and intervention was hypothesized in predicting negative outcome severity. The following hypotheses was tested:

   **a. More negative outcomes would be expected for high than for low severity scenarios, both when intervention was provided and when it was not.**
b. The difference in negative outcomes expected between intervention and no intervention conditions would be greater in low than in high severity scenarios.

17. **Respondent gender.** Because females would be more likely than men to empathize with the position of the wife in the scenario, it was thought to be more likely that they would consider the highly dangerous results of violence against women. They would therefore expect the depicted violence to be more of a threat to the relationship and to the physical and mental health of the woman than would male respondents. Therefore the following hypothesis was tested:

**Female respondents would be more likely than male respondents to expect negative outcomes.**

18. **Stability of attributions as predictor.** If respondents attributed responsibility for violence to stable causes, they would be seeing the problem as more habitual, ongoing, or patterned. In the eyes of respondents, such an ingrained problem would be likely to lead to more severely negative outcomes for the couple. Therefore the following hypothesis was tested:
Expected negative outcomes would be correlated with stable attributions for the violence, both when intervention was provided and when it was not.
CHAPTER IV

METHOD

Participants

The sampling frame was obtained from the American Psychological Association's Research Office, who generated a random sample of 1000 psychologists from their national register of association members. Inclusion criteria were (1) the psychologist had a doctoral degree in clinical or counseling psychology; (2) was licensed, and (3) designated the primary employment as being in a clinical setting. The sample of 500 male and 500 female therapists meeting these criteria received an initial mailing of the survey, and 2½ weeks later received a reminder postcard. The final response rate was 32%, or 321 surveys returned.

The sample consisted of 155 males (48%) and 163 females (51%; 3 did not report gender), with age ranging from 33 to 82 ($M=49.0$). Of the total sample, 93.5% of respondents were Caucasian, 2% were African American, less than 1% were Asian or Pacific Islanders, 2% were Hispanic, less than 1% were Native American, 2% indicated other ethnic backgrounds, and 1% did not report their ethnic backgrounds.

For the highest academic degree earned, 89% designated a Ph.D., 7% designated a Psy.D., 4% designated Ed.D., and 1% failed to designated a degree. Respondents ranged
in years of experience as a therapist from 4 to 50 years ($M=20.1$), with 4 to 50 of those years accruing after the doctorate was earned ($M=16.3$).

When indicating their primary work setting, 67% of respondents indicated private (individual or group) practices, 11% indicated hospitals (public or private), 6% indicated public mental health clinics, 4% indicated college counseling centers, 2% indicated medical schools, 1% indicated health maintenance organizations, 1% indicated elementary and secondary schools, and 7% indicated other work settings such as prisons, rehabilitation centers, and day treatment schools.

In designating the therapy or counseling orientation most influencing their work, 46% indicated cognitive or cognitive-behavioral orientations, 27% indicated psychodynamic or psychoanalytic orientations, 7% indicated existential or humanistic orientations, 5% indicated family systems orientations, 1% indicated feminist orientations, and 9% indicated other orientations, such as informed eclecticism and solution-focused therapy. Respondents also designated the primary modality they used for treatment: 76% indicated individual adult treatment, 9% indicated couples or family treatment, 8% indicated individual child or adolescent treatment, 3% indicated group therapy, 1% indicated milieu/therapeutic community, and 1% designated other modalities as their primary form of treatment.

Respondents indicated that over their years in clinical practice, the percentage of their caseloads that included any kind of family violence ranged from 0% to 95%, ($M=14\%$). To indicate the degree of professional interest taken in the problem of domestic
violence, respondents used a scale from 1 (not interested) to 7 (highly interested). Ratings ranged from 1 to 7, with a mean interest rating of 4.9 (SD=1.6).

Materials

A mailed paper-and-pencil survey was selected over an interview method, as it is a more practical way to gather data on a wide variety and large number of participants. Such surveys, when well designed, provide confidentiality and convenience for the respondent, and guarantee a standard format for gathering data, avoiding some aspects of interviewer bias and experimenter effects. The hypotheses, design, results and explanations of previous theoretical and empirical studies were used to design a survey containing clear, comprehensible, and relevant questions. The survey consisted of a vignette, followed by a set of responses to it (42 total items) and a 12-item demographic information section (See Appendix A). A pilot version of the survey was completed by 20 graduate students, clinical psychologists, and counseling psychologists. Their responses and written comments resulted in the final version of the survey described here.

The vignette. In the vignette, Kate, a 26 year old Caucasian woman, comes to a mental health clinic because she is “upset about her marriage;” she recently experienced a physical confrontation with her husband, Mike. The details of the vignette varied across two dimensions: the severity of the violence, and whether or not the woman has previously been physically abused in other romantic relationships (see Appendix A). Each respondent received one of the four possible vignettes (low severity, no abuse history; low severity,
Scenarios in the low severity condition described violence based on the less severe items of the CTS (items k - m; e.g., pushing, grabbing, or slapping), which Arias and Johnson's (1989) participants perceived as less negative, "ordinary" violence. High severity vignettes described violence derived from the later items of the CTS (items n - r; e.g., punching, kicking, stabbing, or hitting with an object), which participants in Arias and Johnson's (1989) study found to be more severe and negative. History was manipulated by stating in the scenario that the wife reported either that she was or was not physically abused in her previous romantic relationships.

All other details provided were similar in all variations of the vignette to control for several factors relevant to domestic violence: the couple's age, race, and education, recency and frequency of the violence, the availability of social support, behaviors of husband or wife that can be construed as provocation of violence, and the lack of involvement of alcohol in the violence. The manipulations of the scenario appear in Appendix B; the high severity of violence, no abuse history scenario read as follows:

Kate E., a 26 year old Caucasian woman, comes to a community mental health clinic the week after Thanksgiving, stating that she is upset about her marriage. Dr. S., the psychologist to whom she is assigned, finds during the intake that Kate has had no previous mental health contacts. She finished high school, has been married for three years to Mike (30 years old, Caucasian), has no children, and is a cashier at a grocery store. Kate reports that she decided to come to the clinic after a fight with her husband a week ago. She had been at her mother's house while Mike was working late. When she returned home at 10 p.m., she found him to be "irritable," and he accused her of "cheating on him."
Upon her vehement denial of this, he threw her to the ground and kicked her several times, fracturing two ribs.

Kate states that there was no physical violence in her previous romantic relationships. She reports that during her 1 year of dating Mike and the first 2 years of their marriage, there were many arguments, but no physical violence. However, when Mike's landscaping business began to suffer and Kate began to spend more time with her mother, who had been ill, the couple began to "scream and yell" more frequently. She reports that since then, this type of physical confrontation has happened two or three times over the last year. At present, she says she does not know what to do about this situation, and asks Dr. S for help.

The responses to the vignette can be categorized into four categories: the respondent's 1) causal attributions regarding the violence; 2) stance towards the hypothetical wife's maintaining her relationship with her husband, 3) recommendations for therapeutic interventions, and 4) expectations of the outcome for the couple, with and without intervention. The questions used a direct rating format, with 7-point Likert-type scales to increase the variability of response and power of the analysis.

Causal attributions. To assess attributions, the survey employed the direct rating method, used when particular constructs are to be tapped. In this method, respondents rated the degree to which they blame given causes for each situation. The direct rating method is the most frequently used method in the rape attribution literature as reviewed by Pollack (1992), and has also predominated in assessment of marital attributions (Bradbury & Fincham, 1990). The respondents' attributions regarding the causes of the violence in the vignette were assessed using a series of 16 possible causes, rated on a 7-point Likert scale as to how much each is a contributor to the violence.
These items were derived using Frieze’s (1979) theoretical attribution model of possible causal explanations for why wife abuse occurs. She outlined a variety of causes that vary on locus (internal to wife, internal to husband, joint responsibility, and environmental or external causes) and stability (stable, unstable). Several of these potential contributors to domestic violence were used in this study. Other items were derived using the coding scheme and examples provided by Orvis, Kelley, and Butler (1976) and used by Shields and Hanneke (1983). Thus, two stable and two unstable causes were presented for each potential locus: wife, husband, couple, and environment. For example, “Mike tends to have poor impulse control” represented one of two stable causes internal to the husband, while “Mike and Kate were not listening to each other that night” was one of the two unstable causes related to the couple.

The breakdown of the sixteen items into the eight categories (4 loci x 2 levels of stability) can be found in Appendix C. For analyses, the ratings of the several items representing a particular type of cause were combined into a single category score. For example, the “rating of husband-related causes” refers to the average rating of the four items pertaining to the husband, while the “rating of unstable causes” refers to the average rating of the eight unstable causes.

Stance toward the wife maintaining the relationship. In addition to attributions, the survey assessed the attitude of psychologists towards the situation in which the abused wife wants to continue in her relationship with the violent husband. This question has been asked in several other studies (McKeel & Sporakowski, 1993; Sporakowski, McKeel, & Madden-Derdich, 1993): should a woman in a violent relationship be encouraged to leave
an intimate relationship despite her wishes? The wife’s wishes were not mentioned in the scenario; rather, the “stay-leave” item asked respondents to consider their response if a woman did express such a desire to stay with her husband. On a 7-point Likert-type scale, respondents rated whether they would be likely to support a woman’s decision to stay in the relationship (1), remain neutral (4), or encourage her to leave the relationship at least temporarily (7).

Treatment recommendations. To explore psychologists’ approach to therapy in cases of domestic violence, respondents were asked to rate, on a 7-point scale anchored by very unlikely (1) and very likely (7), the likelihood with which they would recommend six modalities to begin treatment, given the vignette they read. The modalities included individual and group counseling for the wife, individual and group counseling for the husband, couple therapy, and family therapy.

Outcome expectations. Theoretical and empirical literature on domestic violence was used to generate potential outcome categories. These fall into a few basic possibilities: (1) the likelihood of the violence continuing; (2) physical or emotional harm to either the wife or the husband; and (3) the couple’s separation. For the six items evaluating outcome, respondents were asked to twice rate the likelihood of occurrence of each outcome: once as if no therapeutic intervention took place, and again as if therapeutic intervention did take place. Negative outcome was defined as the average of four of the items: violence getting worse, violence lessening (scores on this item were reversed), the wife suffering psychological or physical injury, and the husband suffering psychological or physical injury.
Demographic information. The survey also included demographic and professional questions about the respondent, including age, gender, race, the percent of the clinical caseload containing family violence, the most frequent modality of therapy, the primary work setting, the theory of therapy most influencing respondents’ work, interest in domestic violence issues, and general stance toward the maintenance of the relationship when domestic violence is an issue.

Procedure

In order to increase the rate of participation from all selected psychologists, the survey was accompanied by a brief cover letter which provided a basic explanation of the purpose of the study and an assurance of anonymity and confidentiality of responses (see Appendix D). The letter was phrased in such a way as to reduce demand characteristics of the study. It emphasized the need to compare the various theories about treatment of domestic violence with the actual clinical experience and observations of practicing psychologists, and an appeal was made to respondents to share their opinions and beliefs in order to contribute empirical data to the complex therapeutic issues involved in which violence is concerned. A postage-paid response card was enclosed upon which respondents could indicate their desire to receive results about the study, and respondents were encouraged to return the card with their address separately from the survey to preserve anonymity of responses.
The surveys were all mailed on November 15, 1997, and after 18 days, a second mailing to the remaining respondents were sent in order to maximize the total response. Envelopes' postmarks were noted for date and location, and were then destroyed to assure anonymity of responses.
CHAPTER V

RESULTS

Preliminary Examination of the Data

Missing Data

To handle missing data, two steps were taken prior to performing analyses. First, for items used to assess scenario manipulation checks and recommendations for treatment, an individual's missing value was replaced with the mean of the group that read the same scenario as that individual. Second, the variables computed to be the mean of two or more other items (i.e., attribution locus and attribution stability) were examined. When at least 50% of the other items composing the computed variable were present, a missing value on an item was replaced with the individual respondent's mean on the rest of the present items.

Manipulation Checks

The scenario was designed to vary according to severity of violence (high, low) and wife abuse history (present, absent). To determine whether the intended differences in the resulting four scenarios were perceived by respondents, a 2 x 2 between-subjects multivariate analysis of variance was performed on nine items representing respondents' judgments of the scenario, which contained two manipulation check items (respondents' estimation of the severity of violence and the likelihood that the wife was abused in
previous romantic relationships) and seven other judgments (the likelihood that the husband has been abusive in previous romantic relationships, how typical marital conflict was, how typical the violence was, how frequent the violence was, how likely it was to recur, how emotionally intimate the couple was, and how much the respondent believed the wife’s account to be accurate). The independent variables were scenario violence severity (low, high) and reported abuse history of the wife (present, absent).

Within the total N of 318 who completed these nine items, there were no univariate or multivariate outliers at alpha=.001. Results of evaluations of assumptions of homogeneity of variance, homogeneity of variance-covariance matrices, and multicollinearity were satisfactory. Several variables were significantly skewed (emotional intimacy, recurrence, wife’s abuse history, husband’s abuse history) within one or more groups. However, only one variable (recurrence of violence) received a skewness statistic over 2 in one cell of the design (2.0; high severity, abuse history present); otherwise, the largest skewness statistic for other variables was 1.7, with most below 1.0. The statistical significance of the skewness statistics on so many variables may therefore be a result of the large sample size, rather than widespread deviation from normality. Also, the sample size includes at least 73 cases for each cell of the 2 x 2 between-subjects design, far more than the 20 degrees of freedom for error suggested to assure multivariate normality of the sampling distribution of means, even with unequal sample sizes. Therefore, the assumption of multivariate normality is likely to be met (Tabachnik & Fidell, 1989, p. 83, 411).

The MANOVA with scenario severity and scenario abuse history as independent variables and the nine manipulation check items as dependent variables showed that with
the use of Wilk's criterion, the multivariate interaction of severity and abuse history was not significant, $F(9, 306)=0.32, p=.97$. The combined dependent variables were, however, significantly affected by both severity, $F(9,306)=30.89, p<.001$, and abuse history, $F(9,306)=45.11, p<.001$. Since all pooled within-cell correlations of the dependent variables were less than .45, univariate analyses of variance could be used for follow-up analyses, with a Bonferroni-type adjustment of alpha (for 9 variables) to .005. Univariate analysis of variance indicated a significant effect of scenario severity on the appropriate manipulation check item, respondents' estimated severity, univariate $F(1,314)=214.98, p<.001$. As expected, in the high severity condition respondents rated the scenario as containing more severe violence ($M=5.2$) than in the low severity condition ($M=3.5$). Severity also affected other judgments: the husband's history of using violence, univariate $F(1,314)=18.19, p<.001$; and how typical the marital conflict was, univariate $F(1,314)=20.16, p<.001$. The husband was rated as more likely to have previously used physical violence in relationships in the high severity of violence scenarios ($M=5.5$) than in the low severity scenarios ($M=4.9$). The more severely violent scenarios were also seen as less representative of typical marital conflict situations ($M=3.3$) than were less violent scenarios ($M=3.9$).

Univariate analysis of variance also indicated a main effect of scenario abuse history on the appropriate manipulation check item: respondents' estimation of the wife’s being abused in the past, univariate $F(1,314)=396.01, p<.001$. As expected, when the wife in the scenario reported a previous history of abuse in romantic relationships, she was estimated to be more likely to have been physically abused previously ($M=5.9$) than when
she did not report previous abuse history \((M=3.1)\). Manipulation of abuse history also affected estimations of the husband's being abusive in the past, univariate \(F(1,314)=9.59, \ p<.005\). The husband was estimated to be more likely to have used physical violence in previous relationships when the wife was reported to have a previous abuse history, \((M=5.4)\) than when she had no previous abuse history, \((M=5.0)\).

In sum, the scenario manipulations appear to be effective in that high severity of violence scenarios were perceived by respondents as containing more severe violence than the low severity of violence scenarios. In scenarios in which the wife reported being the victim of violence in romantic relationships, the wife was estimated by respondents to be more likely to have such a history compared to scenarios in which she denied a history of abuse.

Tests of the Hypotheses

**Causal Attributions**

**Scale reliability.** To assess the reliability of the “scales,” or combinations of items used to assess each type of cause, Cronbach’s \(\alpha\) for each locus scale (husband, wife, environment, couple) and stability scale (stable, unstable) were calculated. Coefficients for combinations of items assessing wife-, environment-, and couple-related causes, as well as stable and unstable causes, were satisfactory, \(.64<\alpha<.72\). However, Cronbach’s \(\alpha\) for the items on the husband scale was low, \(\alpha=.42\). Inspection of inter-item correlations suggests that the two items assessing stable causes related to the husband were significantly correlated \((r=.423, \ p<.001)\) and the two items assessing unstable causes
related to the husband were significantly correlated with each other ($r = .189$, $p < .01$).

However, the two unstable husband causes were not correlated with the two stable husband causes, $-.040 < r < .087$, $145 \leq p \leq 500$. It will therefore be helpful to assess the locus by stability interactions, especially involving causes internal to the husband, when evaluating hypotheses. The means and standard deviations for each of the 16 items assessing respondents' attributions appear in Table 1; with significant differences between items on the same scale noted.

<table>
<thead>
<tr>
<th>Locus</th>
<th>Stable 1</th>
<th>Stable 2</th>
<th>Unstable 1</th>
<th>Unstable 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Husband</td>
<td>5.68$^a$ (1.47)</td>
<td>4.76$^a$ (1.92)</td>
<td>5.06$^a$ (1.49)</td>
<td>2.27$^a$ (1.39)</td>
</tr>
<tr>
<td>Wife</td>
<td>2.73$^a$ (1.92)</td>
<td>2.07$^{ab}$ (1.50)</td>
<td>2.96$^{bc}$ (1.46)</td>
<td>2.02$^{ac}$ (1.19)</td>
</tr>
<tr>
<td>Couple</td>
<td>5.78$^{ab}$ (1.34)</td>
<td>3.86$^a$ (1.62)</td>
<td>4.51$^{ab}$ (1.51)</td>
<td>3.75$^b$ (1.79)</td>
</tr>
<tr>
<td>Environment</td>
<td>2.56$^a$ (1.50)</td>
<td>2.65$^b$ (1.50)</td>
<td>3.43$^{ab}$ (1.58)</td>
<td>1.56$^{ab}$ (1.00)</td>
</tr>
</tbody>
</table>

*Note:* Means with the same superscript are significantly different at the $p < .05$ level.

**Covariates.** Conceptually, several demographic variables, including age, amount of experience in therapy, or interest in domestic violence issues, could moderate the relationship between scenario severity or abuse history and the causal attributions. Bivariate
correlations between the dependent variables and continuous-type demographic variables were examined to assist in selecting possible covariates for hypothesis testing on causal attributions. Only respondents’ total years in practice and years since obtaining the doctorate degree were significantly correlated with any dependent variables (\(-.170 < r < -.188\)). Since these were highly correlated with each other (\(r=.882\)), the variable having the largest correlation with the dependent variables, total years in practice, was included as a covariate in the omnibus analysis.

Two categorical demographic variables, respondents’ theoretical orientation and most frequently practiced modality of therapy, were also examined using exploratory multivariate analyses of variance (MANOVA). First a MANOVA was run using respondents’ most frequent modality of therapy as the between-subjects variable with 4 levels: individual adult, group, couples/family, and individual child/adolescent modalities. Respondents indicating other modalities were not included in analysis as the low numbers of respondents in these categories led to singular variance-covariance matrices for those cells. Locus and stability of attributions were within-subjects variables, and the dependent variable was the rating on the eight possible types of cause. The MANOVA revealed no two-way or three-way interactions. There was a trend toward significance for the main effect of respondent modality, \(F(3,291) = 3.07, \ p=.028, \ \eta^2=.031\). Follow-up t-tests indicated that respondents who indicated their primary modality being couples/family treatment rated the given attributions higher (\(M=3.86\)) than did respondents practicing primarily in individual adult (\(M=3.45\)) or individual child/adolescent (\(M=3.47\)).
Next, a MANOVA was run using respondents' primary theoretical orientation as the between-subjects variable with 3 levels: cognitive/cognitive-behavioral, psychodynamic/psychoanalytic, and all other orientations (no other orientations had a sufficient number of adherents to include alone). Locus and stability of attributions were within-subjects variables, and the dependent variable was the rating on the eight possible types of cause. There were no two- or three-way interactions involving respondents’ theoretical orientation. There was a main effect of orientation, $F(2,294) = 4.83, p<.01, \eta^2 = .032$. Follow-up $t$-tests indicated that respondents who indicated their primary theoretical orientation was psychodynamic/psychoanalytic rated the potential causes higher ($M=3.68$) than did cognitive/cognitive-behavioral respondents ($M=3.60$). Because of the small unequal number of subjects in these groups involving respondent orientation and modality, and because neither interacted with variables about which hypotheses were formulated (locus or stability), these two variables were not included in the analyses of causal attributions.

**Tests of assumptions.** In testing the five sets of hypotheses involving respondents’ causal attributions, an omnibus multivariate analysis of covariance (MANCOVA) was first run to determine the overall pattern of interactions and main effects within a $2$ (scenario severity) x $2$ (scenario abuse history) x $2$ (respondent gender) by $4$ (attribution locus) x $2$ (attribution stability) design. Between subjects variables were severity, abuse history, and gender, and within-subjects effects were locus and stability. Adjustment was made for one covariate: respondent’s total years in practice. When the omnibus analysis showed hypothesized interactions, follow-up univariate factorial ANOVAs tested the simple effects and mean differences for each a priori prediction.
Within the 297 cases that did not have missing values on the three independent variables or eight dependent variables, there were no univariate or multivariate outliers with the criterion for Mahalanobis distance set at $p=.001$. Results of evaluations of assumptions of homogeneity of variance and multicollinearity were satisfactory. With regard to normality, all variables except unstable causes related to the husband and the couple were skewed within at least one group at a statistically significant level. However, only one variable (stable causes internal to the wife) received a skewness statistic over 2 in one cell of the design (2.8; low severity, no abuse history); otherwise, the largest skewness statistic was 1.3. The statistical significance of the skewness statistics on so many variables may therefore be a result of the large sample size, rather than widespread deviation from normality. Also, the sample size included at least 30 cases for each cell of the $2 \times 2 \times 2$ between-subjects design, which is more than the 20 degrees of freedom for error suggested to assure multivariate normality of the sampling distribution of means, even with unequal sample sizes. Therefore, the assumption of multivariate normality is likely to be met (Tabachnik & Fidell, 1989, p. 83, 411). The skewness did contribute to some heteroskedasticity among variables, so the analysis is somewhat weakened in its ability to capture linear relationships between variables. However, Stevens (1992) suggests that even with considerably skewed distributions, reductions of power values are likely to be only by a few hundredths.

Because Box's M test of homogeneity of variance-covariance matrices for the omnibus MANOVA was significant at $p<.01$, the sample sizes, variances and covariances for each between-subjects cell was examined. It was determined that cells with larger
samples produced larger variances and covariances, so that the alpha level is conservative, enabling null hypotheses to be rejected with confidence (Tabachnik & Fidell, p. 379). To assure conservative tests, Pillai’s V was used to evaluate multivariate significance in all causal attribution analyses. Furthermore, because the Mauchly W sphericity test for results involving attribution locus was significant at p<.001, the Greenhouse-Geisser epsilon-adjusted averaged Es (i.e., conservatively adjusted Es) are reported for tests involving locus (Stevens, 1992). Given the relatively large number of hypotheses and analyses in this study, the significance level for all analyses was also set conservatively at α < .01.

In the omnibus MANCOVA, the combined dependent variables (stable and unstable causes rated for husband, wife, couple, and environment) were not significantly related to the covariate of total years in practice, $F(1,288)=0.47, p=.495$. The MANCOVA produced no significant five-way or four-way interactions. Three-way interactions and nonhypothesized two-way interaction are discussed in terms of their relevance to hypotheses.

Locus of attribution. The first set of hypotheses involved the effect of a within-subjects variable, attribution locus, on respondents’ ratings (1 to 7) of the estimated contribution of the potential causes to the scenarios’ violence. Three predictions were made: causes internal to the husband would be rated as contributing more to depicted woman abuse than would causes internal to the wife (Hypothesis 1a), the couple (Hypothesis 1b), and the environment (Hypothesis 1c). Initial support for these hypotheses was found in the omnibus MANOVA, in which a significant main effect of locus was found, $\text{Aver}F(2.7, 876)=549.61, p<.001, \eta^2 = .657$, with the Greenhouse-Geisser epsilon
adjustment. Follow-up paired t-tests revealed ratings of attributions involving the husband (M=4.49) were significantly higher than ratings of attributions involving the wife (M=2.46), t(296)=28.71, p<.001, and the environment (M=2.56), t(296)=30.57, p<.001, but were equal to ratings of attributions involving the couple (M=4.49), t(296)=0.32, p=.746. Thus, hypotheses 1a and 1b were supported, while 1c was not: causes internal to the husband were rated as contributing more than causes internal to the wife and related to the environment, but not more than causes related to the couple. However, these results must be interpreted in view of the two three-way interactions described below in relation to hypotheses on severity of violence and abuse history. Means and standard deviations appear in Table 2.

Table 2. Means (and Standard Deviations) for Ratings of Causes: Locus of Attributions and Stability of Attributions

<table>
<thead>
<tr>
<th>Locus of Attributions</th>
<th>Stability of Attributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Husband</td>
<td>Wife</td>
</tr>
<tr>
<td>4.49 (0.95)</td>
<td>2.46 (1.06)</td>
</tr>
</tbody>
</table>

Stability of attributions. The next hypothesis involved the effect of a within-subjects variable, stability of causal attributions, on respondents’ ratings of the contribution to violence of the potential causes. Hypothesis 2 predicted that stable causes would be rated as contributing more to the depicted violence than unstable causes. This hypothesis was
supported in the omnibus MANCOVA by the finding of a main effect of stability, $F(1, 292)=104.98, p<.001, \eta^2 = .263$. Examination of the two means showed that, as predicted, stable causes were rated higher ($M=3.78$) than unstable causes ($M=3.22$). However, these results must be interpreted in view of the two three-way interactions described below in relation to hypotheses on severity of violence and abuse history.

**Severity of attributions.** The next set of hypotheses involved the effect of the interaction between a between-subjects variable, violence severity, and two within-subjects variables, locus and stability of causes, on respondents’ attribution ratings of the potential causes. Two predictions related to locus of the attribution: causes internal to the husband (Hypothesis 3a), and causes internal to the wife (Hypothesis 3b) would be rated as higher contributors in high severity than low severity scenarios. These predictions were given initial support by the omnibus MANCOVA finding of a significant multivariate interaction between scenario severity and attribution locus, $AverF(2.7, 876)= 9.10, p<.001, \eta^2 = .028$, with the Greenhouse-Geisser epsilon adjustment. To interpret this interaction, the simple effect of severity at each locus was examined. As predicted, the simple effect of severity was significant for the locus of husband, $F(1, 292)=15.97, p<.001$, with means indicating higher ratings of causes internal to the husband in high severity scenarios ($M=4.69$) than in low severity scenarios ($M=4.29$). However, the predicted simple effect of severity for the locus of wife was not significant, $F(1, 292)=1.60, p=.207$. There were no significant simple effects of severity for the locus of couple, $F(1, 292)=1.83, p=.177$, or environment, $F(1, 192)=2.82, p=.094$. Thus, severity of presented violence only affected ratings of those...
causes internal to the husband, with these causes rated as contributing more to violence in higher severity than low severity scenarios.

The severity hypotheses also contained a prediction related to stability of causal attributions: stable causes would be rated as contributing more to the violence in high severity than in low severity scenarios (Hypothesis 3c). Support for this hypothesis is weaker than for other hypotheses in that, given the conservative significance level set for the study (\(\alpha < .01\)), the omnibus MANCOVA showed only a trend toward significance for the interaction between severity and stability. Since the results were very nearly significant, \(F(1, 292)=6.67, p=.010\), the interaction is interpreted here. There was a strong trend toward significance for the simple effect of severity on stable causes \(F(1,292)=5.56, p=.019\), with means indicating that, as predicted, stable causes were seen as contributing slightly more to high severity scenarios (\(M=3.86\)) than to low severity scenarios (\(M=3.70\)). The simple effect of severity for unstable causes was not significant, \(F(1,292)=.036, p=.550\).

These results for the effects of severity must be interpreted, however, in terms of the three-way interaction between severity, locus, and stability, \(AverE(3, 876)=3.96, p<.01, \eta^2 = .013\), using the Greenhouse-Geisser epsilon adjustment (see Table 3 for means and standard deviations). The simple interaction of stability and locus was significant both in low severity scenarios, \(AverE(2.97,433.22) =73.98, p<.001\) (see Figure 1a), and high severity scenarios, \(AverE(2.94,438.66)=35.63, p<.001\) (see Figure 1b).

The simple interaction of severity and locus for stable causes can be understood as a different pattern of mean ratings of stable causes in high severity compared to low severity scenarios (see Figure 1). In the low severity scenario (Figure 1a), stable husband-related
causes were rated higher than stable wife-related and stable environment-related causes, 17.66 < t(152) < 19.43, but were rated equal to stable couple-related causes, t(152)=.363, p=.717. However in the high severity scenario (Figure 1b), stable husband-related causes are rated higher than all other stable causes, including stable couple-related causes, 6.29 < t(147) < 22.53.

Likewise, with the same breakdown of the effects of the three-way interaction, the significance of the simple interaction of severity and locus for unstable causes can be understood as a slightly different pattern of mean ratings of unstable causes between high severity and low severity scenarios. In the low severity scenario (Figure 1a), unstable causes related to the couple were rated higher than all other unstable causes, 6.15 < t(152) < 16.14, p<.001. However, in the high severity scenario (Figure 1b), unstable causes related to the couple were rated higher than unstable causes related to the environment and related to the wife, 10.59 < t(150) < 16.03, p<.001 but about equal to unstable causes related to the husband, t(150)=2.07, p=.041.

**History of abuse.** The set of hypotheses related to abuse history involved the effect of the interaction between a between-subjects variable, abuse history of the wife, and two within-subjects variables, the locus and stability of the cause, on respondents’ ratings of the potential causes. Two predictions were made. Hypothesis 4a predicted that in scenarios in which the wife had a history of abuse in previous relationships, causes internal to the wife would be rated as greater contributors to the violence than in scenarios with no abuse history. This was supported by the finding in the omnibus MANCOVA of a significant interaction between abuse history and locus, AverF(2.7, 876)=16.22, p<.001, η² = .055,
Table 3. Means (and Standard Deviations) for Ratings of Causes: Severity x Stability x Locus

<table>
<thead>
<tr>
<th>Severity</th>
<th>Locus</th>
<th>Stable</th>
<th>Unstable</th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td>(Mean)</td>
<td>(SD)</td>
<td>(Mean)</td>
</tr>
<tr>
<td>Low Severity</td>
<td>Husband</td>
<td>4.92</td>
<td>3.66</td>
<td>4.29</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(1.42)</td>
<td>(1.16)</td>
<td>(0.93)</td>
</tr>
<tr>
<td></td>
<td>Wife</td>
<td>2.48</td>
<td>2.64</td>
<td>2.56</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(1.53)</td>
<td>(1.10)</td>
<td>(1.04)</td>
</tr>
<tr>
<td></td>
<td>Couple</td>
<td>4.91</td>
<td>4.28</td>
<td>4.60</td>
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<tr>
<td></td>
<td></td>
<td>(1.19)</td>
<td>(1.35)</td>
<td>(1.08)</td>
</tr>
<tr>
<td></td>
<td>Environment</td>
<td>2.52</td>
<td>2.47</td>
<td>2.48</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(1.39)</td>
<td>(1.06)</td>
<td>(1.00)</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>3.70</td>
<td>3.26</td>
<td>3.47</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(0.90)</td>
<td>(0.86)</td>
<td>(0.70)</td>
</tr>
<tr>
<td>High Severity</td>
<td>Husband</td>
<td>5.67</td>
<td>3.71</td>
<td>4.69</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(1.31)</td>
<td>(1.16)</td>
<td>(0.93)</td>
</tr>
<tr>
<td></td>
<td>Wife</td>
<td>2.34</td>
<td>2.40</td>
<td>2.35</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(1.53)</td>
<td>(1.14)</td>
<td>(1.06)</td>
</tr>
<tr>
<td></td>
<td>Couple</td>
<td>4.79</td>
<td>3.98</td>
<td>4.38</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(1.18)</td>
<td>(1.36)</td>
<td>(1.10)</td>
</tr>
<tr>
<td></td>
<td>Environment</td>
<td>2.67</td>
<td>2.63</td>
<td>2.62</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(1.38)</td>
<td>(1.15)</td>
<td>(1.06)</td>
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<tr>
<td></td>
<td>Total</td>
<td>3.86</td>
<td>3.18</td>
<td>3.52</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(0.82)</td>
<td>(0.87)</td>
<td>(0.70)</td>
</tr>
</tbody>
</table>
Figure 1. Attributions to Causes in High and Low Severity Scenarios: Locus x Stability
with the Greenhouse-Geisser epsilon adjustment. Examination of the simple effects of abuse history at each locus revealed a significant effect of history for the locus of wife, \( F(1, 292) = 66.05, p < .001 \). Inspection of the means showed that ratings for causes internal to the wife were higher in the abuse history condition (\( M = 2.91 \)) than in the no abuse condition (\( M = 2.02 \)). Simple effects of abuse history were not significant for couple-related causes, \( F(1, 292) = 1.25, p = .177 \), environment-related causes, \( F(1, 292) = 2.82, p = .094 \), or husband-related causes, \( F(1, 292) = 3.64, p = .057 \).

The second prediction involving abuse history was Hypothesis 4b, which predicted that in scenarios in which abuse is present, stable causes would be rated as contributing more to the scenario violence than in scenarios in which abuse is absent. This was supported by the finding in the omnibus MANCOVA of a significant interaction between abuse history and stability, \( F(1, 292) = 32.26, p < .001, \eta^2 = .097 \). Examination of the simple effects of abuse history indicated a significant simple effect of history for stable causes, \( F(1, 292) = 49.19, p < .001 \), but not for unstable causes, \( F(1, 292) < .01, p = .944 \). Means indicate stable causes were rated higher when a history of abuse is present (\( M = 4.08 \)) than when it is not (\( M = 3.49 \)). Thus, as predicted, only the ratings for stable causes are affected by the presence of the wife's abuse history. Means and standard deviations for hypotheses concerning abuse history can be found in Table 4.

These two-way interactions involving history must, however, be interpreted in view of the three-way interaction between abuse history, stability, and locus, \( \text{Aver} F(3, 876) = 19.23, p < .001, \eta^2 = .061 \), using the Greenhouse-Geisser epsilon adjustment (see Table 4).
Table 4. Means (and Standard Deviations) for Ratings of Causes: Stability x Abuse History x Locus

<table>
<thead>
<tr>
<th>Abuse History</th>
<th>Locus</th>
<th>Stability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Stable</td>
<td>Unstable</td>
</tr>
<tr>
<td>No Abuse History</td>
<td>Husband</td>
<td>5.10 (1.41)</td>
</tr>
<tr>
<td></td>
<td>Wife</td>
<td>1.57 (0.84)</td>
</tr>
<tr>
<td></td>
<td>Couple</td>
<td>4.72 (1.14)</td>
</tr>
<tr>
<td></td>
<td>Environment</td>
<td>2.55 (1.35)</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>3.49 (0.74)</td>
</tr>
<tr>
<td>Abuse History</td>
<td>Husband</td>
<td>5.47 (1.42)</td>
</tr>
<tr>
<td></td>
<td>Wife</td>
<td>3.25 (1.54)</td>
</tr>
<tr>
<td></td>
<td>Couple</td>
<td>4.93 (1.21)</td>
</tr>
<tr>
<td></td>
<td>Environment</td>
<td>2.69 (1.42)</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>4.08 (0.88)</td>
</tr>
</tbody>
</table>
Figure 2. Attributions to Scenarios With and Without Abuse History: Locus x Stability
The simple interaction of stability and locus was significant for scenarios in which abuse history was not present, $\text{AverF}(2.93,417.50)=34.02$, $p<.001$ (see Figure 2a), and when abuse history was present, $\text{AverF}(2.93,442.46)=101.18$, $p<.001$ (see Figure 2b). For scenarios with no abuse history present, the simple simple effect of stability was significant for causes related to the husband, $F(1,151)=125.41$, $p<.001$, for causes internal to the wife, $F(1,151)=84.99$, $p<.001$, and for causes related to the couple, $F(1,151)=31.59$, $p<.001$, but not for causes related to the environment. Means indicated that when husband- and couple-related causes were examined in the no abuse history scenario, stable causes were rated higher than unstable causes. However, when wife-related causes were examined, unstable means internal to the wife were rated more highly than stable causes internal to the wife.

For scenarios in which abuse history was not present, the simple simple effect of stability was also significant for causes internal to the husband $F(1,144)=138.71$, $p<.001$, for causes internal to the wife, $F(1,144)=31.41$, $p<.001$, and for causes related to the couple, $F(1,144)=54.88$, $p<.001$, but not for causes related to the environment. However, in this case, stable causes were rated higher than unstable causes in all three cases.

✓ These results qualify support for the study’s hypothesis that stable causes would be attributed more responsibility for depicted violence than unstable causes. When no previous abuse history was reported for the wife, unstable causes internal to the wife were seen as contributing more to violence than stable causes. When she was depicted as having been abused in previous relationships, then stable causes internal to her were seen as
contributing more than unstable causes. The presence of abuse history did not affect the pattern of results for the causes related to the husband or the couple, in which stable causes were always rated as contributing more to violence than unstable causes.

Alternatively, the three-way interaction between abuse history, locus, and stability can be interpreted by looking at the simple interaction of abuse history and locus, which was significant for stable causes, $\text{AverF}(2.79, 876)=27.38, p<.001$ (see Figure 3a), but not for unstable causes, $\text{AverF}(2.82, 876)=0.64, p=.581$ (see Figure 3b). Simple simple effects of abuse history on stable causes were therefore examined for each level of locus. Simple simple effects of history were found for stable causes that were internal to the wife, $F(1,292)=140.94, p<.001$, with ratings greater when abuse history was present ($M=3.25$) than when it was not ($M=1.57$). An unpredicted simple simple main effect of history was found for stable causes that were internal to the husband, $F(1,292)=7.74, p<.01$, with greater ratings of husband-based causes when an abuse history for the wife was present ($M=5.47$) than when it was not ($M=5.10$). The presence of abuse history had no effect for stable causes internal to the couple, $F(1,292)=3.04, p=.082$, or environment, $F(1,292)=1.64, p=.201$. There were no simple simple effects of abuse history for the unstable causes at any of the loci.

**Gender of respondent.** The next set of hypotheses involved the effect of the interaction between a between-subjects variable, respondent gender, and a within-subjects variable, locus of cause, on respondents’ attribution ratings of the potential causes. Hypothesis 5a predicted that females would attribute less responsibility to the wife than
Figure 3. Attributions to Stable and Unstable Causes: Locus x Abuse History
would male respondents, and Hypothesis 5b predicted that males would rate causes internal
to the husband lower than would female respondents. This was given initial support by the
finding in the omnibus MANCOVA of a significant interaction between gender and locus,
$F(2.7, 876) = 7.48, p < .001, \eta^2 = .097, \eta^2 = .021$, with the Greenhouse-Geisser epsilon
adjustment. However, when simple effects of gender at each locus were examined, the
simple effect of gender was not significant for causes internal to the wife, $F(1, 292) = 1.71,$
$p = .192$, to the husband, $F(1, 292) = 3.90, p = .049$, or to the couple, $F(1, 292) = 0.10, p = .747$. A
significant simple effect of gender was found for the locus of environment, $F(1, 292) = 23.66,$
$p < .001$. Means indicated that female respondents rated environmental causes as
contributing more to the violence ($M = 2.82$) than did males ($M = 2.28$). Thus, neither of the
predictions were supported, but instead, males and females differed in their ratings of how
much environmental causes contributed to the scenario violence. Means and standard
deviations for the hypothesis concerning gender appear in Table 5.

Table 5. Means (and Standard Deviations) of Ratings of Causes:  
Gender x Locus

<table>
<thead>
<tr>
<th>Gender</th>
<th>Locus of Attributions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Husband</td>
</tr>
<tr>
<td>Male</td>
<td>4.40</td>
</tr>
<tr>
<td></td>
<td>(0.96)</td>
</tr>
<tr>
<td>Female</td>
<td>4.58</td>
</tr>
<tr>
<td></td>
<td>(0.94)</td>
</tr>
</tbody>
</table>
Summary of results for causal attributions. Several of the hypotheses made for respondents' causal attributions were supported, but many were qualified by higher-order interactions. Attribution ratings for husband-based causes were greater than for wife-based causes and environment-based causes in all scenarios. However, overall ratings of causes internal to the husband were rated about equally to ratings of couple-related causes. Exceptions to this were in low severity scenarios in which unstable couple causes were rated as contributing more than unstable husband causes, and in high severity scenarios when stable husband causes were rated higher than stable couple causes.

In general, stable causes were rated as contributing more to violence than unstable causes. In scenarios in which abuse history for the wife was present, stable causes internal to the wife were rated higher than unstable causes internal to the wife. However, when abuse history was not present, unstable wife-related causes were rated as higher than stable wife-related causes. Stable causes internal to the husband were rated higher when abuse history was present than when it was absent.

Overall, ratings of stable causes appeared to be greater in high severity than low severity scenarios, but upon further examination, this effect of severity was only found for husband-related causes. The only potential causes rated higher in high severity scenarios than low severity scenarios were stable causes internal to the husband. Female and male respondents differed in that females rated environment based causes higher than did males, but there was no gender difference in ratings of husband-, wife-, or couple-related causes.
Stance Toward Wife Maintaining Relationship

To test the hypotheses related to respondents' attitude toward the wife's hypothetical desire to stay in her marriage, several different analyses were performed, including a chi-square, an ANOVA, and a multiple regression. In each of these, the dependent variable was the 7-point "stay-leave" item on which respondents rated their response to the wife's wish: support her decision to stay (1), remain neutral (4), or encourage her to leave (7).

The "expert" response. The first hypothesis involving the stance toward the wife maintaining the relationship was Hypothesis 6, which predicted that "expert" respondents would be more likely to encourage the wife to leave the relationship than to stay. The mean response for the 318 participants who responded to the stay-leave item was 4.5, suggesting only a slight tendency to encourage the wife to leave the relationship. The range of the item was broken into three categories: support the wife's decision to stay (1-3 on the 7-point scale), remain neutral (4) and encourage the wife to leave (5-7). A non-parametric analysis of the three categories showed a significant $\chi^2 (2)$ at 81.02, $p<.001$. There were significant differences between the number of respondents supporting the wife's decision (32) and remaining neutral (157), $\chi^2 (1)=82.7$, $p<.001$, and between the supporting respondents and those who would encourage the wife to leave (128), $\chi^2 (1)=57.6$, $p<.001$. However, there was no difference between the number of respondents who would remain neutral and those who would encourage her to leave the relationship, $\chi^2 (1)=2.95$, $p=.086$. Thus, respondents were less likely to support the wife's decision to stay in the marriage than they were to remain neutral or encourage her to leave the relationship.
Tests of assumptions. To test whether the scenario’s severity of violence, wife’s abuse history, or respondent gender influenced respondents’ stance toward the maintenance of the relationship, a 2 x 2 x 2 ANOVA was run with these three between-subjects independent variables and the stay-leave item as the dependent variable.

Within the total N of 311 respondents with valid data for this analysis, there were no univariate outliers at alpha=.001. Results of evaluations of assumptions of normality, linearity, homogeneity of variance and multicollinearity were satisfactory. There were no significant three-way or two-way interactions between the independent variables. Means and standard deviations for each of the possible main effects on stance toward the wife’s maintaining the relationship can be found in Table 6.

Table 6. Means (and Standard Deviations) of Stay-Leave Item for Severity, Abuse History, and Gender

<table>
<thead>
<tr>
<th>Severity</th>
<th>Abuse History</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>Absent</td>
<td>Male</td>
</tr>
<tr>
<td>High</td>
<td>Present</td>
<td>Female</td>
</tr>
<tr>
<td>4.11</td>
<td>4.55</td>
<td>4.27</td>
</tr>
<tr>
<td>(0.96)</td>
<td>(1.22)</td>
<td>(1.16)</td>
</tr>
<tr>
<td>4.92</td>
<td>4.48</td>
<td>4.72</td>
</tr>
<tr>
<td>(1.24)</td>
<td>(1.13)</td>
<td>(1.14)</td>
</tr>
</tbody>
</table>

Severity of violence. Hypothesis 7, concerning severity of violence, predicted that the likelihood of encouraging the wife to leave would be higher in high severity than in low severity scenarios. This was supported by the main effect in the omnibus ANOVA of
severity on the stay-leave item, $F(1, 302)=47.31, p<.001, \eta^2=.115$. Examination of cell means showed a greater tendency to encourage the wife to leave when severity was high ($M=4.92$) than low ($M=4.11$).

**History of violence.** Hypothesis 8, concerning history of violence, predicted that the likelihood of encouraging the wife to leave would be higher in scenarios in which she had a history of abuse than in scenarios in which abuse was absent. This hypothesis was not supported, in that the main effect of abuse history on the stay-leave item in the omnibus ANOVA was not significant, $F(1,302)=1.74, p=.188$.

**Respondent gender.** Hypothesis 9, related to respondent gender, predicted that female respondents would be more likely than male respondents to recommend that the wife leave the relationship. This was supported in the omnibus ANOVA by the finding of a significant main effect of gender on the stay-leave item, $F(1,302)=9.90, p<.01, \eta^2=.037$. The cell means indicate that as predicted, females encouraged the wife’s leaving ($M=4.72$) more than did males ($M=4.27$).

**Stability of attributions.** Hypothesis 10, concerning stability of attributions, predicted that higher attribution ratings for stable causes for violence would be positively correlated with encouraging the wife to leave. To test the hypothesis, a hybrid multiple regression was performed with the stay-leave item as the dependent variable. To control for the respondents’ total number of years in practice, which was significantly negatively correlated with ratings on the stay-leave item ($r=-.16$) this variable was entered alone on the first step of the regression. The ratings of stable and unstable causes were then entered as
predictor variables using forward selection. With 298 cases with no missing values, there were over 99 cases per predictor variable, and there were no outliers with the $p<.001$ criterion for Mahalanobis distance. Results of evaluation of assumptions showed total years in practice to be slightly positively skewed (skewness statistic=1.05), with the other three variables having a normal distribution. This in turn resulted in some heteroskedasticity of residuals, which weakened the analysis. Evaluation of multicollinearity was satisfactory (see Table 7 for correlations).

After the first step of the regression, total years in practice significantly predicted respondents' ratings on the stay-leave item, $R^2=.023$, $F(1,296)=6.98$, $p<.01$. At the next step, ratings of stable causes entered the equation first, and significantly added to the prediction of ratings on the stay-leave item, $R^2_{Ch}=.045$, $F(1,295)=14.11$, $p<.001$. When ratings of unstable causes entered the equation, it did not significantly add to the prediction of the dependent variable, $R^2_{Ch}=.005$, $F(1,294)=1.50$, $p=.222$. According to the standardized regression coefficient, postdoctoral years in practice are negatively related to ratings on the stay-leave item ($\beta=-0.146$), indicating that the longer the respondents have been in practice, the less likely they are to encourage the wife to leave, and the more likely they are to support her decision to remain in the marriage. Ratings on stable causes of the depicted violence were positively related to ratings on the stay-leave item ($\beta=.234$), indicating that the more stable causes were seen as contributing to the violence, the more the respondent would encourage the hypothetical wife to leave. Table 7 displays the correlations between variables, the unstandardized regression coefficients (B) and intercept,
the standardized regression coefficients ($\beta$), $R^2$, and $R^2$ change for each variable at the step it entered the equation.

Table 7. Stepwise Multiple Regression of Stay-Leave Item on Years in Practice and Attribution Ratings of Stable and Unstable Causes

<table>
<thead>
<tr>
<th>Variables</th>
<th>Stay-Leave</th>
<th>Years in Practice</th>
<th>Stable Attrib.'s</th>
<th>Unstable Attrib.'s</th>
<th>B</th>
<th>$\beta$</th>
<th>$R^2$</th>
<th>$R^2$ Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years in Practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-0.151*</td>
<td>-0.020</td>
<td>-0.146</td>
<td>.023</td>
</tr>
<tr>
<td>Stable Attrib.'s</td>
<td></td>
<td>-0.50</td>
<td></td>
<td></td>
<td>.218**</td>
<td>0.328</td>
<td>0.234</td>
<td>.068</td>
</tr>
<tr>
<td>Unstable Attrib.'s</td>
<td></td>
<td>-0.085</td>
<td>.331**</td>
<td></td>
<td>.013</td>
<td>-.102</td>
<td>-.073</td>
<td>.072</td>
</tr>
<tr>
<td>Means</td>
<td>4.51</td>
<td>20.08</td>
<td>3.78</td>
<td>3.22</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>St. Dev.s</td>
<td>(1.18)</td>
<td>(8.50)</td>
<td>(0.86)</td>
<td>(0.86)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Significance levels:**

**p<.001
*p<.01

Summary of Results for Stance Toward the Relationship. In considering the possibility that the wife would want to stay with her husband, respondents tended to remain neutral or to encourage the wife to leave the relationship at least temporarily, rather than to support the wife’s decision to stay. Respondents were more likely to encourage the wife to leave when violence was depicted as high in severity rather than low in severity, and high ratings of the contribution of stable causes predicted respondents’ encouraging the wife to leave. Female respondents were more likely to encourage the wife to leave than were male respondents. Respondents with more total years in therapy were more likely to support the wife’s decision to stay than were respondents with less years of experience.
Modality of Recommended Treatment

Tests of assumptions. Treatment recommendations were measured by respondents' ratings on a 7-point scale of the likelihood with which they would begin treatment with several possible modalities for the husband and the wife. To test three of the hypotheses related to the modality of treatment, an omnibus MANCOVA was performed with wife's abuse history and respondent gender as between-subjects variables, and treatment target (wife, husband) and type of treatment (individual, group) as within-subjects variables. Adjustment was made for one covariate: the percent of the respondent's caseload containing family violence. Within the 315 cases with complete data there were no univariate or multivariate outliers with the use of a \( p < .001 \) criterion for Mahalanobis distance. Results of evaluations of assumptions of homogeneity of variance and multicollinearity were satisfactory. Two variables were significantly negatively skewed in several cells of the design (individual treatment for the wife and for the husband) and one had significant positive kurtosis (individual treatment for the wife). However, the highest skewness statistic was only -1.6 (individual treatment for wife in high severity, abuse history present scenario), and only one kurtosis statistic was greater than 2 (individual treatment for wife in high severity, no abuse history scenario). The statistical significance of the skewness and kurtosis statistics may therefore be a result of the large sample size, rather than widespread deviation from normality. Also, the sample size includes at least 34 cases for each cell of the 2 x 2 x 2 between-subjects design, which is more than the 20 degrees of freedom for error suggested to assure multivariate normality of the sampling distribution of means, even with
unequal sample sizes. Therefore, the assumption of multivariate normality is likely to be met (Tabachnik & Fidell, 1989, p. 83, 411).

The skewness and kurtosis contributed to some heteroskedasticity among variables, so the MANCOVA is weakened in its ability to capture linear relationships between variables. However, Stevens (1992) suggests that even with considerably skewed distributions, reductions of power values in MANOVA are likely to be only by a few hundredths. Because Box's M test of homogeneity of variance-covariance matrices for the omnibus MANCOVA was significant at $p<.01$, the sample sizes, variances, and covariances for each between-subjects cell was examined. It was determined that cells with larger samples produced larger variances and covariances, so that the alpha level is conservative, enabling null hypotheses to be rejected with confidence (Tabachnik & Fidell, p. 379). To assure conservative tests, Pillai's $V$ was used to evaluate multivariate significance in all causal attribution analyses. Given the relatively large number of hypotheses and analyses in this study, the significance level for all analyses was also set conservatively at $\alpha < .01$.

The combined dependent variables were not significantly related to the covariate of family violence caseload, $F(1,306)=1.10$, $p=.295$. There were no significant four-way, or three-way interactions. An unpredicted main effect of severity was found, $F(1,306)=30.36$, $p<.001$, $\eta^2 = .09$, with all modalities receiving higher recommendations in the high severity scenarios ($M=5.11$) than the low severity scenarios ($M=4.24$).

Target of treatment. Hypothesis 11, concerning treatment target, predicted that respondents' ratings of treatment modalities for the wife would be higher than ratings of
treatment for the husband. This hypothesis was not supported in that the main effect of the within-subjects variable, target, in the omnibus MANCOVA was not significant, $F(1,307)=0.38, p=.537$. However, a two-way interaction between treatment target and type of treatment was significant, $F(1,307)=28.85, p<.001, \eta^2 = .086$. The simple effect of target for recommendations of individual treatment was significant, $F(1, 307)=18.06, p<.001$.

Inspection of means shows that individual treatment was recommended more often for the wife ($M=5.48$) than for the husband ($M=5.19$). The simple effects of target for recommendation of group treatment were also significant, $F(1,307)=9.13, p<.01$. In this case, group therapy was more often recommended for the husband ($M=4.13$) than for the wife ($M=3.92$). Thus the hypothesis was supported only when respondents considered individual treatment. Related to this finding, there was also a significant main effect of type of treatment on modality ratings, $F(1,307)=95.29, p<.001, \eta^2 = .24$. Individual treatments ($M=5.34$) were more likely to be recommended than group treatments ($M=4.03$).

A summary of means and standard deviations for treatment target is displayed in Table 8.

<table>
<thead>
<tr>
<th>Type of Treatment</th>
<th>Target of Treatment</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Wife</td>
<td>Husband</td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>5.48</td>
<td>5.19</td>
<td>5.34</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1.81)</td>
<td>(1.91)</td>
<td>(1.75)</td>
<td></td>
</tr>
<tr>
<td>Group</td>
<td>3.92</td>
<td>4.13</td>
<td>4.03</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(2.08)</td>
<td>(2.15)</td>
<td>(2.00)</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>4.70</td>
<td>4.66</td>
<td>4.68</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1.53)</td>
<td>(1.56)</td>
<td>(1.46)</td>
<td></td>
</tr>
</tbody>
</table>
Respondent gender. Hypothesis 12, concerning respondent gender, predicted that female respondents would rate the likelihood of treatment for the husband higher than would male respondents (Hypothesis 12a) and male respondents would rate the likelihood of treatment for the wife higher than would female respondents (Hypothesis 12b). This hypothesis was not supported in that the interaction between gender and target was not significant, $F(1,307)=0.16, p=.693$. There was a trend toward significance for the main effect of gender, $F(1,307)=6.26, p=.013$, with female respondents recommending the presented modalities higher ($M=4.78$) than did males respondents ($M=4.49$). Means and standard deviations for gender are found in Table 9.

History of abuse. Hypothesis 13, concerning abuse history, predicted that, respondents would rate recommend treatment for the higher when the wife had a previous history of physical abuse than when previous abuse was not reported. This hypothesis was not supported in that the interaction between abuse history and target was not significant, $F(1,307)=0.46, p=.497$. Means and standard deviations appear in Table 9.

Locus of attributions. Hypothesis 14, related to the locus causal attributions as predictors of treatment recommendations, stated that attribution ratings for wife-related causes would be positively correlated with the likelihood of recommending treatment for her (Hypothesis 14a), and attribution ratings for husband related causes would be positively correlated with the likelihood of recommending treatment for him (Hypothesis 14b). To test these hypotheses, two stepwise multiple regressions were run: (a) with ratings of treatment for the wife as the dependent variable, and (b) with ratings of treatment for the
Table 9. Means (and Standard Deviations) of Treatment Target x Gender and Treatment Target x Abuse History

<table>
<thead>
<tr>
<th>Target</th>
<th>Respondent Gender</th>
<th>Abuse History</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Wife</td>
<td>4.58</td>
<td>5.05</td>
</tr>
<tr>
<td></td>
<td>(1.63)</td>
<td>(1.48)</td>
</tr>
<tr>
<td>Husband</td>
<td>4.61</td>
<td>4.95</td>
</tr>
<tr>
<td></td>
<td>(1.62)</td>
<td>(1.55)</td>
</tr>
<tr>
<td>Total</td>
<td>4.49</td>
<td>4.78</td>
</tr>
<tr>
<td></td>
<td>(1.54)</td>
<td>(1.59)</td>
</tr>
</tbody>
</table>

husband as the dependent variable. In each, the four predictor variables were attribution ratings of causes that were internal to the wife, internal to the husband, related to the couple, and related to the environment. These were entered using forward selection. In the 293 cases with no missing values in the regression of treatment for the wife, and in the 292 cases with no missing values for the regression of treatment for the husband, there were over 72 cases per predictor variable. There were no outliers in either regression using the p<.001 criterion for Mahalanobis distance. Results of evaluation of assumptions of normality showed that the skewness factors for all predictor variables statistically significant, with the dependent variable (treatment for the wife and for the husband) slightly negatively skewed. However, all skewness factors were below 1.0. The skewness did result in some heteroskedasticity of residuals, which weakened the analysis. Evaluation of
multicollinearity was satisfactory. Table 10 displays the correlations between the variables for both regressions.

Table 10. Correlations of Attribution Ratings and Ratings of Treatment Modalities for Wife and Husband

<table>
<thead>
<tr>
<th>Treatment Attribution</th>
<th>Wife</th>
<th>Husband</th>
<th>Wife</th>
<th>Husband</th>
<th>Couple</th>
<th>Environ.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wife Treatment</td>
<td>1.000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Husband Treatment</td>
<td>.805**</td>
<td>1.000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wife Attribution</td>
<td>.005</td>
<td>-.102</td>
<td>1.000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Husband Attribution</td>
<td>.307**</td>
<td>.217**</td>
<td>.251**</td>
<td>1.000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Couple Attribution</td>
<td>-.035</td>
<td>-.135+</td>
<td>.468**</td>
<td>.253**</td>
<td>1.000</td>
<td></td>
</tr>
<tr>
<td>Environment Attribution</td>
<td>.189*</td>
<td>.113+</td>
<td>.150*</td>
<td>.422**</td>
<td>.110+</td>
<td>1.000</td>
</tr>
</tbody>
</table>

Mean 4.70 4.66 2.46 4.50 4.49 2.56
S.D. 1.53 1.56 1.06 0.95 1.09 1.03

**p<.001  
*p<.01  
+p<.05

(a) Recommendations of treatment for the wife. The attribution ratings for causes internal to the husband entered the equation first, and significantly predicted recommendations of therapy for the wife, R^2=.094, F(1,291)=30.25, p<.001. At the next step, attribution ratings of causes related to the couple entered the equation, but the variance accounted for only approached significance, R^2Ch =.014, F(1,290)=4.40, p=.037. No other attribution variable predicted a significant proportion of variance in the ratings of treatment modalities for the wife.
The standardized regression coefficient for ratings of stable causes internal to the husband as a predictor ($\beta = .311$) indicates a positive relationship with the dependent variable, so that higher attributions to the husband predict higher recommendations of treatment for the wife. For causes related to the couple ($\beta = -.105$), the negative weight of the coefficient indicates that the more couple-related causes were seen as contributing to violence, the less respondents would recommend individual treatment for the wife. Thus this hypothesis is not supported, in that only attributing the violence to causes husband-related causes, not to wife-related causes, led to recommendations of treatment for the wife.

Table 11 displays the unstandardized regression coefficients ($B$) and intercept, the standardized regression coefficients ($\beta$), $R$, $R^2$, and $R^2$ change for each predictor variable at the step it entered the equation.

<table>
<thead>
<tr>
<th>Predictors</th>
<th>$B$</th>
<th>$\beta$</th>
<th>$R^2$</th>
<th>$R^2$ Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Husband</td>
<td>.507</td>
<td>.311</td>
<td>.094</td>
<td>.094**</td>
</tr>
<tr>
<td>Couple</td>
<td>-.153</td>
<td>-.105</td>
<td>.102</td>
<td>.014+</td>
</tr>
<tr>
<td>Environment</td>
<td>.115</td>
<td>.075</td>
<td>.103</td>
<td>.004</td>
</tr>
<tr>
<td>Wife</td>
<td>-.052</td>
<td>.035</td>
<td>.101</td>
<td>.002</td>
</tr>
</tbody>
</table>

Intercept = 3.07

**$p < .001$

+$p < .05$
(b) Recommendations of treatment for the husband. The attribution ratings for causes internal to the husband entered the equation first, and significantly predicted recommendations of therapy for the husband, $R^2 = .047$, $F(1,290) = 14.61$, $p < .001$. At the next step, attribution ratings of causes related to the couple entered the equation, accounting for another significant portion of variance in the dependent variable, $R^2_{Ch} = .038$, $F(1,289) = 12.13$, $p < .001$. No other attribution variable predicted a significant proportion of variance in the ratings of treatment for the husband.

The standardized regression coefficient for ratings of causes internal to the husband as a predictor ($\beta = .270$) indicates a positive relationship to the dependent variable, so that higher attributions to husband predict higher recommendations of treatment for the husband. For causes related to the couple ($\beta = -.251$), the negative weight of the coefficient indicates that the more couple-related causes were seen as contributing to violence, the less respondents recommended individual treatment for the husband. Thus this portion of the hypothesis is supported, in that attributing violence to causes internal to the husband leads to recommendations of treatment for him. Table 12 displays the unstandardized regression coefficients ($B$) and intercept, the standardized regression coefficients ($\beta$), $R$, $R^2$, and $R^2$ change for each predictor variable at the step it entered the equation.

**Summary of results for treatment recommendations.** Rather than recommending more treatment for one spouse than the other, respondents recommended individual therapy more highly for the wife than the husband, while group therapy was recommended more highly for the husband than for the wife. Overall, individual treatment was recommended
Table 12. Stepwise Multiple Regression of Treatment for Husband on Attribution Ratings

<table>
<thead>
<tr>
<th>Predictors</th>
<th>B</th>
<th>(\beta)</th>
<th>R2</th>
<th>R2 Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Husband</td>
<td>.445</td>
<td>.270</td>
<td>.047</td>
<td>.047**</td>
</tr>
<tr>
<td>Couple</td>
<td>-.234</td>
<td>-.159</td>
<td>.086</td>
<td>.038*</td>
</tr>
<tr>
<td>Wife</td>
<td>-.151</td>
<td>-.100</td>
<td>.093</td>
<td>.007</td>
</tr>
<tr>
<td>Environment</td>
<td>.048</td>
<td>.031</td>
<td>.094</td>
<td>.001</td>
</tr>
</tbody>
</table>

 Intercept=4.08

**p<.001
*p<.01

more highly than group treatment for both spouses. Female respondents were more likely to recommend all of the proposed treatment modalities than were male respondents, and the modalities were recommended more highly by all respondents when the depicted violence was high in severity compared to low in severity. High ratings of the contribution to violence of husband-related causes predicted higher ratings of treatment for both the husband and the wife. High ratings of the contribution to violence of couple-related causes predicted lower ratings of treatment for the husband; the same negative prediction approached significance for ratings of treatment for the wife.

Outcome Expectations

Tests of assumptions. To test three of the hypotheses regarding expected severity of negative outcomes, one outcome item ("violence lessens") was recoded with a reflection of the 7-point scale (1=7, 2=6, etc.). Thus the new score reflected a negative outcome (i.e.,
"violence not expected to lessen"), as did the other items. An omnibus MANCOVA was conducted. The two between-subjects variables were gender and scenario severity, and two within-subjects variables were intervention (presence or absence of therapeutic intervention) and item (the four possible negative outcomes). Adjustment was made for one covariate that was correlated with outcome expectations: percent of respondent's caseload concerned with domestic violence. Within the 297 cases without missing values there were no univariate or multivariate outliers with a criterion of $p < 0.001$ for Mahalanobis distance. Results of evaluations of assumptions of homogeneity of variance, homogeneity of variance-covariance matrices, and multicollinearity were satisfactory. All variables were skewed within at least one group. However, the largest skewness statistic was 1.5 (harm for the wife when no treatment is provided in a low severity, abuse history present scenario) with most skewness statistics $< 1.0$. The statistical significance of the skewness statistics on so many variables may therefore be a result of the large sample size, rather than widespread deviation from normality. Also, the sample size includes at least 33 cases for each cell of the $2 \times 2 \times 2$ between-subjects design, which is more than the 20 degrees of freedom for error suggested to assure multivariate normality of the sampling distribution of means, even with unequal sample sizes. Therefore, the assumption of multivariate normality is likely to be met (Tabachnik & Fidell, 1989, p. 83, 411). The skewness also contributed to heteroskedasticity among variables, so the MANCOVA is weakened in its ability to capture linear relationships between variables. Furthermore, because the Mauchly $W$ sphericity test for results involving negative outcome item was significant at $p < 0.001$, the
Greenhouse-Geisser epsilon-adjusted averaged Fs are reported for tests involving locus. There was a trend toward significance for the relationship between the combined dependent variables and the covariate of family violence caseload, $F(1,292)=3.84$, $p=.051$. No four-way interactions were found; other significant interactions are discussed in context of relevant hypotheses.

**Impact of intervention.** Hypothesis 15 predicted that respondents would expect less severe negative outcomes when therapeutic intervention was present than when it was absent. This was supported by the finding of a main effect of intervention on expectations of negative outcomes, $F(1,293)=1841.60$, $p<.001$, $\eta^2 = .863$. Inspection of means shows that more negative outcomes were expected when there was no intervention ($M=5.54$) than when therapeutic intervention was presupposed ($M=2.80$).

This finding must be further interpreted in view of the two-way interaction between intervention and item, $F(2.49, 879) = 139.48$, $p<.001$. The simple effect of intervention was significant for all items. Likewise, the simple effect of item was significant when intervention was presupposed and when it was not. However, the interaction can be explained by looking at the differences between expectations for each item when intervention was presupposed and when it was not. When intervention was not presupposed, expectations of violence not lessening were greatest ($M=6.18$), and were significantly different from expectations of violence worsening and expectations of harm for the husband, $4.98 < t(296) < 18.72$, $p<.001$, but not significantly greater than expectations of harm for the wife, $t(296)=1.47$, $p=.146$. Next greatest was expectations of harm for the wife
(M=6.07), which was significantly greater than expectations of violence worsening and expectations of harm for the husband, 4.07<t(296)<18.86. Finally, expectations of violence worsening (M=5.84) were also greater than expectations of harm for the husband (M=4.07), t(296)=15.53, p<.001.

The pattern of means differed when intervention was present, in that the worst expectations were for harm for the wife (M=3.14), which was significantly greater than all three other items, 3.88<t(296)<9.14, p<.001. Next greatest was expectations of violence not lessening (M=2.18), which was significantly greater than expectations of harm for the husband (M=2.57), t(296)=2.75, p<.01, but not than expectations of violence worsening (M=2.67), t(296)=2.25, p=.025. Expectations of violence worsening and expectations of harm to the husband were not significantly different, t(296)=1.34, p=.181.

A related finding was that of a significant main effect of expectation item, AVerE(2.3,879)=157.14, p<.001. Paired t-tests indicated that the expectation of harm for the wife was significantly greater than expectation of violence to worsen (M=4.26), t(296)=7.20, p<.001, and expectation of harm for the husband (M=3.32), t(296)=17.96, p<.001. Next largest was expectations of violence to not lessen (M=4.50), which was rated higher than expectations of harm for the husband, t(296)=14.31, p<.001, and expectations of violence to worsen, t(296)=4.69, p<.001 but was rated about equal to expectations of harm to the wife, t(296)= 1.78, p=.076. Expectations of violence to worsen (M=4.26) were also rated higher than expectations of harm for the husband, t(296)=12.04, p<.001.
In sum, both when intervention present and when it was absent, the worst expectations were for the wife coming to harm and the violence not lessening. However, when intervention was absent, expectations of harm to the husband were significantly less than all other items, and expectations of harm to the wife were about equal to expectations of violence not lessening. When intervention was present, expectations of harm to the husband were on an equal level with violence worsening, and expectations of harm to the wife were greater than all other expectations. Means and standard deviations involving intervention and item are displayed in Table 13.

Table 13. Means (and Standard Deviations) of Outcome Expectation Items x Intervention

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Violence Worsens</th>
<th>Violence Does not Lessen</th>
<th>Harm to Wife</th>
<th>Harm to Husband</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absent</td>
<td>5.84 (1.22)</td>
<td>6.18 (0.98)</td>
<td>6.07 (1.13)</td>
<td>4.07 (1.74)</td>
<td>5.54 (0.88)</td>
</tr>
<tr>
<td>Present</td>
<td>2.67 (1.08)</td>
<td>2.81 (1.17)</td>
<td>3.14 (1.16)</td>
<td>2.57 (1.15)</td>
<td>2.80 (0.82)</td>
</tr>
<tr>
<td>Total</td>
<td>4.26 (0.83)</td>
<td>4.50 (0.76)</td>
<td>4.60 (0.93)</td>
<td>3.32 (1.23)</td>
<td>4.17 (0.65)</td>
</tr>
</tbody>
</table>

Severity of scenario violence. Hypotheses 16, related to scenario severity, contained two predictions: more negative outcomes would be expected for high than low
severity scenarios (Hypothesis 16a) and, while expectations of outcome would be more negative when intervention was absent than when it was present, the difference in ratings of expected negative outcomes with and without intervention would be greater in low than high severity scenarios (Hypothesis 16b).

(a) High versus low severity scenarios. This hypothesis was not initially supported in that the main effect of scenario severity on negative outcome expectations was not significant, $F(1,292)=0.86, p=.356$. However, this must be interpreted in view of a significant severity by item interaction, $AverF(2.3,879)=6.22, p<.01, \eta^2 = .021$, with the Greenhouse-Geisser epsilon correction. The simple effect of severity for the first negative outcome item (violence expected not to improve) showed a trend toward significance, $F(1,304)=1.52, p=.018$, with means indicating that respondents expected violence to worsen more in the high severity scenario ($M=4.34$) than in low severity scenario ($M=4.17$). The simple effect of severity for the second item (violence expected to lessen) was not significant, $F(1,304)=.01, p=.936$. However, for the third item (expectation of psychological harm or further injury for the wife) the simple effect of severity was significant, $F(1,304)=11.91, p<.01$. Means indicate that more psychological or physical harm was expected for the wife in the high severity scenario ($M=4.77$) than in the low severity scenario ($M=4.45$). The simple effect of severity on the fourth item (expectation of psychological harm or physical injury for the husband) was not significant, $F(1,304)=2.05, p=.154$. Thus, this hypothesis receives partial support in that severity of violence influenced only the expectations that violence would worsen and that the wife would suffer
psychological or physical harm. Means and standard deviations for severity and negative outcome expectation items appear in Table 14.

Table 14. Means (and Standard Deviations) of Negative Outcome Items x Scenario Severity

<table>
<thead>
<tr>
<th>Severity</th>
<th>Violence Worsens</th>
<th>Violence Does not Lessen</th>
<th>Harm to Wife</th>
<th>Harm to Husband</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>4.17</td>
<td>4.49</td>
<td>4.45</td>
<td>3.42</td>
<td>4.13</td>
</tr>
<tr>
<td></td>
<td>(0.88)</td>
<td>(0.76)</td>
<td>(1.00)</td>
<td>(1.25)</td>
<td>(0.68)</td>
</tr>
<tr>
<td>High</td>
<td>4.34</td>
<td>4.50</td>
<td>4.77</td>
<td>3.22</td>
<td>4.21</td>
</tr>
<tr>
<td></td>
<td>(0.77)</td>
<td>(0.76)</td>
<td>(0.81)</td>
<td>(1.21)</td>
<td>(0.61)</td>
</tr>
<tr>
<td>Total</td>
<td>4.26</td>
<td>4.50</td>
<td>4.60</td>
<td>3.32</td>
<td>4.17</td>
</tr>
<tr>
<td></td>
<td>(0.83)</td>
<td>(0.76)</td>
<td>(0.93)</td>
<td>(1.23)</td>
<td>(0.65)</td>
</tr>
</tbody>
</table>

(b) Difference between intervention/no intervention expectations in high and low severity of violence scenarios. This hypothesis was not supported in that the interaction between scenario severity and intervention was not significant, $F(1, 293)=0.15, p=.696$.

Gender. Hypothesis 17, related to gender, predicted that female respondents would be more likely than male respondents to expect negative outcomes. This hypothesis was supported by the finding of a significant main effect of gender on outcome expectations,
$F(1,292)=8.70$, $p<.01$, $\eta^2=0.029$. Inspection of means indicates that as predicted, females did expect slightly more severe negative outcomes ($M=4.28$) than did males ($M=4.06$).

**Stability of attributions.** Hypothesis 18 predicted that expectations of negative outcomes, both with and without intervention, would be positively correlated with stable attributions for the violence. This was tested using a stepwise multiple regression with the overall expectation of negative outcomes as the dependent variable, and attribution ratings of stable and unstable causes as the two predictor variables entered using forward selection. With 299 cases with no missing values, there were over 149 cases per predictor variable, and there were no outliers with the $p<.001$ criterion for Mahalanobis distance. Results of evaluation of assumptions of normality, linearity, and homoscedasticity of residuals, and multicollinearity were satisfactory. Table 15 displays the correlations between the variables, the unstandardized regression coefficients ($B$) and intercept, the standardized regression coefficients ($\beta$), $R^2$, and $R^2$ for each variable at the step it entered the equation. The attribution rating for stable causes entered the equation first and predicted a significant percent of variance, $R^2=0.11$, $F(1,297)=35.65$, $p<.001$. When ratings of unstable causes entered the equation next, it did not predict a significant percent of additional variance, $R^2_{Ch}=0.004$, $F(1,296)=1.30$, $p=.255$. The standardized regression coefficient for ratings of stable causes as a predictor indicated a positive relationship with the dependent variable ($\beta=.305$), supporting the hypothesis that higher ratings of stable causes is positively correlated with expectations of more severely negative outcomes.
Table 15. Stepwise Multiple Regression of Negative Outcome Expectations on Attribution Ratings of Stable and Unstable Causes

<table>
<thead>
<tr>
<th>Variables</th>
<th>Outcome Expectation</th>
<th>Stable Attributions</th>
<th>Unstable Attributions</th>
<th>B</th>
<th>β</th>
<th>R²</th>
<th>R² Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stable Attrib.’s</td>
<td>.328**</td>
<td></td>
<td></td>
<td>.305</td>
<td>.294</td>
<td>.091</td>
<td>.091**</td>
</tr>
<tr>
<td>Unstable Attrib.’s</td>
<td>.170*</td>
<td>.333**</td>
<td></td>
<td>.022</td>
<td>.021</td>
<td>.091</td>
<td>.000</td>
</tr>
</tbody>
</table>

Intercept = 4.31

Means 4.17 3.78 3.22
St. Dev.s (0.65) (0.86) (0.86)

**p<.001
*p<.01

Summary of results for outcome severity. Respondents’ ratings of their expectations of negative outcomes decreased when therapeutic intervention was present compared to when intervention was absent. Violence was expected to worsen and psychological or physical harm was expected for the wife in high severity scenarios more than in low scenarios. Female respondents expected worse outcomes than did male respondents. The more violence was attributed to stable causes, the more severe the negative outcomes were expected to be.
CHAPTER VI

DISCUSSION

Summary of the Study

Given the large body of research on the perceptions of and causal attributions made for domestic violence by many professional groups, lay observers, and perpetrators and victims of violence, it is surprising that few studies have included psychologists in their samples (Hansen, Harway, & Cervantes, 1991; Sandberg, 1986). Furthermore, studies of the views of those professionals in contact with those affected by violence rarely use the principles or empirical findings of attribution theory to generate hypotheses or interpret results. The present study used several principles of attribution theory to investigate counseling and clinical psychologists' explanations, expectations, and treatment of domestic violence. Each of 312 respondents read one of four scenarios in which physical violence by a man toward a woman was depicted as either high or low in severity, and in which the woman was depicted as either having or not having a history of being abused in other romantic relationships. Respondents rated the contribution to the violence of stable or unstable causes related to each of four loci: internal to the husband, internal to the wife, related to the couple, or related to the environment. Respondents then completed items assessing their stance toward the wife maintaining the relationship,
expectations for the couple both with and without therapeutic intervention, and the modality of intervention with which they would begin treatment. The results of the study were frequently consistent with attribution theory principles and previous research, but some surprising findings require us to look at psychologists’ involvement in domestic violence in innovative ways.

Implications of Results

Causal Attributions

Attributions to husbands were greater than attributions to wives. As predicted, attribution ratings for causes internal to the husband were higher than those internal to the wife. This is similar to several findings in the majority of literature on professionals (Home, 1994; Lavoie et al., 1989; McKeel & Sporakowski, 1993; Sandberg, 1986; Stalans & Finn, 1995; Sporakowski et al, 1993) and lay observers (Burke et al., 1990; Delgado & Bond, 1993; Dent & Arias, 1990; Hillier & Foddy, 1993; Muldary, 1983), in which, regardless of variations in “victim-blaming,” the perpetrator of abuse is usually seen as more responsible for the violence than is the victim. This finding does not show psychologists to have views similar to the victims of woman abuse in some early literature that suggested that wife abuse victims blame themselves either more than their husbands (Hilberman & Munson, 1978) or equal to their husbands (Frieze, 1979; O’Leary et al., 1985; Prescott & Letko, 1977). Instead, this study shows psychologists’ views to be more in line with that of victims of domestic violence in later literature who were seen to blame their attackers especially when severity or duration of abuse increases (Cantos et
It is therefore not unexpected to find that psychologists attributed more responsibility to husbands than wives in both high and low violence severity scenarios, and that in fact, husband-related causes were rated as contributing more to high severity violence than to low severity violence. This is also consistent with the idea of a defensive attributional bias (Shaver, 1970), in which actors are typically held more responsible for their actions when the severity of the negative outcome increases. It is important to note that it was only the stable causes internal to the husband that were rated higher in the severe violence scenario, while ratings of unstable causes did not differ from low severity scenarios. Thus, more of the explanatory responsibility for higher levels of violence falls to stable causes internal to the husband.

However, the hypothesized increase of “victim blaming” towards the wife in high severity scenarios did not materialize: the wife was not blamed any more when the severity increased. Apparently, psychologists may have little need to protect “just world beliefs” by attributing personal responsibility to the victim of a negative event. It is also somewhat surprising to find that, in contrast to several studies that have found gender differences in attributions and judgments of victims of wife abuse (Beaman, 1988; Burke et al., 1990; Dent & Arias, 1990; Hillier & Foddy, 1993; Home, 1994; Sandberg, 1986) and other violence (Johnson et al., 1995; Pollard, 1992; Schult & Schneider, 1991, Summers, 1991), no gender differences in attributions to husband and wife were found. This was not consistent with the judgmental leniency aspect of defensive attributions.
(Shaver, 1970), in which a female clinician would be expected to identify more than a male with the battered woman, and therefore be more lenient than male clinicians by attributing less responsibility to her. Neither does the lack of gender differences support a "just world" hypothesis, which would suggest that female psychologists might have a greater need than male psychologists to protect their own sense of safety by blaming the wife for the violence.

The pervasive tendency of respondents to hold the perpetrator most responsible for his violence suggests that clinical and counseling psychologists may have transcended the domestic violence myth described by Walker (1994), subscribed to by Ewing and Aubrey's (1987) general public population, and warned against by Gelles and Harrop (1989), in which the question, "What did she do to deserve it?" is asked in response to learning of a woman's being physically hurt by a partner. Thus, when encountering a client who has been the target of wife abuse and who blames herself, practicing psychologists, may be unlikely to collude with her in search for her own causation of the violence, but regardless of clinician gender and violence severity, may understand the violence as primarily the perpetrator's responsibility. According to the survey of battered women by Hamilton and Coates (1993), psychologists' interventions are likely to be perceived as helpful by victims of violence when, as in this study, they do not blame the victim for what happened.

While the higher attribution of wife abuse to causes related to husbands rather than wives does not fit the "victim-blaming" myth, it does appear to be consistent with some current demands of social desirability or "political correctness." At the time the
survey was conducted, it could often be deemed inappropriate to state publicly that a
target of abuse caused the abuse herself. Such social pressures may not necessarily be
unfortunate in themselves, if they indicate that as a society, we are not espousing “victim­
blaming” attitudes, and are, at least publicly, creating a norm in which the prime locus of
causation for violence is the perpetrator.

On the other hand, a social desirability explanation would imply decreased
validity of the assessed attributions, and therefore an attenuated relationship between
these attributions and actual practice. If social pressure is influencing public statements
of one’s explanation for violence, then blatant “victim blaming” may be avoided, but
holding the victim responsible may still occur and be observed more subtly. With this in
mind, we must keep in mind that respondents did not attribute all responsibility for the
violence to the perpetrator or environment. Ratings of the responsibility for violence of
unstable wife-related causes approached the lowest possible rating of 1 in the no abuse
history scenarios, but stable causes internal to the wife were approached the mid-point of
the scale in the abuse history scenarios. Thus, respondents do not hold the wife
completely blameless; further victim blaming may be behind ratings of couple-related
causes as discussed below.

**Attributions to husbands and to the couple were about equal.** Overall, the results
show that attribution of violence to husband-based causes were about equal to violence
attributed to couple causes. Causes related to the husband and causes related to the couple
were equally rated as contributors to both low severity and high severity violence. This
finding shows psychologists’ attributions to be similar to those interviewed by Prescott
and Letko (1977), who found that 80% of abused women felt the blame for the abuse was
shared between themselves and their husbands. However, it differs from other studies
which found that a significantly greater proportion of responsibility for violence was
attributed to the husband than the couple by professionals (Home, 1994, Lavoie et al,

Senchak and Leonard (1994) point out that an attribution to the couple or
relationship is “understudied and somewhat problematic, in that it can be interpreted as an
attribution to a transcendent interaction of two spouses or as an indirect, partial attribution
to either spouse” (p. 379). One possibility is that “victim-blaming,” if it occurs in
psychologists’ attributions, is subtle in that the woman alone is not blamed for the violence,
but is held equally accountable with the husband as part of the “violent couple.” Clinicians
may prefer not to blatantly “blame” any person more than another, and may feel that
attributing responsibility to both people in the couple is a neutral stance. Or, many
psychologists, while practicing primarily in an individual modality of treatment, may
employ what they consider to be a systemic perspective in trying to account for violence.
If psychologists are adopting the traditionally systemic approach espoused by McKeel and
Sporakowski (1993), they would be attempting to promote the wife’s feelings of
effectiveness by helping her see how her behavior before and after abuse affects its
intensity and frequency.

Whether systemic or not, a “neutral” stance in which the “violent couple” is
treated has been criticized in some feminist reviews, for placing domestic violence in the
same conceptual realm as other marital dissatisfactions without recognizing the change in
the balance of power resulting from one spouse's use of physical violence (Avis, 1992; Bograd, 1992, 1994; Kaufman, 1992). This "neutrality" has also been seen as an attempt to avoid or obscure the attribution of responsibility for woman abuse (Lamb, 1991). In contrast, a growing body of literature is attempting to reconcile family systems approaches (in which the couple or family unit is seen the level at which intervention is most effective), with recognition of the specific needs of those affected by violence (Cook & Frantz-Cook, 1984; Erickson, 1992; Giles-Sims, 1983; Meth, 1992). This evolution of systems therapy seems apparent in this study's observation that, while respondents practicing primarily couple or family therapy rated all attributions somewhat higher than therapists using primary individual or group therapy, couple/family therapists did not attribute more responsibility for the violence to the couple than did any other group of therapists. The factors contributing to high attribution ratings of couple-related causes may therefore be related to other assessments of the scenario and theoretical beliefs about the causes of violence.

Examination of the stability dimension of the attributions is important in comparing husband and couple causes. Overall, as predicted, stable causes were seen as contributing more to violence than unstable causes, which is consistent with studies involving those directly affected by violence (Cantos et al., 1993; Frieze, 1979; Hilberman & Munson, 1978). No studies of professional or non-professional observers have examined stability. The higher attribution to stability suggests that psychologists may not see one-time incidents or fluctuating circumstances as responsible for the problem of domestic violence, but instead consider more lasting conflict, pathology, or
distorted beliefs and behavior to be the root of the problem. Such a perspective fits well into many clinical and counseling psychologists’ training in spotting personal, lasting patterns as reasons for the circumstances in a person’s life.

The stability of the potential cause of violence has further implications for the comparison of husband and couple causes. When stable and unstable causes are considered separately, husband and couple causes are revealed as being rated differently depending on the severity of violence in the scenario (see Figure 1). In the high severity scenarios, stable husband causes are rated as contributing more to violence than stable couple causes (Figure 1b). It is likely that the defensive attribution bias is effective when regarding stable personal characteristics of the husband, in that when the outcome of the husband’s actions is severe, respondents may protect themselves from blame by personally dissociating themselves from him, and judging him as more personally responsible in terms of his beliefs and character. The defensive attribution bias may be more salient than systemic considerations in judgments of the perpetrator who causes severe injuries.

In the low severity scenarios, however, unstable couple causes were rated significantly higher than unstable husband causes (Figure 1a). This result suggests that, when the defensive attribution bias is not a primary motivator of attributions (i.e., in low severity scenarios), Miller and Porter’s distinction (1983) between the “cause” of violence and the “occasion” of violence may be relevant. It is possible that psychologists, when rating potential “contributors” to violence, may consider a factor *internal* to the perpetrator as the primary, direct cause of the violence, in answer to the question, “Why
violence at all?". However, when considering the second question about the occasion of violence, "Why does the violence happen at this time, between this man and woman?" (Or, if put to a battered woman, "Why you?") psychologists may turn more to factors related to the couple, especially unstable or varying emotions, behaviors, attitudes, or concerns that could spark eruption at a particular time and place. This might contribute to greater attribution of responsibility to unstable couple causes than unstable husband causes in the low severity scenarios.

Further research would be needed to explore this speculation on the distinction between "causes" and "occasions." The instructions in the current survey only asks for how much each item "contributes" to violence; additional research could assess both types of "contribution" by asking (1) how much did an item "cause" the violence? and (2) how much did the item contribute to the violence happening at this time, to this couple, or how much did the item influence the progression or the outcome of the scenario? Indeed, some written comments support the need for both types of attributions to be assessed, for example, "Contributed- do you mean as an excuse [for the man to be violent], or do you mean in a true etiological perspective?" Another way to assess the "cause" versus "occasion" distinction would be to add a third dimension, Weiner's (1979) controllability, as a variable for generating the kinds of contributors that are to be rated. This would enable us to ask how much a person or couple was in control of what was happening, if only by the fact of being there and occasioning the violence.

Attributions to the husband were greater than those to environment. Husband-based causes were also rated more highly than environmental causes in this sample. This
is consistent with the findings of the two studies that found police officers’ and social workers’ attributions of responsibility to husbands as greater than attributions to situations (Home, 1994, Lavoie et al., 1989). However, this finding contradicts the results of Sandberg (1986) who found “situational” causes to be blamed more by psychologists than husbands were. The discrepancy is likely because of a difference between operational definitions of “environmental” and “situational” causes across studies. Sandberg (1986) distinguished between situational causes (under which fell drug and alcohol use) and societal causes. While environmental causes in the current study represented both specific situations and global, societal influences, three of the four environmental items would likely be classified as global causes (i.e., overarching, applying to many cases) rather than specific causes (i.e., directly relevant to this couple). In contrast, all four items with their locus in the husband are specific to the case at hand, which might account for this finding.

The greater attribution to causes internal to the husband than those related to the environment could be considered a reflection of a fundamental attribution error on the part of respondents, in that less weight is given to external, situational aspects of the scenario than to internal, dispositional characteristics of at least one of the actors. The interpretation is supported by the fact that stable husband-based causes were seen as most responsible for the violence compared to all other causes including stable and unstable environmental causes, which were in fact rated lowest in both high and low severity scenarios.
But if the ratings are not just a case of bias, respondents may have a more theoretically formulated belief that in the case of woman abuse, the context or situation does not explain, much less justify, why a person would physically harm someone to whom he is close. Interestingly, the only difference between genders on attributions was that female respondents saw the environmental causes as contributing slightly more to the violence than did male respondents. One possible explanation for this result would be that women are more sensitive to the direct effects on individuals of a social structure that does not treat or protect all of its citizens equally. This could be either because women may feel these institutional effects personally, or because women may have pursued training that emphasizes environmental influences on behavior in addition to individual, personal, or specific motivators (e.g., women's studies classes).

Still, the low overall rating for these broad social realities may reflect the lack of credulity that respondents give to a societal context shaping an individual's specific behavior. For example, Dutton (1986) states that "in our treatment work with men...we have yet to find a cultural group where consensus acceptance of severe wife assault exists, even in strongly patriarchal cultures" (p. 389), and warns that using society to explain violence serves but to exonerate and justify the perpetrator's behavior. If activists in the battered women's movement believe that institutional reforms such as enforcement of statutes against domestic violence, altering the power dynamics between men and women, or fundamentally changing societal attitudes toward wife abuse are necessary (e.g., Avis, 1992; Bograd, 1984; Strube, 1988; Walker, 1994), they may need to
disseminate evidence to convince therapists of the effectiveness of such social change on actual cases of violence.

With regard to differences of social experience for male and female respondents, further research is needed to understand the influence of personal experience and training on psychologists’ attributions and treatment behaviors, much as Stith (1990) did with police officers. The subject variables assessed in this study enabled exploration of the effects of a few experience- and training-related demographic variables on attributions (total years of experience, experience with violence in one’s caseload, and interest in domestic violence). However, none but total years of experience was correlated with attributions, and in the analysis of variance model, that variable was not a significant predictor of attributions.

Wives and husbands were seen as more responsible for violence when abuse history is present. When the wife had a history of abuse in other romantic relationships, then as predicted, stable causes internal to her were seen as contributing more to the violence. While no studies to date have assessed observers’ attributions regarding domestic violence when the victim’s abuse history is manipulated, this result is consistent with the studies on observers’ attributions regarding victims of other traumas in which it was also found that previous occurrences of the event (e.g. rape) to the same victim influenced observers to judge her as more responsible for the most recent occurrence (Johnson et al, 1995; Pollard, 1992; Schult & Schneider, 1991; Taylor & Kleinke, 1992). The recurrence of the violence for this particular individual may create a perception of her as a “recidivist” with certain qualities or behaviors that contribute to the violence. This
can be seen as consistent with a “just world” hypothesis held by respondents. It may seem too “unfair” that the same trauma could be repeatedly experienced by the same individual without her somehow deserving it, wanting it, provoking it, or at least being unable to effectively avoid it because of her own problems. It is interesting to note that it is not the severity of the violence but its duration across romantic partners that increases attributions of responsibility to the wife. Other studies have found that longer duration of violence perpetrated by the same romantic partner does not increase victims’ attributions to the victim, but does increase victims’ attributions to the husband (Frieze, 1979; Miller and Porter, 1983). No studies have examined the effect of duration of violence on the attributions of outside observers.

The distinction between “cause” and “occasion” (Miller & Porter, 1983) may also be relevant here. Respondents’ conceptualization of the contribution could be that the woman does not know how to avoid being the occasion of violence, rather than that she directly causes it. This “wife as occasion” explanation might account for high ratings on an item like “Kate came home late;” her behavior may have been an excuse for violence to erupt, although it may not have been an etiological cause of violence. However, the three-way interaction of abuse history, locus, and stability indicates that only stable causes that were internal to the wife were rated higher in the abuse history condition. Thus, items such as “Kate is dependent” also increased when she was described as having a history of woman abuse. It would seem that psychologists also consider not only a behavioral contribution for the violence but also a characterological (i.e.,
pathological) contribution from the wife who has been victimized more than once by romantic partners.

It should, however, be noted that the difference in how much violence was attributed to the wife in the abuse history compared to the no abuse history condition was only moderate (about one standard deviation on those items), and did not bring ratings of wife-related causes above those of husband-related causes. Also, the stable causes internal to the husband also went up slightly (a quarter of a standard deviation) in ratings when she was had a history of abuse. Thus, it may be that the suggestion of a pattern of problematic relationships even for one partner cues psychologists to consider stable internal causes (and possibly more individual pathology) for both partners.

Future research on attributions. One difficulty in assessment of attributions in this study was that there is no independent method of validating whether all listed contributors to the violence had equal potentials to be rated as responsible for the violence. For example, the items related to the husband were chosen from items used and referred to in other studies of attributions for domestic violence (Frieze, 1979; Shields & Hanneke, 1983) while those used to assess environment were derived from two theoretical models of attributions (Frieze, 1979; Orvis, Kelley, & Butler, 1976). The formerly utilized items may be more “potent” than those derived for this study alone. Furthermore, specific qualities of the couple’s environment may be seen by respondents as more relevant than the other more global, societal issues. This distinction is reflected by significantly greater ratings for the one specific situational factor (stress) than the three global potential causes (social and legal conditions, a national news event). Thus, the
environmental causes may not have been seen as being as salient to the particular depicted violence, although respondents might see contextual causes as contributing to violence in general.

Until some initial set of respondents rate which possible causes were relevant, as was done in this study, the relevance or potency of the specific contributors remains unknown. The attribution items in the survey were chosen according to theoretical models and past research. However, an alternate method for selecting possible causes to be rated could be to present a domestic scenario to a set of psychologists or laypersons, direct respondents to generate several possible causes, and ask them to rate the potency, relevance, and/or contribution of the cause to the depicted violence. The problem with that method is that it at least partially begs the research question; that is, it assumes that such pilot ratings indicated "knowledge" of what is potent, relevant or causal and what is not, with respect to the particular scenario depicted. In addition, it would likely be difficult to fill all the cells of the attributions dimensions that were of interest, that is, for the four loci and two levels of stability. Although using a given set of items to be rated limits the concepts that can be assessed, asking in this study for evaluation of specific causes enabled comparisons between different types of potential contributors, as well as exploration of relations between dimensions of causality and aspects of clinical practice.

If this direct rating method is to be used again, written comments of the current study's respondents provide numerous examples of other contributors to violence which could be evaluated by a full sample in a future study. Sixty-two respondents suggested one or more "other" potential contributors to the violence. The most commonly named
problem was alcohol or drug use/abuse by the husband or wife, which was pointed out by 18 respondents to be commonly implicated in domestic violence. Problems related to the husband were most frequently added, and included his feeling inadequate as a result of job troubles (10), his jealousy or need for attention (9), his abandonment anxiety or dependence on his wife (6), his being the target or witness of abuse in his family of origin (6), his depression or low self-esteem (5), his need for control (4), his sense that violence is ego-syntonic and/or will be unpunished (4), his projection of frustration and anger (4), and his lack of coping mechanisms (2). Additional contributors related to the wife included her not setting limits or taking self-protective measures (4), and her low self-esteem and "allowing the husband to hit her" (2). Problems for the couple included the need to fix blame (1), the sexual relationship (1), or stress of finances or illness (7).

Future research would do well to take into account the most frequently mentioned of these potential contributors, either by including them as manipulations in presented scenarios (e.g., substance abuse) or as items to be rated on their contribution to the violence (e.g., jealousy, dependence and self-esteem of either spouse).

Stance Toward Wife Maintaining the Relationship and Outcome Severity Expectations

It is clear that a major goal in evaluating attributions of psychologists is to determine whether and how these affect the interactions psychologists have with those affected by violence. The study examined the bearing of attributions on three aspects of psychologists' clinical perspectives and behaviors: (1) their stance toward the wife maintaining the relationship, (2) their expectations of the severity of various negative
outcomes for the couple, and (3) their recommendations of several possible treatment modalities for one or both spouses.

**Taking the “expert role” or emphasizing safety?** The first set of treatment-related analyses examined how respondents would approach the situation when the wife who has been physically harmed wants to stay with her husband. Would they accept this as a valid decision she makes? Or would they encourage her to leave at least temporarily to a safer environment? It appears that most psychologists generally prefer to remain neutral on this issue, and when they do take a stand on one side or the other, they were more likely to encourage the woman to leave than they were to support her decision. This contradicts the two existing studies on professionals’ interventions on the wife’s specific decision to stay or leave, in which professionals were found to tend toward supporting the wife’s decision to stay in the relationship (McKeel & Sporakowski, 1993; Sporakowski et al., 1993). However, psychologists’ encouraging the wife to leave at least temporarily is somewhat consistent with Bentzel and York’s (1988) observation that social workers, as well as domestic violence workers with a feminist orientation, tended to emphasize issues of independence for battered women and to recommend interventions that encouraged their independence.

To illuminate why psychologists tend to remain neutral or encourage the wife to leave, more specific research would be needed in which all respondent therapists describe their conceptualizations of the stance toward preservation of the relationship. However, these results provide at least a glimpse of psychologists’ tendency to not actively support the wife’s decision to stay. Such a stance might be criticized by feminists such as Loseke
and Cahill (1984) as being an "expert" stance that may not take into account the woman's own reasons for staying: "victims of wife assault could be the only 'experts' regarding their problems." (p. 296). However, given Bentzel and York's (1988) findings, the current study's results may be due to psychologists' concern about the woman's need for independence in a dangerous and limiting situation.

Several findings suggest that respondents' encouraging the woman to leave is related to concerns about safety. While there was no overall effect of violence severity on negative outcome expectations, the interaction of severity and outcome item indicates that in higher severity scenarios, respondents expected more harm to come to the wife, and possibly expected the violence to worsen. This seems to make common sense: more severe violence implies more danger for the target of violence. Similarly, as also found by Ross and Glisson (1991), safety seemed at issue when the severity of violence increased, as respondents were then more likely to encourage the wife to leave. This seemed to be the most powerful measured determinant of respondents stance toward maintenance of the relationship, predicting about 12% of the variance in that rating. In contrast, there was only a relatively small difference (about 1/3 of a standard deviation) between the expectations for the wife's harm in low and high severity conditions, so psychologists seem to be worried about physical and psychological harm for the woman no matter how mild the violence inflicted.

Finally, the more that stable causes were seen as responsible for the violence, the more likely the wife was encouraged to leave. While ratings of stable causes only predicted 5% of the variance in respondents' stance toward the relationship, the direction
of the relationship is consistent with the explanation that as the situation is perceived as more dangerous and less likely to change, respondents encourage the wife to leave at least temporarily in order to assure her safety. However, another perspective would be that these small differences indicate that psychologists did not react strongly enough to higher severity violence or more entrenched violence with encouragement for the woman's leaving. By not taking more direct action when physical harm is occurring (i.e., broken ribs), psychologists may be giving less importance than needed to the important clinical variable of severity of violence.

Additional written notes by some respondents do suggest that a prime concern in the stance toward the relationship is safety, and that this issue would be explored clinically before any course action would be determined. Representative statements were: "Assess risk with her;" "Discuss the likely consequences, options, and resources should she decide to leave; inform her of choices truly available;" "Ask her what she expects in the future. Does she think it will happen again?" and "Outline clearly limits of what she will tolerate and specify concretely how to protect herself." This apparent concern with safety differs from the conclusions of Hansen et al. (1991) who found that 40% of their sample of marriage and family therapists "did not address the very dangerous conflict between family members," 55% of respondents would not intervene as if the violence required any immediate action, and only 11% would obtain protection for the wife, either by helping her develop a safety plan, referring her to a shelter, or helping her get a restraining order. In contrast, while the current study also found less than half of respondents took a stand on actively encouraging the battered wife to leave, substantially
more respondents (40%) were prepared to encourage the wife to leave the relationship at least temporarily, suggesting either a substantial shift in therapists' awareness of safety issues over the last 5 years, or a difference between marriage and family therapists and clinical/counseling psychologists in their views of the need for separation of a battered woman and her abuser. However, a major methodological difference between the current study and Hansen et al.'s (1991) is that the earlier study was open-ended and asked for respondents to freely write their concerns. The present study, by clearly prompting the respondents to consider potential outcomes including harm to the wife and the necessity of her leaving to be safe, may have maximized the salience of safety as respondents gave their expectations and recommendations.

**Expected treatment effectiveness.** There was a large difference between expected negative outcome severity when therapeutic intervention was absent and when it was present. The strength of association measure shows that a full 86% of variance in expectations is predicted by whether or not therapeutic intervention is provided, with a decrease in negative outcome ratings of over 3 standard deviations when therapeutic intervention was present. This suggests that respondents themselves believe that some therapeutic intervention can be quite effective in decreasing woman abuse and mitigating the psychological and physical harm that can come to either partner in domestic violence. Even knowing little about psychologists' treatment goals and specific interventions, we can say that these psychologists believe in psychological treatment methods.

Interestingly, respondents appeared to have equal “faith” in the effectiveness of therapeutic interventions in both low and high severity of violence scenarios. Given the
scarcity of outcome research on interventions for domestic violence, it is likely that respondents are basing their expectations on personal experience with domestic violence and/or personal needs to perceive domestic violence as manageable. This might be consistent with the need for control over the environment central in some branches of attribution theory (e.g., Kelley, 1971; Wortman, 1976). It may be that perceptions of one's career are influenced by the need to maintain of a sense of personal control and effectiveness in the world. For example, it may be more comforting to believe that one's chosen profession is adequate to the task of ameliorating the misery of any presenting problem, including wife abuse of varying degrees of severity, rather than to admit that some problems are less easily solved using one's training and expertise.

Other predictors: Respondent gender and experience, and stability of causes. Less potent in its influence but statistically significant was gender, which predicted 4% of variance in the stay-leave item. Female respondents seem to have been more sensitive to the danger in the situation than males, as they were more likely to encourage the wife to leave, and were also slightly more likely than males to expect greater negative outcomes overall. However, this conclusion would contradict the observation by Ross and Glisson (1991) that male social workers were more attentive than females to the danger depicted in a scenario, and the conclusion by Arias and Johnson (1989) that males and females are similar in their ratings of the negativity of low and high severity violence.

An additional explanation is therefore suggested: female respondents may have been more likely to encourage the wife to leave because of their own thoughts on what their personal reaction would be if similarly abused. If female respondents were
motivated to defend their own possible decision in a similar situation, much as is hypothesized in the concept of the defensive attribution, they may have had even less understanding than men for the woman’s decision to stay, in essence thinking, “If I were in that situation, I would never put up with it. And neither should she.” The influence of this speculated “defensive recommendation” can only be demonstrated by new research in which the conceptualization and/or identification process of the therapist is assessed in relation to the therapist’s stance toward the battered woman’s marriage.

Interestingly, the more time in clinical practice the respondent had spent, the less likely they were to encourage the woman to leave. Perhaps the cohort that was trained and socialized in psychology earlier (e.g., before clinical training typically included issues of violence) was more likely to expect a woman that should stay in the marriage than later cohorts. Or, that cohort may be more likely to see either staying neutral or supporting the woman’s decision making as more important than getting the woman out of the abusive situation. This relationship does not appear to be highly important, since years in practice only predicts 2% of the variance in respondents’ stance toward the wife maintaining the relationship.

Another weak but significant predictor was the degree to which stable causes were seen as contributing to the violence, which predicted 4% of the variance in stance toward the relationship. Similarly, the more stable causes were seen as contributing to the violence, the more respondents expected negative outcomes. This may be related to psychologists’ perception that the more ingrained the causes of the problem, the more ongoing the violence will be (violence continues unabated) and the worse the result will
be for those embroiled in it (the wife and possibly the husband). Keeping in mind that attribution ratings for stable causes were rated higher than for unstable causes, it may be in efforts to avoid the negative outcomes associated with stable outcomes that psychologists encouraged the wife to leave.

**Further research on stance toward the relationship and negative outcome expectations.** The simple rating of respondent’s stance toward the relationship provides little evidence of the reasons behind this stance. While the relevance of safety issues can be inferred, empirical evidence on the psychologists’ conceptualization process could be gathered by using an open-ended response item asking, for example, “What issues do you consider in your response when a battered woman reports her intention to stay with the abuser?” Stalans and Finn (1995) provide a reliable coding scheme for categorizing police officers’ interventions, which could be adapted for use in assessing psychologists’ thinking about the relationship between the battered woman and the abuser.

A weakness in the assessment of negative outcome severity in this study was that physical and psychological harm were not separately assessed. The small difference between high and low severity conditions could be because psychologists perceive the psychological harm from any violence as large. In contrast, differences in expectations of physical harm for the low and high levels of violence might have been larger if physical harm had been assessed independently, as could be done easily in future research.

**Modality of Treatment**

**Therapy recommendations for the wife and for the husband.** Despite the fact that the wife was the only spouse in the scenario who presented for treatment, both male and
female respondents were equally likely to recommend treatment for the husband as for the wife. This finding seems to defend psychologists against the general criticism that more attention is paid by clinicians and researchers to understanding and intervening with the battered wife than with the abusing husband (Hotaling & Sugarman, 1990; Loseke & Cahill, 1984; Symonds, 1979). The degree to which treatment was recommended for the husband may be due to the greater degree of responsibility for the violence attributed to him, while recommendations of treatment for the wife may be due to her request for help in the scenario. In general, the worse the severity was described as being, the more likely the respondents were to recommend all the treatment options for both spouses, possibly with the expectation that the couple needed more help in this dangerous situation.

Respondents tended to recommend group treatment more for the husband and individual treatment more for the wife. This finding fits with the conclusion in Eisikovits and Edleson's (1989) review of interventions that the most clinical and empirical research has been published on men's group treatment, while very little individual work with men has been empirically explored. It is encouraging to note that psychologists may be somewhat aware of the number and level of sophistication of men's group treatments. Similarly, psychologists recommended initial couple therapy less highly than individual and group therapy, which is consistent with the caution by systemic therapists Cook and Frantz-Cook (1984) that therapists "need... to become aware of the special nature of battering problems and the necessity in most such cases to separate the couple for individual or segregated group treatment in the initial phases" (p. 84).
Attributions and treatment modality were weakly related. It is puzzling why there was only a small relationship between greater attributions to the husband and the likelihood of treatment being recommended for him. Though the positive relationship between attributions to husband-based causes and treatment for the husband was significant, it only accounted for about 5% in the variance in respondent's initial ideas of who and how to treat. It may be that psychologists are aware of treatment options for men, given the widespread research on men's groups (Eisikovits & Edleson, 1989), but are less certain of their own expertise in treating offenders. Also, as mentioned above, the man is not described as presenting for treatment. Several written comments on the survey said, in essence, “We do not know the husband’s motivation or agreement for treatment, and therefore have little basis for recommendations for him.” The rest of the variance in recommendations of treatment modality is likely to be accounted for by other variables, such as therapists' most frequently used modality.

Attributions of responsibility for violence to wife-based causes also predicted very little variance in recommendations for treatment for the wife. Although, as reported above, history of abuse did affect the degree to which the wife was seen as contributing to the abuse, abuse history did not influence the degree to which treatment was recommended for the wife. It is also interesting to note that attributions to stable husband-based causes are a significant predictor of recommendations of treatment for the wife. This could be seen as contributing to the problem of “paying lip service” to the belief that the perpetrating husband is responsible for his violence, but then expecting the wife to do something to change the violence (see, e.g., Loseke & Cahill, 1984; Symonds,
1979). On the other hand, the relationship between stable causes internal to the husband and recommending treatment for the wife might be because the more intransigent and severe the husbands difficulties seem to be, the more the wife is perceived as needing help with the sequelae of the violence, leaving the situation, self-blame, or otherwise dealing with a more intractable situation.

Further research on treatment. Additional variables are likely to influence the decisions about treatment for the wife and husband, such as the scenario’s indication that she alone was asking for assistance. One variable that was shown to influence treatment recommendations was the high severity of the violence which predicted higher ratings of treatment for both husband and wife, accounting for 9% of the variance in ratings. Others that might be explored in further research include therapists’ own most frequently practiced modality or primary therapeutic orientation.

We must also note that assessing recommended modality of treatment (individual, group, couple therapy, etc) is less meaningful for understanding psychologists’ practices with woman abuse situations than what those psychologists would do within the treatment. As Fiske and Taylor (1991) pointed out, greater consistency between cognitions (e.g., attributions) and behavior (e.g., treatment recommendations) is found when both are measured at similar levels of specificity. This implies the necessity of much more extensive and detailed research to evaluate case conceptualization. The level of detail required to find relations between attributions and treatment may be best achieved by using open-ended questions to more specifically ask about treatment goals and purposes.
Applications of the Study’s Findings

Using Attribution Theory to Examine Psychologists’ Views of Woman Abuse

As mentioned above, no studies to date have used the rich empirical and theoretical material related to attribution theory to guide exploration of psychologists’ understanding and treatment of woman abuse. The current study found a wealth of applications of attribution theory to the population of psychologists, and findings also suggest further uses for attribution principles in guiding research.

Dimensions of causal attributions. Similar to areas of study involving the attributions of victims and perpetrators of violence, this research on psychologists’ attributions regarding wife abuse indicates that an accurate picture of attributions requires considering not only the most commonly researched dimension of causality, locus, but also the dimension of stability of the causes attributed to either husband or wife. Other dimensions should also be considered as applicable to this population. The possibility that respondents may differentiate between a particular contributor to violence being a “cause” or an “occasion” of violence (Miller & Porter, 1983) indicates the potential of Weiner’s (1979) controllability dimension also being relevant to psychologists’ attributions. Distinctions between two types of “environmental” causes - situational and societal influences - could be made by employing the global versus specific dimension (Abramson, Seligman, & Teasdale, 1978) in generation of potential contributors. It is clear that the most basic principles of attribution theory provide rich avenues for exploration with this population.
Additional attribution principles. More specific principles derived from research on attribution are also highly applicable in interpreting psychologists’ views of domestic violence. For example, defensive attributional bias was apparent in that the perpetrator in a more severely violent scenario was judged as more responsible for the outcome. A corollary of this principle, that of “judgmental leniency,” helped to generate a testable hypothesis regarding gender which was not supported: a gender similarity between the respondent and the husband or wife did not decrease attributions of responsibility to that spouse. Yet the principle of judgmental leniency suggests further hypotheses regarding personal experience, age, or socio-economic status of respondents that remain to be explored. The just world hypothesis was found in this study to be less influential than expected, in that neither male or female respondents did not to appear to blame the victim as the severity of violence increased.

Finally, actor-observer effects were observed: stable causes related to the husband (dispositional causes) were seen by respondents as more responsible than any other causes for the violence, and were judged more influential by respondents than perpetrators would likely admit, according to research such as Dutton’s (1986), who showed these actors to frequently excuse or minimize their behavior and blame environmental causes to justify themselves. Further research possibilities are suggested by this attribution principle, in that it is unclear whether respondents’ ratings are a result of a fundamental attribution error or bias in their perception of a scenario, or whether they are based in theoretical or empirical arguments. Assessing the relationship between psychologists’ knowledge about domestic violence (e.g., prevalence, lethality, or patterns
of abuse) and attributions could clarify the degree of bias versus grounded conceptualization in psychologists’ approach to wife abuse cases.

Relations between attributions and practice. Attributions were shown to be only minimally related to psychologists’ practice (e.g., stance toward the wife maintaining her relationship with the abuser, modality of recommended treatment). Finding the links between attributions and clinical behaviors may require increasing the specificity at which treatment recommendations are assessed (e.g., moving beyond treatment modality to treatment goals and plans for in-session interventions), or further investigation of which attributional dimensions are most relevant to treatment decision-making. Again, the principles of attribution theory provide broad and detailed suggestions for continued research into how psychologists work with victims and perpetrators of abuse.

Generalization of Results

A problem for all survey research is the fact that all those who receive the survey do not return it. With a fairly modest return rate of 32% in this study, although 44 of 50 states were included in the sample, there must be some doubt about the degree to which those who returned the survey represent all clinical and counseling psychologists. There are several sources of systematic variance that could bias the results: respondents, compared to non-respondents, may have been more interested in or experienced in domestic violence, and may therefore be more “enlightened” regarding causes and treatment of family violence. Respondents may also have felt their views were more socially acceptable to state in a semi-public forum, and could therefore be, for example, less “victim blaming” than the rest of the population. Or, they may be more identified
with traditional research and have other more conservative or traditional views (as opposed, for example, to clinicians who distrust quantitative research and might have more feminist or constructionist views). Any number of things could indicate that this sample is not representative of the population of practicing licensed psychologists.

As noted in the description of the respondents, a broad cross-section of types of psychologists were included in the sample. However, three subject variables indicated an unrepresentative sample. First, a very large percentage (93%) of the sample was white. Therefore, these results are very unlikely to represent the attributions, expectations, or treatment recommendations of psychologists of color. The lack of representation on ethnic background could result from three sources. First, the dearth of people of color in psychology has been noted by many, including Myers, Echemendia, and Trimble (1991), who cite data indicating that the proportion of new minority PhDs in psychology remains at about 8%, and the percentage of minority faculty members in psychology is only 5%. Thus, the population of psychologists of color is unfortunately low to begin with. Second, however, Myers et al. (1991) also pointed out that less than 5% of APA members are minority, so that the sampling frame of this study, that is the APA roster of licensed psychologists, may include an even less proportionate number of psychologists from various ethnic backgrounds. Third, the most serious consequences for the generalization of this study would be if there were aspects of the format or content of the survey itself that made it difficult or unappealing for people of color to complete and return it. In that case, a different approach would have to be used altogether in order to assess the views of psychologists of diverse ethnic backgrounds.
Second, the sample was likely over-represented in the number of cognitive and cognitive behavioral therapists (46%) compared to psychodynamic/psychoanalytic therapists (27%) and therapists from other orientations (7% or less). This is of particular concern because the cognitive/behavioral therapists responded somewhat differently than some other respondents to at least some items (i.e., rated the contribution of the potential causes lower than psychodynamic/psychoanalytic respondents). Generalization of these results to psychologists who are not cognitive/behavioral is therefore weakened.

Finally, the largest part of this sample designated their primary modality of treatment as being individual treatment (84%). While the study did not assess what percentage of respondents' practice is dedicated to couple or family therapy, therapists who were primarily using couples/family therapy responded differently than individually focused respondents to one facet of domestic violence (i.e., rated all potential causes as contributing more to the depicted violence) and could have other differing reactions that are not equally represented in this study. Thus, while the results of this study may be best generalized to white, cognitive or cognitive-behavioral, individually-focused clinical and counseling psychologists, further research is necessary to explore the views of psychologists with a wider variety of ethnic backgrounds, orientations, and modalities of treatment.

Psychologists' Training and Professional Development

The results of this study do not indicate a drastic need for training of all psychologists to stop them from "victim blaming," or to discourage an over-focus on treatment for the abused wife over treatment for the perpetrating husband. Given the
higher attributions of violence to husband-based causes than to wife-based causes, it
could be argued that training and writing on domestic violence, and/or consciousness
raising and political activism of the battered women movement has already had a positive
effect on the explanations some psychologists have for woman abuse. To build on this
movement, training could focus on the sources of more subtle forms of victim-blaming.
Discussion and analysis of wife abuse cases could help psychologists evaluate whether
they locate the cause of violence in the couple because they see the wife, as part of the
couple, to be therefore part of the causal equation for violence, or whether they see her
behaviors as an occasion of violence.

The preliminary information on treatment recommendations yielded by this study
indicates a relatively weak relationship between stated causal attributions and
recommendations for treatment of the problem. As suggested by informal comments on
the survey, a powerful moderating variable of treatment goals may be whether either
spouse presents for treatment, much less is motivated for it. Practicing psychologists may
be considering (1) how to engage and ally with a perpetrator whom they see as primarily
responsible for the woman abuse, without alienating him, and (2) how, if the violent man
does not present for treatment, the clinician can best help the abused woman who does
present for treatment? If we say that the woman is not as responsible as the man, then
how do we treat her without implicating her in more than her share of blame? Where is
the fine line between blaming the woman and asking her to reconsider her decisions that
influence her own safety? Such issues must be considered in clinical training and
continuing education of psychologists, as the results of this study suggest that 95% of
clinical and counseling psychologists will encounter some form of family violence in their practice.

Another issue relevant to training and professional development is this: if respondents believed intervention could have a large effect on the outcome of physical violence in a relationship, in what particular interventions did they have so much faith? What do psychologists know about the treatment programs and strategies that have been designed and tested to prevent domestic violence, and of that knowledge, what do they implement in their own practice? Even more basically, what do psychologists know about the incidence, risks, and theoretical explanations for woman abuse? It is suggestive that 55% of those who returned the survey requested further information about the results of the survey, that 80% of respondents indicated their interest in domestic violence to be moderate or higher, and that almost 60% of respondents indicated that 10% or more of their caseloads involved some form of family violence. The interest in the issue of domestic violence is apparent, at least in this sample, but an assessment of psychologists' knowledge level remains to be explored in further research. Understanding the gaps in psychologists' knowledge base about woman abuse could further guide the design of clinical training programs and continuing education for psychologists. Given the degree of respondents' concern with safety issues when prompted to consider them in this study, compared to the lack of concern expressed by Hansen et al.'s (1991) respondents, it appears that highlighting the real dangers inherent in domestic violence may be effective in raising psychologists' consciousness about safety for the abused wife. Clinical training programs must make sure that their graduates are familiar with the psychological and
physical harm that occurs and the lethality that is possible in domestic violence, so that the victim’s safety is immediately considered in making treatment plans.

Future Research Possibilities

The present findings suggest several possibilities for further research. First, the scenario design of this study can be employed to examine other variables likely to influence psychologists’ attributions, expectations, and treatment recommendations. Variables that should be considered include the duration of violence in the present relationship, presence of substance abuse in either spouse, race or income of the couple, the occurrence of bi-directional violence, indications of other pathology or symptomatology in either spouse (e.g., depression) history of violence in family of origin, and the occurrence of potential occasions for violence (e.g., incidents causing jealousy; sources of family stress). These variables can either be manipulated in a scenario, or presented as potential contributors to be rated.

If a similar scenario design is used, two alterations are suggested. The directions in the current study did not make clear whether all items were true for all scenarios. For example, it is not certain to be true that, “Mike and Kate were not listening to each other that night.” Future work should either have respondents rate the presence of each item in the scenario (in addition to rating the contribution of the item to the violence), or should only include items which clearly are true for all scenarios (e.g., “Mike came home from work”). Furthermore, respondents should be asked to distinguish between how much a person, event, relationship, or characteristic is a direct cause of violence, or an occasion for the violence to happen in this time and place.
Second, the survey could be more structurally altered to enable other questions to be asked about attributions and about treatment recommendations. For attributions, the dimensions on which items vary could include not only locus and stability, but controllability (Weiner, 1972) and specificity (Abramson, Seligman & Teasdale, 1978). Or rather than using the direct rating method, a combination open-ended and rating method (Anderson et al, 1994) could be used, in which the respondent states several potential contributors and then rates them on dimensions of causal attribution. This would have the advantage of eliciting those attributions that are foremost on psychologists’ minds when they make case conceptualizations, while still obtaining scores on attributional dimensions. However, the disadvantage would be the likelihood that fewer potential contributors would be put forth, and would probably have a lesser range on the causality dimensions (i.e., suggested causes may be mostly stable, internal, controllable causes).

For treatment recommendations, the results of the present study suggest the need for a more detailed format to assess case conceptualization and intervention plans. In addition to modality and target of treatment, a survey could ask respondents to name factors to be assessed in determining treatment goals (e.g., lethality, each spouse’s motivation for treatment), primary objectives (e.g., decrease violence, establish safety for the victim, increase coping strategies), and possible interventions in therapy with one or the other spouse. Stalans and Finn (1995) have shown that a coding scheme could be used to reliably and exhaustively categorize the statements of police officers on their intervention considerations; such coding schemes might be adapted or included in the development of open-ended assessment formats for psychologists’ intervention
considerations. Such specifics appear necessary to further explore the actual practice of clinical and counseling psychologists under varying conditions.

Several related questions could be asked in programmatic research on psychologists' views and treatment of victims and perpetrators of woman abuse. In addition to causal attributions for violence, respondents' attributions of personal characteristics of those involved in domestic violence could be explored in greater detail with the guidance of theory and literature in the person perception domain. These initial expectations and possible biases about the personal qualities of a battered woman or her partner (e.g., subservient or controlling, needy or nagging) may be additional contributors to treatment providers' conceptualization and treatment of domestic violence. Other relevant questions pertain to how sex-role or feminist attitudes (see, e.g., Bentzel & York, 1988; Hillier & Foddy, 1993), the amount of training in and knowledge of woman abuse, or the personal experience of witnessing or being the target of violence plays into treatment decisions. These issues could be assessed and related to the scenario manipulations, and the additional case conceptualizations measures discussed above.

Conclusions

Presently there are no empirical standards to determine whether the perspectives and practices of the majority of psychologists are helpful or hurtful to those affected by domestic violence. Bograd (1994) discussed the dilemma of the clinician working with partners affected by domestic violence in the absence of adequate or consistent data on treatment effectiveness in this population, concluding, "clinical need outweighs empirical
evidence,” (p. 596). She reminds us that complex and multi-layered explanations for wife abuse are enriching theoretically, but do not always help the clinician who is still asking, “So what do I do?”

The results of this study suggest that, given the ambiguity and contradictions of theoretical and empirical prescriptions for treatment, the use of attribution theory as a guiding framework enables a set of common responses to cases of domestic violence to be operationalized into what could perhaps be called a de facto “standard of care.” In the given scenarios, psychologists attribute more responsibility to the perpetrating husband than to the abused wife; they are apt to remain neutral in their stance toward the wife’s maintenance of a relationship with her violent husband or encourage her to leave the abuser; they are likely to recommend individual psychotherapy for the wife and group psychotherapy for the husband, and they believe that their interventions will be effective in reducing the frequency and effects of domestic violence.

In order to establish whether these patterns can be advocated as an effective standard of care, the views and interventions of psychologists must be linked to the outcome of treatment. While the most direct links could be made through systematic program evaluation, review of patient records and outcome or other psychotherapy research, preliminary research might be less costly. For example, psychologists’ reports in surveys like the current one can be compared to the reports of actual victims or perpetrators of domestic violence on how helpful certain interventions are (e.g., Hamilton & Coates, 1993), or with the treatment modality and outcome results of past program evaluations and intervention/prevention research (e.g., Dutton, 1984; Eisikovits &

If psychologists' patterns of attribution and practice appear to be discrepant with outcome research or patient satisfaction reports, then an increase in training and dissemination of information to new and experienced psychologists is warranted. Psychologists may need to be alerted to potential biases in clinical judgment and cued as to critical considerations in treatment planning. Ross (1977), in his discussion of the perseverance of social inferences and social theories, suggests that in order to change erroneous but resistant social judgments, therapy, education, persuasive arguments, and mass media campaigns can be effective. However, according to Ross' (1977) review of attributional change, merely challenging specific bits of evidence confirming a belief or adding some contradictory evidence (e.g., disseminating statistics on lethality of woman abuse in the attempt to sway psychologists away from neutrality towards maintaining the relationships) is often ineffective in changing social attitudes. Instead, what appears necessary are “assaults on whole belief systems” (p. 211) and personal insight concerning why one has held to certain beliefs and practices.

Thus, dissemination of information and education of psychologists on treatment of woman abuse must be more than a haphazard accessory to training; it must involve in-depth examination of theoretical and personal views on domestic violence and comprehensive presentation of the ethical, empirical, and practical issues involved in treatment of the perpetrators and targets of violence. While distribution of reading material and regular reference to the complex issues of violence during the training of
psychologists may promote self-reflection on one's position toward treating violence, it is more likely that comprehensive training and reflection would be served by the development in degree and continuing education programs of full-length coursework and specific training seminars dedicated to explanations and treatment of woman abuse and other family violence.

If psychologists are doing what has been shown to be effective or what has been developed from cohesive theory, then psychology may be on its way toward articulating a standard of care to be integrated into training and continuing education programs. Most likely, a widespread consensus on conceptualization and treatment standards awaits further program evaluation and outcome research. However, adding the perspectives of clinicians who are "in the trenches" with perpetrators and victims of family violence (Bograd, 1994) to those expressed by theoreticians and academic researchers will contribute to the debate and to the integrative efforts of all those concerned with eradicating woman abuse and its effects.
APPENDIX A

SURVEY
Kate E., a 26 year old Caucasian woman, comes to a community mental health clinic the week after Thanksgiving, stating that she is upset about her marriage. Dr. S., the psychologist to whom she is assigned, finds during the intake that Kate has had no previous mental health contacts. She finished high school, has been married for three years to Mike (30 years old, Caucasian), has no children, and is a cashier at a grocery store. Kate reports that she decided to come to the clinic after a fight with her husband a week ago. She had been at her mother’s house while Mike was working late. When she returned home at 10 p.m., she found him to be "irritable," and he accused her of “cheating on him.” Upon her vehement denial of this, he grabbed her arm and yelled at her, leaving a slight bruise on her upper arm.

Kate states that there was no physical violence in her previous romantic relationships. She reports that during her 1 year of dating Mike and the first 2 years of their marriage, there were many arguments, but no physical violence. However, when Mike’s landscaping business began to suffer and Kate began to spend more time with her mother, who had been ill, the couple began to “scream and yell” more frequently. She reports that since then, this type of physical confrontation has happened two or three times over the last year. At present, she says she does not know what to do about this situation, and asks Dr. S for help.

Given the information provided, and using your clinical judgment, how much do you estimate EACH of the following may have contributed to the occurrence of violence 5 days before this intake?

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<th>did not contribute</th>
<th>contributed moderately</th>
<th>contributed significantly</th>
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- Kate came home late from her mother’s
- Mike tends to have poor impulse control
- Stress was increased over holidays
- Mike was irritable
- U.S. laws against wife abuse are not enforced
- Mike and Kate are having financial problems
- Mike believes in the right to use violence to handle marital conflict
- The couple does not have a strategy for de-escalating highly emotional situations
- Kate tends to get involved in abusive relationships
- Mike and Kate were not listening to each other that night
- Society condones wife abuse
- The couple has a highly conflictual relationship
- Kate was defensive
- Mike came home late from work
- Acquittal of O.J. Simpson
- Kate tends to be dependent
- Other: __________________________
How emotionally intimate do you see this couple as being?

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How representative of typical marital conflict is this situation?

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How severe is the violence in this situation, compared to other domestic violence situations?

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How representative of typical domestic violence is this situation?

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How frequent is the violence in this situation, compared to other domestic violence situations?

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How likely is the violence described to recur in this couples’ future?

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To what degree do you trust Kate’s description of events to be accurate?

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<th>moderately accurate</th>
<th>extremely accurate</th>
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How likely do you estimate it to be that Kate has been physically abused in previous romantic relationships?

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How likely do you estimate it to be that Mike has been physically abusive in previous romantic relationships?

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If Kate expressed that she wished to continue her relationship with Mike, some clinicians might implicitly or explicitly support her decision, while others might implicitly or explicitly encourage her to leave the relationship, at least temporarily. What would you be most likely to do?:

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<th>definitely support her decision to stay</th>
<th>remain neutral</th>
<th>definitely encourage her to leave</th>
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In your estimation, how likely is each of the following outcomes over the next year, if NO therapeutic intervention is made?

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<th>very unlikely</th>
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<th>very likely</th>
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</table>

- No change in current pattern of violence
- Violence gets worse
- Violence lessens
- Kate suffers psychological harm or further physical injury
- Mike suffers psychological harm or physical injury
- The couple separates

Please rate the likelihood that you would recommend the following modalities to begin treatment.

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<th>very unlikely</th>
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<th>very likely</th>
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- Individual therapy for Kate
- Individual therapy for Mike
- Couples therapy for Mike and Kate
- Other: ______
- Group therapy for Kate
- Group therapy for Mike
- Family therapy (e.g., including Kate's mother)

In your estimation, how likely is each of the following outcomes in the next year, if therapeutic intervention IS made?

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<th>very likely</th>
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</table>

- No change in current pattern of violence
- Violence gets worse
- Violence lessens
- Kate suffers psychological harm or further physical injury
- Mike suffers psychological harm or physical injury
- The couple separates
**Personal Information**

Your gender:   Male   Female

Your age:   

Your degree(s):  Ph.D.  Psy.D.  Ed.D.  M.A./M.S.  Other:

Your ethnicity (check all that apply):  African-American  Asian/Pacific Islander  Caucasian  Hispanic  Native American  Other:

How many years have you been a therapist or counselor?  Total:   Since earning your doctorate:

Please check your most frequent modality of therapy/counseling (Please choose ONE modality).

- Individual Adult
- Group
- Couples/Family

Please check your primary work setting (Please choose ONE setting).

- Private practice
- Public mental health clinic
- Health maintenance organization

Please check the therapy/counseling orientation most influential in your work (Please choose ONE orientation).

- Behavioral
- Cognitive or Cognitive-Behavioral
- Existential or Humanistic
- Family Systems

- Psychodynamic or Psychoanalytic
- Feminist
- Other (please specify) __________

On average, and over the course of your years as a therapist or counselor, approximately what percent of your case load has involved family violence?  

To what degree do you see yourself as professionally interested in the problem of domestic violence (1= not interested; 7= highly interested)?  

Women in physically violent relationships sometimes wish to remain with their husbands. With 1 being not at all likely and 7 being highly likely, please rate how likely you usually are to:

- support the woman’s decision to remain with her husband
- encourage the woman to leave her husband at least temporarily
APPENDIX B

MANIPULATIONS OF THE SCENARIO
Kate E., a 26 year old Caucasian woman, comes to a community mental health clinic the week after Thanksgiving, stating that she is upset about her marriage. Dr. S., the psychologist to whom she is assigned, finds during the intake that Kate has had no previous mental health contacts. She finished high school, has been married for three years to Mike (30 years old, Caucasian), has no children, and is a cashier at a grocery store. Kate reports that she decided to come to the clinic after a fight with her husband a week ago. She had been at her mother’s house while Mike was working late. When she returned home at 10 p.m., she found him to be "irritable," and he accused her of “cheating on him.” Upon her vehement denial of this, he grabbed her arm and yelled at her, leaving a slight bruise on her upper arm.  

\[\text{Low severity of violence}\]

threw her to the ground and kicked her several times, fracturing two ribs.  

\[\text{High severity of violence}\]

Kate states that

there was no physical violence in her previous romantic relationships.  

\[\text{No past history of abuse}\]

she was also physically abused in her previous romantic relationships.  

\[\text{Past history of abuse}\]

She reports that during her 1 year of dating Mike and the first 2 years of their marriage, there were many arguments, but no physical violence. However, when Mike's landscaping business began to suffer and Kate began to spend more time with her mother, who had been ill, the couple began to "scream and yell" more frequently. She reports that since then, this type of physical confrontation has happened two or three times over the last year. At present, she says she does not know what to do about this situation, and asks Dr. S for help.
APPENDIX C

LOCUS AND STABILITY OF ATTRIBUTION ITEMS
<table>
<thead>
<tr>
<th><strong>Locus</strong></th>
<th><strong>Stable</strong></th>
<th><strong>Unstable</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Husband</strong></td>
<td>1. Mike tends to have poor impulse control</td>
<td>1. Mike was irritable</td>
</tr>
<tr>
<td></td>
<td>2. Mike believes in the right to use violence to handle marital conflict</td>
<td>2. Mike came home late from work</td>
</tr>
<tr>
<td><strong>Wife</strong></td>
<td>1. Kate tends to be dependent</td>
<td>1. Kate came home late from her mother's</td>
</tr>
<tr>
<td></td>
<td>2. Kate tends to get involved in abusive relationships</td>
<td>2. Kate was defensive</td>
</tr>
<tr>
<td><strong>Couple</strong></td>
<td>1. The couple does not have a strategy for de-escalating highly emotional situations</td>
<td>1. Mike and Kate are having financial problems</td>
</tr>
<tr>
<td></td>
<td>2. The couple has a highly conflictual relationship</td>
<td>2. Mike and Kate were not listening to each other that night</td>
</tr>
<tr>
<td><strong>Environment</strong></td>
<td>1. U.S. laws against wife abuse are not enforced</td>
<td>1. Stress was increased over holidays</td>
</tr>
</tbody>
</table>
APPENDIX D

COVER LETTER
Dear Colleague:

As a psychologist involved in providing mental health services, you may be aware of the widespread problems confronted by couples experiencing marital conflict and domestic violence. Much discussion has been generated in the research and clinical literature as to what clinicians should be thinking and doing when dealing with conflict and violence in intimate relationships. Yet very little is known about how practitioners do make treatment decisions around these problems.

To address this gap in our self-knowledge, I am requesting your participation in a brief survey designed as part of a doctoral dissertation assessing psychologists' response to marital conflict and violence. Whether you are rarely or frequently confronted with domestic conflict and violence in your practice, your completion of the enclosed survey will further the empirical study of psychologists' perspectives on marital conflict and violence.

All survey responses will be kept anonymous. Please do not put your name or any other identifying data on the survey. Identification codes are not being used, so your name will not be linked with your responses in any way. Return envelopes will also be destroyed to assure anonymity. The survey responses will be kept completely confidential and will only be used for the purposes of this study. Results are to be summarized as group data and will be published as part of a doctoral dissertation.

If you are interested in participating, please complete the enclosed survey. A stamped envelope is included for the survey's return. If you wish to receive information regarding the results of this study, or if you have further questions, please fill out the enclosed postcard with your mailing address. Thank you for your contribution to this study!

Sincerely,

Mary L. Wandrei, M.A.
Doctoral Candidate
Loyola University Chicago
REFERENCES


Toufexis, A. (1987, December 21). Home is where the hurt is: Wife beating among the well-to-do is no longer a secret. *Time, 130*, 68.


VITA

Mary L. Wandrei was born in St. Paul, Minnesota, and attended high school there and in Greven, Germany. She entered Marquette University in Milwaukee, Wisconsin, in 1986, obtaining her B.A. with majors in psychology and German in 1990. After moving later that year to Chicago, Illinois, she entered the clinical psychology program at Loyola University Chicago. She conducted research with Grayson Holmbeck, Robert Russell, and Joseph Rychlak in Chicago, and Dietmar Czogalik in Stuttgart, Germany. Her clinical experience was obtained in Chicago at Lakeside Veterans Administration, the Charles I. Doyle Community Mental Health Center, and the Loyola University Counseling Center. Ms. Wandrei obtained her M.A. in psychology in 1993, and was a lecturer for the Department of Psychology for two years. In 1995, she moved to Mountain View, California, and completed her clinical internship at the Palo Alto Veterans Administration Health Care System. She currently lives in Modesto, California, where she is a counselor for the Stanislaus County Department of Mental Health.
The dissertation submitted by Mary L. Wandrei has been read and approved by the following committee:

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The final copies have been examined by the director of the dissertation and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the dissertation is now given final approval by the committee with reference to content and form.

The dissertation is, therefore, accepted in partial fulfillment of the requirements for the degree of Ph.D.