

COUNSELORS' PERCEPTIONS OF INTIMATE PARTNER VIOLENCE IN SAME-SEX
RELATIONSHIPS: THE IMPACT OF RELATIONSHIP TYPE, GENDER, AND
HOMONEGATIVITY

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Counselors' Perceptions of Intimate Partner Violence in Same-Sex Relationships: The Impact of
Relationship Type, Gender, and Homonegativity

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ABSTRACT

The purpose of the study was to develop an understanding of how perceptions of same-sex relationships affect counselors'-in-training (CITs) identification of intimate partner violence. The researcher examined whether the sexual orientation of a client has an impact on CITs identification of violence, identification of victimization and perpetration and how homonegative attitudes shape perceptions of same-sex relationship violence. Data was collected via information questionnaires regarding demographic and professional background, experimental vignettes modified from Blasko, Winek, and Bieschke's (2007) study, and the 10-item version of the Modern Homonegativity Scale (Morrison & Morrison, 2002; Morrison, Kenny, & Harrington, 2005). The sample included 203 master and doctoral students from CACREP-accredited counseling programs in the southern region of the United States.

The results indicated that most respondents were able to appropriately identify intimate partner violence. The levels of agreement regarding types of violence varied between vignette types. An ANOVA revealed significant differences between relationship type and identification of mutual violence, victim, and perpetrator. Respondents attributed more responsibility for the violence to female victims when the perpetrator was also female. Findings suggest that gender of the initiator (perpetrator) and non-initiator (victim) of violence may impact identification of violence more than sexual orientation. The results also suggest that respondents' homonegative attitudes impact perceptions of violence in same-sex relationships, particularly female partnerships. More research is needed on counselor response to relationship violence and sexual

orientation. Exploring how beliefs in heteronormative gender-roles and homonegative attitudes impact perceptions of same-sex intimate partner violence among CITs is crucial for competent and ethical practitioners.

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Chapter One

Introduction

According to The National Intimate Partner and Sexual Violence Survey (2010), one in three women and one in four men in the United States have experienced some form of relationship violence within their lifetime. Sexual orientation does not exclude individuals from partner violence: individuals who identify as lesbian, gay, or bisexual can experience relationship violence and abuse (Brown & Groscup, 2009; Duke & Davidson, 2009; Kulkin, Williams, Borne, de la Bretonne, & Laurendine, 2007; McClennen, Summers, & Vaughan, 2002; Peterman & Dixon, 2003; Sorenson & Thomas, 2009). In fact, individuals in same-sex relationships are believed to experience intimate partner violence (IPV) at similar, or greater, rates as opposite-sex relationships (Black, Basile, Breiding, Smith, Walters, Merrick, Chen, & Stevens, 2011). Failing to assess and address IPV within same-sex relationships is a major shortfall of scholarly inquiry and a disservice to survivors, clinical practitioners, and society as a whole (Duke & Davidson, 2009; Kulkin et al., 2007; Peterman & Dixon, 2003).

To better understand the unique needs of survivors of same-sex intimate partner violence survivors, researchers should investigate counselors' perceptions and competencies with IPV assessment and treatment planning, as well as the approaches and methods used in training programs when preparing mental health professionals for working with survivors. This study was designed to assess how perceptions of same-sex relationships might effect counselors'-in-training (CIT) assessments of intimate partner violence. The researcher examined whether the sexual orientation of a client has an impact on the CIT's identification of violence and perceptions of victimization and perpetration. The researcher also assessed how perceptions of

same-sex relationship violence relate to homonegative attitudes when working with individuals who identify as lesbian, gay, and bisexual.

Context of the Study

It is important to acknowledge the current cultural context of lesbian, gay, bisexual, transgender, queer, questioning, and intersex (LGBTQQI+) individuals, groups, and communities. While acceptance and support of LGBTQQI+ individuals has increased significantly over the past few decades (Noga-Styron, Reasons, & Peacock, 2012), social, civil, and criminal injustices are still significant issues in the United States. Intolerance and discrimination against LGBTQQI+ individuals and communities persist at individual, structural, and institutional levels. For example, some states in the United States have laws prohibiting individuals who identify as LGBTQQI+ from adopting children and denying child-custody rights to same-sex couples in family law cases (Noga-Styron et al., 2012). Likewise, individuals who identify as LGBTQQI+ do not have the same legal protections prohibiting discrimination in the workplace or housing discrimination under the federal fair housing laws. Additionally, institutionalized homophobia and heterosexism present within law enforcement and the legal system can lead to discrimination against the LGBTQQI+ communities in inconsistent responses to criminal victimization and legal needs of LGBTQQI+ individuals (Noga-Styron et al., 2012). The current national discourse around marriage equality highlights the societal shift towards acceptance, yet there remains a lack of universal recognition. In a monumental victory for LGBTQQI+ rights and social justice advocates, the United States Supreme Court, on June 26, 2015, ruled in a 5 to 4 decision, that same-sex marriage bans are unconstitutional. Nevertheless, some states officials continue to refuse issuing marriage certificates to same-sex couples. Acknowledging the systemic and structural issues that impact LGBTQQI+ individuals and

groups are important for combating the inequalities these communities face within social, academic, legal, political, and religious institutions (Noga-Styron et al., 2012).

In the field of counseling and counselor education, ethical standards and best practices reflect acceptance, affirmation, and nondiscrimination of individuals who identify as LGBTQQI+ (ACA, 2005; Whitman & Bidell, 2014). Professional associations, such as the American Counseling Association (ACA), offer guidelines that ensure ethical and competent services and care for LGBTQQI+ clients and affirmative education and training programs. According to the ACA Code of Ethics, counselor educators have the responsibility to educate and develop counselors-in-training who are competent to serve individuals and groups within the LGBTQQI+ communities (ACA, 2005). Additionally, ACA adopted attitude, knowledge, and skill competencies for LGB-affirmative practices and educational programs (Whitman & Bidell, 2014). Similar to ACA, the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2009) has included specific educational standards regarding the counselors' cultural self-awareness, eliminating biases and prejudices, and obtaining appropriate skills for working with diverse individuals, groups and communities.

Yet with all the guidance and standards for ethical practice, counselors and counselors-in-training still report feeling unprepared and lacking the necessary competencies to work with clients who identify as LGBTQQI+ (Boysen, Vogel, Madon, & Wester, 2006; Whitman & Bidell, 2014). Further feelings of unpreparedness may occur when working with clients who identify as LGBTQQI+ who have also experienced additional adversity, such as relationship violence. Counselors need to be prepared to assist survivors who experience violence regardless of their identified sexual orientation and gender identity, or expression (Brown & Groscup, 2009). Counselor education programs have the duty and responsibility to prepare counselors for

working with survivors of same-sex IPV. Counselor educators must help facilitate understanding and address any biases counselor trainees may have when evaluating cases of same-sex relationship violence. Training programs must take an active role in creating LGBTQQI+ affirmative counselor education that respects trainees' potential conflicting values and beliefs while assuring ethical and competent practice with diverse populations. Creating safe and productive spaces to challenge CITs to broaden their awareness, knowledge, and understanding of their personal values and beliefs that may conflict with LGBTQQI+ affirmative counseling, or any ethical standard and professional value, is paramount for counselor education programs (Whitman & Bidell, 2014).

It is important to acknowledge the ethical dilemma that has been created within the counseling profession and training programs by attempting to reconcile the conflict between some personal beliefs and LGBTQQI+ affirmative education, training, and practice. For example, within the past five years, counseling trainees have sued (see *Keeton v. Anderson-Wiley, 2010* and *Ward v Wilbanks, 2010*) counselor education programs so they would not have to work with individuals who identify as LGBTQQI+ (Whitman & Bidell, 2014). Federal rulings continue to support the right of public institutions to enforce professional and academic standards within counseling training programs (Hancock, 2014).

Assessing counselors' perceptions of same-sex relationship violence is critical to providing appropriate support services, interventions, and advocacy for survivors in LGBTQQI+ communities. Understanding personal and professional beliefs and biases regarding relationship violence among LGBTQQI+ communities will help counselors-in-training maintain competence and ethical obligations (Murray, Mobley, Buford, & Seaman-DeJohn, 2006). Without education and awareness of IPV among LGBTQQI+ relationships and communities the possibility of

misdiagnosis or inappropriate treatment planning is likely to occur and perpetuate the misunderstanding of relationship violence (Boysen et al., 2006; Peterman & Dixon, 2003; Dillon & Worthington, 2003). For this reason, the current study focused on counselors'-in training (CITs). Not only do CITs represent the future of the counseling profession, counselor educators can address attitudinal issues, beliefs, and ethical conflicts more easily in training programs.

Statement of the Problem

Historically research on intimate partner violence has focused primarily on heteronormative relationships (Archer 2000; Baker, Duick, Kim, Moniz, & Nava, 2013; Hamby, 2009). Heteronormative beliefs categorize aspects of identity, particularly gender and sexuality, into hierarchical binaries, where being male is seen as opposite and superior to female, and opposite-sex relationships are seen as opposed and superior to same-sex relationships (Gray, 2011). More recent studies have examined violence in lesbian, gay, and bisexual (LGB) relationships (Duke & Davidson, 2009; Kulkin et al., 2007; Peterman & Dixon, 2003). Current research suggests that individuals who identify as lesbian, gay, and bisexual experience relationship violence at similar frequencies as individuals in opposite-sex relationships (Brown & Groscup, 2009; Duke & Davidson, 2009; McClennen, Summers, & Vaughan, 2002; Peterman & Dixon, 2003; Sorenson & Thomas, 2009). The National Intimate Partner and Sexual Violence Survey found that individuals who identify as LGB have an equal, or higher, lifetime prevalence of relationship violence (Black et al., 2011; Walters, Chen & Breiding, 2013).

Counseling professionals need to be able to accurately assess same-sex IPV, create appropriate treatment plans, and access LGBTQQI+ affirmative resources for survivors. Same-sex survivors have similar, and unique challenges that create different negative consequences of

abuse (Brown & Groscup, 2009; Duke & Davidson, 2009; Sorenson & Thomas, 2009). Unfortunately, research on counselors-in-training has found heterosexual bias and inadequacies in preparedness for working with lesbian, gay, and bisexual clients (Boysen et al., 2006). Additionally, researchers have found that counselors are not adequately prepared for working with LGB survivors of intimate partner violence. Lack of training, heterosexism, perceived homophobia, and lack of societal understanding of intimate partner violence may influence CITs' perceptions of same-sex relationship violence (Boysen, et al., 2006; Lidderdale, 2003; Kulkin, et al., 2007). Therefore, this study sought to examine whether relationships exist between perceptions of intimate partner violence and homonegativity (negative attitudes towards individuals who identify as lesbian and gay homonegativity).

Purpose of Study and Research Questions

The purpose of the study was to understand how perceptions of same-sex relationships affect CITs' assessments of intimate partner violence (IPV). Specifically, whether the counselor's perceptions of a client's sexual orientation has an impact on the counselors' ability to identify violence, victimization, and perpetration. The study examined how perceptions of same-sex relationship violence relate to homonegative attitudes when working with individuals who identify as lesbian, gay, and bisexual.

The researcher used quantitative research methodology to assess the CIT's understanding and preparation for working with lesbian, gay, and bisexual survivors of intimate partner violence. The results will inform counselor educators and supervisors of how CITs' perceptions of same-sex IPV may relate to the assessment of violence, identification of victimization and perpetration (Blasko, Winek, & Bieschke, 2007; Basow & Thompason, 2012; Brown & Groscup, 2009) and homonegative attitudes (Morrison & Morrison, 2002). The following research questions guided this study:

1. How will counselors'-in-training identification of types of violence vary based on the sexual orientation of the non-initiator as measured by the experimental vignette?
2. How will counselors'-in-training identification of victims and perpetrators of intimate partner violence vary based on the perceived sexual orientation of the individuals in the relationship as measured by the experimental vignette?
3. What is the relationship between counselors'-in-training attitudes toward same-sex relationships, as measured by the Homonegativity Scale, and the identification of the victim or perpetrator of intimate partner violence?

Definition of Terms

For the purpose of clarity and consistency, key terms and variables are defined. The terms domestic violence, relationship violence, and partner abuse, which can be used interchangeably, will be referred to as intimate partner violence (IPV) throughout the study. IPV includes, but is not limited to, physical violence, sexual violence, threats of physical or sexual harm, emotional manipulation, psychological aggression, restricting access to finances, and/or stalking by a current, or former, intimate partner (Duke & Davidson, 2009; Kulkin et al., 2007; Black et al., 2011).

The Association for Lesbian, Gay, Bisexual & Transgender Issues in Counseling (ALGBTIC) promotes definitions and terms that utilize the most common, inclusive language used to describe lesbian, gay, bisexual, transgender, queer, intersex, and questioning individuals, groups, and communities. Selected terms defined by ALGBTIC are used to create a common language for the readers of this study (Harper, Finnerty, Martinez, Brace, Crethar, Loos, Harper, Graham, Singh, Kocet, Travis, & Lambert, 2013). The term heterosexual is used to describe an individual who is “emotionally, physically, mentally, and/or spiritually oriented to bond and

share affection with those of the ‘opposite’ sex” (p. 41). The term homosexual has been historically used to describe a person who is “emotionally, physically, mentally, and/or spiritually oriented to bond and share affection with those of the ‘same’ sex” (p. 41). Many lesbian, gay, bisexual, and transgender people and communities do not use this term due to the pejorative cultural history of the word. For this reason, the term homosexual was not used in this study. Instead, the term *same-sex partner* was used to describe lesbian and gay (LG) interpersonal relationships, while *opposite-sex partner* was used to describe an interpersonal relationship between individuals who identify as heterosexual. Additionally, the specific identifiers such as lesbian and gay are used instead of the term homosexual (Harper et al., 2013).

Delimitations

Many barriers exist for LGBTQQI+ individuals and groups regarding social justice and civil rights. Intolerance and discrimination against LGBTQQI+ individuals and communities still persist at individual, structural, and institutional levels. Because of the complexity and expansiveness of the LGBTQQI+ community and the difference between sexual orientation and gender identity and gender expression, the scope of the study specifically focused on relationship violence among individuals who identify as lesbian, gay, or bisexual. It is important to highlight the distinction between the term sexual orientation (identifying as lesbian, gay, bisexual, asexual) and the terms gender identity and gender expression (cisgender, transgender, gender non-conforming). For example, transgender (also referred to as *trans**) is a broad term used to describe individuals who challenge social gender norms; examples include gender-nonconforming people, people who are transsexual, crossdressers, and other forms of gender identities and expressions (Harper et al., 2013). Due to the lack of research regarding intimate partner violence within the *trans** community and the distinctions between sexual orientation and

gender identity and gender expression, the inclusion of trans* individuals, individuals who are intersex, individuals who identify as queer, or questioning, was beyond the scope of this research study. This limitation highlights the significant need for future research in this area (Kulkin et al., 2007; Murray et al., 2006).

Summary

An introduction to same-sex intimate partner violence and its relevance to counseling research was provided in this chapter. A review of the current cultural context of lesbian, gay, bisexual, transgender, queer, questioning, and intersex (LGBTQQI+) individuals and communities was included, along with a review of ethical standards and implications for counselor training programs. The purpose of the study and the research questions were introduced, and key terms and language were defined. A rationale for an examination of how perceptions of IPV within same-sex relationships are related to assessment of violence, victim and perpetrator identification and homonegative attitudes for the study participants was explored.

This document is organized into five chapters. Chapter one is the introduction to the study; including context for the study, statement of the problem, purpose of the study, research questions and important terms and definitions. Chapter two includes a review of the literature on intimate partner violence, specifically same-sex relationship violence, and counselor attitudes and bias. The third chapter outlines the methodology used in the study, including the research questions, methods for data collection, instrumentation, and data analysis. Chapter four includes the results of the data collected and analysis. Finally, chapter five includes a discussion of key findings, implications of the results, and direction for future research.

Chapter Two

Review of the Literature

The mental health profession has long recognized intimate partner violence (IPV) as a significant problem with the potential for severe negative societal consequences. Relationship violence has been increasingly researched in the field of counseling and clinical practice (Dudley, McCloskey & Kustron, 2008; Seelau & Seelau, 2005). Studies continue to find that clinicians still have misconceptions about relationship violence, specifically identifying perpetrators and victims (Blasko et al., 2007). Understanding and recognizing the complexities of IPV are critical for providing appropriate care and support for survivors. Further confounding the problem of recognizing interpersonal violence is a lack of understanding of the intersectionality of an individual's identities and the marginalization of specific groups in our society (Noga-Styron et al., 2012). For example, clients who identify as lesbian, gay, bisexual, transgender, queer, questioning, or intersex (LGBTQQI+) may feel misunderstood because of counselor bias (i.e. negative attitudes, heteronormative beliefs) and institutionalized prejudice (Kulkin et al., 2007). When individuals who identify as LGBTQQI+ are experiencing IPV, they potentially face double jeopardy, increased marginalization, and increase invisibility, which may create significant barriers for seeking services and support (Dudley et al., 2008; Kulkin et al., 2007; Peterman & Dixon, 2003). Furthermore, LGBTQQI+ people of color who are frequently the product of intersectional patterns of racism, sexism, and heterosexism, may experience additional barriers for accessing support services (Noga-Styron et al., 2012; Crenshaw, 1991).

Traditionally, research on IPV has focused primarily on opposite-sex, relationships: male perpetrators and female victims (Archer 2000; Baker et al., 2013; Hamby, 2009). Inadequate attention given to LGBTQQI+ relationships has been a significant limitation in research on

relationship violence (Kulkin et al., 2007; Murray et al., 2006). However, recent research on relationship violence has shifted the focus away from heteronormative relationships towards LGB, or same-sex relationships (Brown & Groscup, 2009; Duke & Davidson, 2009; McClennen et al., 2002; Peterman & Dixon, 2003; Sorenson & Thomas, 2009). Many studies suggest that members of the lesbian, gay, and bisexual communities experience victimization at similar, or greater, rates of frequency than individuals in opposite-sex relationships (Black et al., 2011). Additional studies illustrate the unique challenges and negative consequences faced by LGB survivors (Brown & Groscup, 2009; Duke & Davidson, 2009; Sorenson & Thomas, 2009).

Counselor education programs have the obligation to prepare counselors for working with survivors of same-sex relationship violence. According to the ACA Code of Ethics, counselor educators have the responsibility to educate and develop counselors who are competent to serve individuals and groups within the LGBTQQI+ communities (ACA, 2005). Counselor education programs have the duty and responsibility to prepare counselors for working with survivors of same-sex IPV. Counselor educators must facilitate understanding and address biases counselor trainees may have when evaluating cases of LGB relationship violence. Counselor education programs are challenged to train LGBTQQI+-affirmative counselors while respecting the possibility that the counselor has conflicting values and beliefs. It is paramount for counselor education programs to create safe and productive spaces to challenge CIT's to broaden their awareness, knowledge, and understanding of their personal values and beliefs that conflict with LGBTQQI+-affirmative counseling, or any ethical standard and professional value (Whitman & Bidell, 2014). Counselors need to assist survivors who experience violence regardless of their sexual orientation or relationship type (Brown & Groscup, 2009).

The following review will critically examine the literature on intimate partner violence in same-sex relationships, highlighting theoretical frameworks, methodologies, and limitations.

Intimate Partner Violence: Statistics

The National Intimate Partner and Sexual Violence Survey (NISVS) is a survey of national data that collects detailed information on intimate partner violence, sexual violence, and stalking. In 2010, the Centers for Disease Control and Prevention (CDC) collected data on recent and lifetime experiences of violence among 16,507 adults (9,086 women and 7,421 men) in the United States. According to the 2010 NISVS findings, more than one-third of women, and one-fourth of men, in the U.S. have experienced some form of intimate partner violence in their lifetime. It is estimated that women experience approximately 5.3 million incidents of IPV annually, while men experience 3.2 million incidents of relationship violence each year. Moreover, one in three women have experienced physical violence by an intimate partner and one in ten have been raped by an intimate partner within her lifetime. Of the men who reported experiencing physical violence, sexual violence, and/or stalking by an intimate partner, 92 percent reported experiencing physical assault, while six percent reported both physical violence and stalking. Too few men reported rape by an intimate partner to produce reliable estimates for The National Intimate Partner and Sexual Violence Survey (Black et al., 2011).

The Invisible Survivor: Intimate Partner Violence in Same-Sex Relationships

Data used to describe the pervasiveness of relationship violence in lesbian, gay, and bisexual communities are estimates. These estimates suggest that individuals in same-sex relationships report similar occurrence and frequency of violence as individuals in opposite-sex relationships (see Brown & Groscup, 2009; Duke & Davidson, 2009; McClennen et al., 2002;

Peterman & Dixon, 2003; Sorenson & Thomas, 2009). The 2010 NISVS was the first survey of national data to gather information on the prevalence of intimate partner violence, sexual violence, and stalking based on participants' sexual orientation (Black et al., 2011). The CDC published a special report from the 2010 NISVS data that focused on specific populations and violence (Walters, Chen & Breiding, 2013). The special report was based on respondents' self-identified sexual orientation and their lifetime experiences of intimate partner violence, sexual violence, and stalking victimization.

The NISVS (2010) data indicate that individuals who identify as lesbian, gay, and bisexual have an equal or higher lifetime prevalence of intimate partner violence and sexual violence when compared to individuals who identify as heterosexual. Specifically, 43.8% of individuals who identified as lesbian and 61.1% of women who identified as bisexual reported experiencing physical violence, sexual violence, and/or stalking by an intimate partner within their lifetime compared to 35% of self-identified heterosexual women. Similarly, 37.3% of self-identified bisexual men compared to 29% of men who identified as heterosexual reported experiencing some form of IPV. Among the women who experienced these types of victimization, 89.5% of individuals who identified as bisexual women and 98.7% who identified as heterosexual reported male perpetrators, while 67.4% who identified as lesbian reported female perpetrators. Among the men who experienced physical violence, sexual violence, and/or stalking by an intimate partner, 78.5% who identified as bisexual and 99.5% who identified as heterosexual reported having female perpetrators, while 90.7% who identified as gay reported having male perpetrators. Nearly one in three who identify as lesbian, one in two women who identify as bisexual, and one in four who identified as heterosexual women reported experiencing at least one form of severe physical violence by an intimate partner within their lifetime. Men

who identify as gay (16.4%) and heterosexual (1.9%) also reported experiencing severe physical violence by an intimate partner. Examples of severe physical violence included being hit with a hard object, kicked, slammed against something, choked or suffocated, beaten, burned, having hair pulled, or a weapon being used against them (Walters et al., 2013).

Additional researchers have reported comparable data and findings similar to the 2010 National Intimate Partner and Sexual Violence Survey (NISVS) and CDC special summary report (2013). For example, Duke and Davidson (2009) suggested that between 25% and 33% of individuals who identify as lesbian, gay, and bisexual experience abuse by their partners, and approximately 41% - 68% of women who identify as lesbian experience intimate partner violence within their lifetime. More recently, researchers are supporting the notions that these numbers are most likely underestimations due to a variety of limitations and barriers, such as homophobia, heterosexism, social injustices, lack of universal acceptance, and inconsistency of support services (Duke & Davidson, 2009; Peterman & Dixon, 2003).

Similarities. Individuals in same-sex relationships are believed to experience relationship violence at similar or greater rates as those individuals in opposite-sex relationships. In addition, same-sex violence has similar characteristics as opposite-sex violence. For example, same-sex intimate partner violence, like opposite-sex, tends to be cyclical in nature (Lundberg-Love & Marmion, 2006; Kulkin et al., 2007). The pattern of relationship violence is characterized by three phases: the tension building phase, the acute battering incident, and the honeymoon phase (Walker, 2000). In addition to experiencing cycles of violence, survivors of both intimate partner violence in same-sex relationships and opposite-sex relationships are likely to experience multiple forms of violence, such as physical, emotional, and sexual abuse (McClennen et al., 2002; Sorenson & Thomas, 2009).

Differences. There are unique challenges and distinct negative consequences for survivors in lesbian, gay, and bisexual communities. For same-sex victims and survivors, merely disclosing one's sexual orientation can illicit negative responses. Fear of discrimination and social injustice hinder survivors from seeking support, assistance, or reporting partner violence to helpers and authorities. The threat of disclosure, or "outing" a partner, is a unique form of intimidation and control used, for example, by abusers in same-sex relationships (Murray et al., 2006). Same-sex survivors suffer from victim blaming, lack of community resources, and unsupportive legal systems, much like opposite-sex survivors, (Lundberg-Love & Marmion, 2006). For survivors in same-sex relationships there are fewer legal protections, fewer community services, and less societal acceptance (Noga-Styron et al., 2012). These factors create the potential for re-victimization and re-traumatization of LGB survivors (Brown & Groscup, 2009; Duke & Davidson, 2009; Sorenson & Thomas, 2009).

Theoretical Framework

Bronfenbrenner's (1979, 1999) ecological theory of human development, specifically the Process-Person-Context-Time (PPCT) model, is used in this study to help explain connections, context, and insight into counselors' perceptions of same-sex relationship violence (Bronfenbrenner, 1999). This ecological perspective framework provides a mechanism by which to study how factors at multiple levels of social ecology contribute to the perceptions of and attitudes towards same-sex intimate partner violence (Campbell, Dworkin, & Cabral, 2009; McLaren & Hawe, 2005).

Bronfenbrenner's (1999) PPCT model is based on the interrelatedness of four concepts: *Process*, *Person*, *Context*, and *Time*. The concept of *Process* plays a significant role in human

development. The *Process* refers to interactions that occur often and over extended periods of time, between the individual and the persons, objects, and symbols in the immediate external environment. These continual interactions are referred to as proximal processes and are fundamental to human development. Proximal processes are the interactions in which individuals come to understand and make sense of their world. The proximal processes effecting development vary systematically in part due to the characteristics of the developing person; the environment in which the processes are taking place; the nature of the developmental outcomes; and the social norms and changes occurring over time through the lifespan and the historical period during which the person has lived (Bronfenbrenner & Morris, 1998; Tudge, Mokrova, Hatfield, & Karnik, 2009).

The second concept in Bronfenbrenner's theory is the *Person*. The *Person* refers to the individual and the biological and genetic aspects of the person. Bronfenbrenner (1999) categorized these personal characteristics into three types: *demand*, *resource*, and *force*. Demand characteristics are ones that act as an immediate indicator, or stimulus, that may influence initial interactions and expectations of another person, such as age, gender, color of skin, and physical appearance. Resource characteristics are not immediately evident, but may be induced from the demand characteristics that are observed by another person. Resource characteristics relate to social and material resources, in addition to past experiences, skills, and intelligence. Force characteristics are aspects of one's personality, such as temperament, motivation, and persistence (Tudge et al., 2009).

The third concept in Bronfenbrenner's theory is *Context*. The *Context*, or the environment, includes four interrelated systems that influence development: microsystem, mesosystem, exosystem, and macrosystem (Bronfenbrenner, 1999). The microsystem is any

environment, such as the home, school, or peer group, in which a person spends a significant amount of time in interactions. The mesosystem is the interrelations among the different microsystems in which a person interacts. The exosystem has contexts that have important indirect influences on the person's immediate environment. The macrosystem refers to the overall patterns of ideology and organizations that characterize a given society or social group. This context may be used to describe the culture or social structures of various societal groups such as social classes, ethnic groups, or religious affiliates (Tudge et al., 2009).

The fourth and final concept of the PPCT model is *Time*. This concept plays a significant role in human development and refers to the socio-historical conditions and time during the lifespan (Bronfenbrenner, 1999). Time encompasses the changes that occur between persons and their multiple environments. The concept of time is divided into three specific factors: micro-time, meso-time, and macro-time. Micro-time refers to what is occurring during the course of a specific interaction. Meso-time refers to the extents to which interactions occur with consistency within an environment. Lastly, macro-time, also known as the chronosystem, refers to the varying impacts of historical contexts on an individual due to the developmental processes of that individual (McLaren & Hawe, 2005; Tudge et al., 2009).

The Process-Person-Context-Time (PPCT) model creates the framework for understanding how personal characteristics, contextual systems, and time influence individual proximal processes. For instance, when exploring attitudes and beliefs of counselors-in-training, the PPCT model provides an understanding of how the interrelatedness of the *process*, *person*, *context*, and *time* might impact those beliefs. Thus providing counselor educators with a framework for engaging counselor trainees, while encouraging growth, challenging prospective, and exploring core values and beliefs.

Heterosexism and Homonegativity in the Mental Health Profession

Ethical standards and best practice within the counseling profession are acceptance, affirmation, and nondiscrimination (ACA, 2005). However, mental health professionals are not exempt from holding negative attitudes and biases about intimate partner violence and sexual orientation. Individual beliefs influence treatment decisions and impact the identification and advisory of service options for survivors (Brown & Groscup, 2009). The relative invisibility of relationship violence and same-sex relationships within our society, results in counselors working with survivors who identify as lesbian, gay, or bisexual having limited access to research, information, and resources. Moreover, victim blaming, gender bias, and prejudices may hinder the ability of counselors to best serve their clients. If counselors adhere to negative views of lesbian, gay, and bisexual individuals, groups, or communities, then they may be reluctant to plan or provide resources that promote the welfare of LGB survivors of intimate partner violence (Kulkin et al., 2007; Satcher & Leggett, 2007).

Research on the attitudes of counselors-in-training has found evidence of heterosexual bias and inadequacies in preparedness for working with lesbian, gay, and bisexual clients (Boysen et al., 2006; Lidderdale, 2003; Safren, 1999). Boysen, Vogel, Madon, and Wester (2006) found that counselors-in-training hold negative stereotypes about the mental health of men who identify as gay. These stereotypes include the belief that gay men experience more symptoms of anxiety, personality, mood, eating, and sexual and gender identity disorders. The researchers suggest that individuals who hold unfavorable views of gay men may be more likely to apply negative attributes of mental health to their clients who identify as gay. Assessing beliefs among CITs is critical because stereotypes influence assessments and treatment. Specifically, assessing beliefs regarding LGB individuals and LGBTQQI+ communities is

important because stereotypes can lead to societal discrimination and prejudices (Boysen et al., 2006).

Assessing Attitudes, Bias, and Homonegativity

It is important to understand and address any biases counselors-in-training may have when evaluating cases of same-sex intimate partner violence. Counselors need to be nonjudgmental and prepared to assist all survivors who have experienced relationship violence. To better understand the relationship among counselor bias and perceptions of same-sex IPV, measures that assess attitudes towards individuals in LGB communities should be implemented in intimate partner violence research.

Modern Homonegativity Scale. The Modern Homonegativity Scale (MHS; Morrison & Morrison, 2002) was developed to assess contemporary, subtle, negative attitudes toward individuals who identify as lesbian and gay. Contemporary negative attitudes are not based on traditional or moral objections to lesbians, gay, or bisexual individuals, rather are based on abstract concerns, such as civil and social justice issues.

Morrison and Morrison (2002) describe traditional objections to lesbians and gay individuals as old-fashioned homonegativity. Old-fashioned homonegativity is societal prejudice based in traditional religious and moral beliefs, and misconceptions of LGB individuals, groups, and communities. The authors argue that many individuals reject obvious negative beliefs about gay and lesbian individuals and might score below the mean of traditional prejudice measures, yet still hold negative attitudes and beliefs towards LGB individuals and communities. For instance, participants may show low levels of homonegativity using the old-fashioned measures not because they are accepting of or have favorable attitudes towards gay and lesbian individuals, but because they consider traditional measures to be dated. Morrison and Morrison

(2002) believe that homonegativity shifted from obvious to abstract objections or concerns. These objections are based on civil and social justice issues and include concepts such as heterosexism, or the idea that individuals who identify as lesbian and gay are resistant to mainstream cultural assimilation.

Like Morrison and Morrison (2002), Rye and Meaney (2010) examined the psychometric properties of commonly used measures of homonegativity. Rye and Meaney (2010) selected three instruments to analyze: Hudson and Ricketts' (1980) Index of Homophobia, Herek's (1984) Attitudes Towards Lesbians and Gay Men, and Morrison and Morrison's (2002) Modern Homonegative Scale. The goal of the analysis was to assess the strengths and weaknesses of each instrument and to provide empirical guidelines of appropriateness of each instrument. The researchers found that all three instruments are good measures of attitudes toward lesbian and gay individuals and communities. All three scales have good score reliability, unidimensional factor structure, good convergent validity, and discriminant validity. All three instruments provided valid and sensitive measures of attitudes towards lesbian and gay individuals, although the Modern Homonegativity Scale resulted in slightly more normally distributed data. Because the data more closely approximates a normal distribution, Rye and Meaney (2010) recommend the use of the MHS when measuring attitudes towards homonegativity. The MHS may be more representative of how prejudice is expressed currently in society and therefore, the researcher selected the MHS as the instrument used to assess homonegativity for the current study.

Clinical Assessment and Response to Intimate Partner Violence

Mental health professionals need skills in the assessment of and response to relationship violence. Wise and Bowman (1997) demonstrated the need for increased training for counselors regarding the assessment of, intervention, and appropriate treatment planning for all survivors' of

relationship violence. Training in crisis and trauma response has become part of the core curriculum in many graduate counselor-training programs. However, education on IPV has not been fully implemented (Council for Accreditation of Counseling and Related Educational Programs, 2009). Dudley et al. (2008) suggest that specific training is needed in assessing and intervening in relationship violence. Their study demonstrated an increase in counselors' ability to identify IPV issues in clinical vignettes. However, counselors expressed victim-blaming perceptions and expressed a tendency to intervene in a manner that is likely to increase the survivors' risk of danger and harm. Dudley et al. (2008) stressed the need for further education and competency regarding appropriate interventions when working with survivors of relationship violence.

Assessing Attitudes Towards Lesbian, Gay, and Bisexual Survivors of Intimate Partner Violence

Assessing counselors' perceptions of LGB intimate partner violence is important for providing appropriate support services, interventions, and advocacy for survivors. Kulkin, Williams, Borne, de la Bretonne, and Laurendine (2007) suggest that understanding and recognizing the marginalized status of members of the LGB communities is extremely important for mental health clinicians. Stressors such as societal discrimination, institutionalized homophobia, familial conflict, and relationships within LGB communities create unique difficulties for individuals within these communities. Recognition of the marginalized status and stressors of LGB individuals and communities is critical in identification, assessment, and treatment of clients who are also survivors of intimate partner violence (Kulkin et al., 2007). Inadequately addressing the unique issues and needs among same-sex relationships could

significantly and negatively affect the treatment resulting in diminished improvement and services provided to lesbian, gay, and bisexual survivors (Brown & Groscup, 2009).

Approaches Used in Assessing Same-Sex IPV

Systematic evaluation of the methodologies used in researching same-sex intimate partner violence provides a solid foundation for further investigation of relationship violence. Murray and Mobley (2009) reviewed the methodological strengths and limitations of same-sex relationship violence research over the past two decades. The methodological strengths found by the authors included: (a) using appropriate statistical analyses; (b) clarifying the types of abuse measured within the studies; (c) drawing appropriate conclusions based on results; (d) describing the manner in which sexual orientation was measured or categorized; (e) detailing the eligibility criteria for study participation; and (f) providing sufficient detail about the methodologies used in order to permit study replication. Murray and Mobley (2009) also highlighted the significant limitations of the research including the challenges of obtaining representative samples and managing the influence of social desirability regarding intimate partner violence. Other methodological limitations included (a) not using appropriate strategies to account for the potential inclusion of partners in the same relationship in study samples; (b) failing to specify the timing of the data collection; and (c) not describing the exclusion criteria for study participation (Murray & Mobley, 2009).

Like Murray and Mobley (2009), Baker et al., (2013) reviewed current research on same-sex IPV and found that the cultural frameworks and societal systems in which relationship violence occurs are more relevant for understanding IPV than factors assigned to gender. The researchers believe it is important to understand the cultural context in which the relationship

occurs and the intersection between gender, culture, ethnicity, and other aspects of identity. There are significant differences in the acceptance of same-sex relationships in different cultures, ethnicities, and social groups. Societal acceptance creates a context for relationships and support for dealing with relationship issues. Baker et al., (2013) made three primary summarizations from their review of the literature: (a) research of IPV must be viewed in the context of the cultures and times in which it was conducted; (b) research is imperfect and may be distorted by systematic issues; and (c) IPV will be better understood if gender is used as a way of identifying issues that require further study and understanding rather than as an explanation of the behavior.

Kulkin et al.'s (2007) review of IPV research focused on the issues in identification, assessment, and treatment of violence in same-sex relationship and highlighted recommendations regarding assessment, treatment, and resources for mental health professionals. The authors suggest that counselors are not recommending appropriate treatment plans for LGB survivors of intimate partner violence. Poor treatment plans may be influenced by lack of training and knowledge, perceived homophobia, or attitudes regarding lesbian and gay individuals. Kulkin et al. (2007) note several limitations in the studies reviewed, specifically, the exclusion of marginalized ethnic minority groups and the effects of same-sex intimate partner violence within these groups. Small sample size is also a notable limitation in the studies reviewed. Heterosexism and homophobia, as mentioned above, are possible explanations for small sample size.

Similar to Kulkin et al. (2007), Peterman and Dixon's (2003) review of the literature suggests that LGB survivors are less likely to report partner abuse due to perceived homophobia of service providers, heterosexism, lack of understanding in society regarding intimate partner violence and the survivors' own ability to recognize their experience as victimization. The authors addressed specific implications for counselors regarding the skills and techniques used to

help survivors of same-sex intimate partner violence. Peterman and Dixon (2003) emphasized meeting the needs of survivors by (a) creating a safe space for survivors to share their experiences; (b) the use by the counselor of direct, non-judgmental, and open-ended questions; (c) establishing a trusting relationship that helps facilitates empowerment and independence; and (d) properly assessing the level of danger present in the relationship.

In addition to reviewing skills and techniques used with LGB survivors of IPV, Murray et al. (2006) focused on clinical guidelines and programmatic suggestions for serving survivors of same-sex relationship violence. The authors evaluated appropriate resources and interventions for survivors. Murray et al. (2006) state that counselors are in a good position to help facilitate societal understanding and change and help break the cycle of violence and shame regarding intimate partner violence in LGB communities. Ultimately, counselors have the unique opportunity to provide education, advocacy, and supportive services to address issues of violence and raise awareness in both the LGB communities and society at large (Murray et al., 2006).

Approaches Used in Assessing Attitudes

Early career counselors perceive severity and risk differently for same-sex and opposite-sex relationships. One noteworthy investigation regarding attitudes towards same-sex IPV is Wise and Bowman's (1997) study that compares beginning counselors' responses to lesbian partner violence to their responses to opposite-sex partner violence. The study suggests that early career counselors make different treatment recommendations based on the couples' sexual orientation, which may demonstrate a difference in perceptions of severity, risk, and understanding of relationship violence in same-sex partnerships.

Wise and Bowman (1997) used a factorial design (experimental vignettes) to assess the perceptions of master's and doctoral level students in a counseling psychology program.

Experimental vignette designs randomly assign levels of experimental variables in scenarios. These design types are used to reduce social desirability in responses and better understand contextual factors. Using experimental vignettes when studying intimate partner violence allows researchers to manipulate characteristics of the non-initiator (victim) and initiator (perpetrator) to measure the factors that influence the study participants' judgments regarding IPV (Sorenson & Thomas, 2009; Wise & Bowman, 1997).

Participants were given a Likert-scale questionnaire, the Attitudes Toward Women Scale (AWS), the Homosexuality Attitude Scale (HAS), and asked specific questions regarding recommendations for treatment or services (i.e. call the police, women's shelter, individual counseling, couples counseling, group counseling, or not recommend counseling) based on the information included in the vignette. A Friedman two-way analysis of variance was performed on the rank ordering of treatment options. Wise and Bowman (1997) found that the overall order of recommendations was (1) individual counseling, (2) couples counseling, (3) call the police, (4) women's shelter, (5) group counseling, and (6) do not recommend counseling. The researchers analyzed the Likert-scale questions using a three-way analysis of variance, on each of the eight scales. Post hoc tests were performed where needed to test for differences between means. Wise and Bowman (1997) reported that two of the eight analyses showed a main effect by vignette. Participants assigned to the opposite-sex intimate partner violence scenario ($M = 6.06$) rated the incident as more violent than did those assigned to the lesbian intimate partner violence incident ($M = 5.56$, $F(1, 70) = 7.20$, $p = .05$). A Pearson correlation between the Attitudes Toward Women Scale (AWS) and the Homosexuality Attitude Scale (HAS) scores found a significant negative relationship of -0.52 . The researchers suggest that as the AWS

increased the HAS decreased. For instance, as participants' views of women became more traditional, their attitudes toward lesbian and gay individuals became less tolerant.

Wise and Bowman's (1997) study found a difference in counselor's perceptions between lesbian and opposite-sex intimate partner violence. The results suggested that attitudes towards sexual orientation play a role in how survivors are treated by service providers, including counselors. Additionally, the study demonstrated that there is a tendency by services providers to view survivors of intimate partner violence negatively regardless of sexual orientation. The findings highlighted how attitudes result in negative responses towards lesbian survivors of intimate partner violence and point to the need for more training in assessing, treatment planning, and service options for all survivors, particularly individuals in same-sex relationships.

Limitations of Wise and Bowman's (1997) study include the use of a convenience sample and small sample size. Because a convenience sample was employed, the researchers' findings are not representative of the population studied. Unfortunately, nonprobability sampling excludes unknown portions of the population being studied, which negates the representativeness and generalizability of the findings regardless of the sample size (Pedhazur & Schmelkin, 1991). Moreover, Wise and Bowman (1997) only assessed lesbian relationships and did not include gay or bisexual partnerships. Including gay and bisexual partnerships in the description of same-sex intimate partner relationships would have provided additional information regarding partner violence within the LGB communities (Brown & Groscup, 2009; Duke & Davidson, 2009; Seelau & Seelau, 2005).

Since the time of Wise and Bowman's (1997) study, a substantial amount of research has referenced, replicated, and extended previous findings and methodologies regarding perceptions of intimate partner violence based on significant other. Consistent with Wise and Bowman,

recent studies (see Basow & Thompson, 2012; Brown & Groscup, 2009; Blasko et al., 2007; Brown, 2007; Seelau & Seelau, 2005; Brown, 2008; Seelau et al., 2003) have suggested that gender and relationship type are associated with the perceived seriousness of intimate partner violence. These studies found that intimate partner violence in same-sex relationships is thought to be less serious than in opposite sex-relationships, which underscores the need for further understanding of relationship violence and the unique needs of survivors within LGB communities.

Brown and Groscup (2009) assessed the responses of crisis center staff to same-sex and opposite-sex IPV scenarios. Due to the potential for heterosexism and negative attitudes towards people who identify as LGB among mental health professionals, the researchers believed that participants of the study would perceive intimate partner violence as less serious when an incident occurred in a same-sex relationship. Brown and Groscup (2009) used a 2x2 between-groups factorial design, in which the gender of the individuals involved in the incident were manipulated to create four vignettes demonstrating intimate partner violence. The vignettes created for the study were loosely based on scenarios used in Seelau et al.'s (2003) study, which assessed gender and role-based perceptions of intimate partner violence. Brown and Groscup (2009) used a convenience sample of 120 (76.7% female and 22.5% male) staff members at a suburban crisis center. The researchers did not collect socio-demographic information, but provided the overall ethnic make-up of the staff, which included 81% White, 8% African-American, 6% Hispanic, 2% Asian, and 3% other. The participants consisted of crisis counselors (56.7%), counselor assistants (27.5%), counselors-in-training (7.5%) and paid staff members (8.3%).

The researchers found significant differences in perceptions of seriousness of the incident described in the vignettes. Participants believed the intimate partner violence scenario involving the same-sex couple was less serious than the incident involving the opposite-sex couple. Specifically, respondents suggested that partners in same-sex relationships were less likely than opposite-sex partners to experience another IPV incident in the near future, that over time the violence was less likely to intensify, and that it would be easier for a victim in a same-sex relationship to leave the partnership. Although, Brown and Groscup (2009) suggest significant differences within relationship type (same-sex vs. opposite-sex), overall, out of the 120 participants, 86.7% believed both vignettes constituted intimate partner violence and 95% were able to correctly identify the primary aggressor and victim.

Brown and Groscup (2009) used a convenience sample, which included only one crisis center. Not randomly selecting participants limits the reliability of the data and generalizability of findings. Additionally, not collecting socio-demographic information overlooks important information regarding participants and how different types of people may perceive same-sex intimate partner violence.

Interestingly, Seelau and Seelau's (2005) findings do not support the theory that differing perceptions of lesbian and gay relationships have a strong impact on the evaluation of intimate partner violence. The researchers argue that the sex of the victim, not sexual orientation, was the most compelling predictor of responses. Perhaps hidden biases towards same-sex couples, heterosexism, LGB prejudices, or participants' desirability to answer the questionnaire in a socially accepted manner affected Seelau and Seelau's (2005) findings. Measures assessing research participants' attitudes towards same-sex relationships, social desirability, and

acceptance of gender norms beliefs should be implemented to address the above-mentioned limitations.

Another notable study on the implications of perceptions of same-sex relationship violence is Blasko et al.'s (2007) study, which investigated how marriage and family therapists' beliefs might impact assessment of intimate partner violence. The researchers believed that understanding and recognizing one's own perceptions of relationship violence allows for a more appropriate clinical assessment and intervention. Blasko et al. (2007) found that initial identification of victims and perpetrators differed depending on the couples' sexual orientation. The researchers used three relationship violence scenarios that were identical except for the couples' sexual orientation. The scenario was intentionally vague to allow participants' cultural stereotypes, personal beliefs, and assumptions to influence their judgments. The Homosexual Attitudes Scale (HAS; Kite & Deaux, 1986) was included to assess the participants' attitudes toward individuals who identify as lesbian and gay.

Blasko et al. (2007) used victim identification, perpetrator identification, and attribution of power as the independent variables. The researchers found that the male was identified as a perpetrator and the female was identified as a victim more often in opposite-sex relationship scenario. The identification of victim and perpetrator varied for the same-sex relationship scenarios with both individuals being identified as victim and perpetrator. Additionally, participants distributed power more equally to the same-sex relationship scenarios. The researchers suggest that how therapists perceive power between the partners can be a factor that influences identification of victim and perpetrator.

Blasko et al. (2007) suggested that the use of the Homosexual Attitudes Scale (HAS; Kite & Deaux, 1986) was a limitation of the study due to the potential priming effects, hypothesis

guessing, confusion, and self-selection by participants based on social desirability. Likewise, other researchers (Morrison & Morrison, 2002) believe that the HAS (Kite & Deaux, 1986) does not accurately assess contemporary negative attitudes towards LGB individuals and communities. Although Blasko et al. (2007) recommended eliminating the HAS measure altogether; the measure may be useful for assessing attitudes towards same-sex relationships as a significant factor in measuring perceptions of same-sex intimate partner violence (Brown & Groscup, 2009). Future research should use instruments that measure more modern and subtle forms of oppression, negative thoughts, and microaggressions. Likewise, varying the order in which participants take the survey (assess vignettes first, then attitudes towards LGB) may help address the limitations discussed above.

Blasko et al.'s (2007) findings suggest that notions of relationship violence, specifically identification of perpetrators and victims, may have implications on interventions and treatment recommendations. Mental health professionals need to question their perceptions of intimate partner violence and how their perceptions affect the assessment process. Understanding and recognizing one's perceptions of relationship violence will help facilitate more appropriate clinical assessment and intervention.

Basow and Thompson's (2012) study expanded on Blasko et al.'s (2007) study by including different types of relationship violence (physical and emotional) and two different types of relationships (opposite-sex and lesbian). Basow and Thompson (2012) examined barriers to adequate services for survivors by focusing on the factors affecting service providers' perceptions and reactions to relationship violence within lesbian partnerships. The researchers included additional questions regarding the participants' comfort in working with victims, previous work experience with similar individuals, willingness to accept the victim for treatment,

and specific treatment recommendations for the situation presented. Basow and Thompson used the Attitudes Toward Lesbians subscale (ATLS; Herek, 1998) to assess participants' attitudes regarding lesbian relationships.

Basow and Thompson (2012) pointed out that in the limited experimental studies that have been conducted focusing on mental health providers' responses to same-sex IPV, the consistent finding is that relationship violence in same-sex partnerships is perceived as less serious than the same behavior in opposite-sex relationships (Blasko et al., 2007; Brown & Groscup, 2009; Seelau & Seelau, 2005; Wise & Bowman, 1997). As predicted, the researchers found that sexual orientation significantly affected participants' identification of the woman as the victim, especially in the nonphysical/emotional abuse situation. Unexpectedly, sexual orientation did not affect other responses, such as perceiving the situation as domestic violence or willingness to work with the victim as a client. Also, as predicted, the presence of physical abuse was a significant variable in rating the scenario as relationship violence and affected the labeling of the victim, comfort for working with the victim, willingness to accept the victim as a client, and recommendations for shelter and other services. The researchers found that participants' attitudes toward lesbians were unrelated to any ratings. Basow and Thompson (2012) found that workers at domestic violence shelters appropriately view a situation as relationship violence, report comfort in working with the women, and willingness to accept her as a client, and to recommend services.

Experimental vignettes. Most of the studies referenced above (see Basow & Thompson, 2012; Brown & Groscup, 2009; Blasko et al., 2007; Seelau & Seelau, 2005; Brown, 2008; Seelau et al., 2003; Wise & Bowman, 1997) used experimental vignettes for assessing perceptions of same-sex intimate partner violence. Experimental vignettes are used to randomly assign levels of

variables in scenarios. Experimental vignette designs reduce social desirability in responses and examine contextual factors. Sorenson and Thomas (2009) suggest that experimental vignettes are superior forms of research design when assessing norms. Using experimental vignettes when studying intimate partner violence allows researchers to manipulate the characteristics of the victim and perpetrator (Sorenson & Thomas, 2009) and help measure the factors that influence participants' judgments regarding IPV (Pedhazur, & Schmelkin, 1991).

Recommendations from the Literature for Future Research

The review of the literature highlights an area of concern for clinical practice and counselor training programs. Survivors within the lesbian, gay, and bisexual communities experience unique negative consequences from relationship violence (Brown & Groscup, 2009; Murray et al., 2006). To further understand how counselors can address the unique needs of lesbian, gay, and bisexual survivors, researchers must investigate, assess, and address the implications of counselors-in-training perceptions' of same-sex intimate partner violence.

Researchers and clinicians continue to acknowledge the negative consequences homonegativity, heterosexism, counselor bias and attitudes have on IPV survivors in lesbian, gay, and bisexual groups and communities. Unfortunately, there seems to be a disconnect between counselor training programs and counselor preparation for working with LGB survivors. The need for greater skills and knowledge in assessment and intervention of same-sex intimate partner violence is evident by the research presented and reviewed. Methodological limitations and issues pertinent to future research in this area can be addressed by implementing experimental vignettes (Basow & Thompson, 2012; Brown & Groscup, 2009; Blasko et al., 2007; Wise & Bowman, 1997); including measures for assessing modern attitudes regarding lesbian, gay, and bisexual groups and communities (Bidell, 2005); increasing the sample size of

participants; and creating more consistent descriptions for key concepts and ideas (Brown & Groscup, 2009; Sorenson & Thomas, 2009; Seelau & Seelau, 2005).

Counselors will work with survivors of intimate partner violence at some point in their career. An understanding of best practices with opposite-sex and same-sex survivors creates ethical and competent mental health clinicians. Counselor training programs have the obligation and responsibility to prepare counselors for working with all survivors of intimate partner violence. Training programs must focus on education, awareness, and understanding of relationship violence to help reduce the likelihood of misdiagnosis, inappropriate treatment planning, and revictimization. Counselor educators must help facilitate understanding and address biases counselor trainees hold about relationship violence and members of lesbian, gay, and bisexual groups and communities. Self-examination and counselor self-efficacy allow for accurate assessments, appropriate interventions, and support services in situations involving same-sex intimate partner violence (Boysen et al., 2006; Peterman & Dixon, 2003; Dillon & Worthington, 2003).

Summary

This literature review provides substantial rationale, support, and direction for the study described and future research. The purpose of this study was to develop an understanding of how perceptions of same-sex relationships affect counselors'-in-training (CITs) assessments of intimate partner violence. Each of the factors used in the study has been identified in the review of literature. These factors include experimental vignettes and attitude assessment tools. The goal of this study is to examine whether the perceived sexual orientation of a client has an impact on the CITs identification of violence and the CITs identification of victimization and perpetration.

This study assessed how perceptions of same-sex relationship violence are shaped by homonegative attitudes. The next chapter will discuss the methodology used to address the research questions that guided the study.

Chapter Three

Methodology

The purpose of this study was to develop an understanding of how perceptions of same-sex relationships affect counselors'-in-training (CITs) assessments of intimate partner violence (IPV). More specifically, the researcher examined whether the perceived sexual orientation of a client has an impact on counselors'-in-training identification of violence, victimization, and preparation (Blasko et al., 2007). The study assessed how homonegative attitudes shape perceptions of same-sex relationship violence (Morrison & Morrison, 2002). The goal of this study was to contribute to CITs preparation for working with survivors of intimate partner violence who identify as lesbian, gay, and bisexual. The results will inform counselor educators and supervisors how homonegative attitudes of IPV within same-sex relationships guide CITs identification of violence, victimization, and perpetration (Basow & Thompason, 2012; Brown & Groscup, 2009).

This chapter will review the methodology used in the current study including research questions, research design, participant selection, survey procedures, and instrumentation. A thorough description of data collection and analysis is also provided.

The following research questions guided this study:

- 1) How will counselors'-in-training identification of intimate partner violence vary based on the sexual orientation of the non-initiator as measured by the experimental vignette?
- 2) How will counselors'-in-training identification of types of violence, victimization, and perpetration of intimate partner violence vary based on the perceived sexual orientation of the individuals in the relationship as measured by the experimental vignette?

- 3) What is the relationship between counselors'-in-training attitudes toward same-sex relationships, as measured by the Modern Homonegativity Scale, and the identification of violence, power, victimization, and perpetration of intimate partner violence?

Research Design

A quantitative research design was used for this study. Quantitative approaches are most appropriate when seeking to determine causal factors, relationships between variables, and predictive factors (Pedhazur & Schmelkin, 1991). Quantitative designs can help provide large, representative samples and summarize numerical data of trends, attitudes, or opinions of specific populations in ways that are clear and persuasive to readers (Creswell, 2003; Fassinger & Morrow, 2013).

Participants

The research participants were currently enrolled master and doctoral students and recent graduates (2015 academic year) from accredited programs in the southern region of the United States (Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia, and West Virginia). Due to the standardization requirements employed by the Council for Accreditation of Counseling & Related Educational Programs (CACREP, 2015), only graduate programs accredited through this council were included. CACREP is a specialized accreditation that reviews professional counselor preparation programs within institutions of higher education. Holding CACREP accreditation indicates that the quality and content of the graduate program has been evaluated and meets the standards of the counseling profession. This accreditation implies that the development of appropriate knowledge, skills, and training experiences are part of the

curriculum; assurance quality to prospective students, institutional boards, and potential employers.

Students and recent graduates in CACREP-accredited programs provide access to a broad range of graduate level students and new professionals. Therefore, this is an appropriate means of recruitment for the current study. Program contacts for the CACREP-accredited graduate programs were contacted via email requesting dissemination of the recruitment email to prospective participants.

Survey Procedures

The study used a survey research design and collected data by an electronic web-based questionnaire (i.e. Qualtrics). Collecting data using an electronic survey increases efficiency and is of greater convenience for the respondents. Advantages to web-based surveys include reduced response time, lowered cost, ease of data entry, and flexibility of the survey format (Granello & Wheaton, 2004). Unlike other types of self-administered questionnaire, web-based surveys provide a more dynamic interaction between respondent and questionnaire (Dillman, 2000). The web-based survey is a convenient form of participation for the sample population because of access to, and frequent use of, computers in post-secondary educational and clinical environments.

An email was sent to 125 CACREP-accredited graduate program contacts in the southern region of the United States requesting distribution of the recruitment email to students (Appendix A). The recruitment email provided a direct link to the electronic web-based survey. The electronic web-based survey included a description of the study, informed consent regarding participation, procedures, anticipated risks and benefits, confidentiality, and rights of participants (Dillman, 2000). Two follow-up emails were distributed to the participant pool. The use of

follow-up emails can help increase response rates to web-based surveys (Dillman, 2000). Web-based surveys are typically completed within the first few days of contact. Reminders are distributed soon after the invitation to participate in the survey protocol (Granello & Wheaton, 2004). The first follow-up email was sent five days after the initial recruitment email (Appendix B). The second follow-up email was sent five days after the first follow-up email (Appendix C).

An incentive was offered to participants in all recruitment emails regardless of completion of the survey. Offering incentives improves response rates of web-based research studies (Bosnjak & Tuten, 2003; Van Selm & Jankowski, 2006). The researcher used a lottery technique, or prize draw, to select the participants who received the financial incentive. Recruitment emails included a message thanking individuals for their time and consideration of participation in the study. Individuals were asked if they would like to be entered into the lottery to receive one of two Amazon eGift Cards each worth twenty dollars. Individuals who chose to enter the lottery were directed to a webpage where they were asked to provide an email address. The email address was used to contact the participant only if they were selected to receive the financial incentive. Individuals who chose not to enter into the lottery were not asked to disclose an email address. Once data collection was completed, the researcher randomly selected two individuals from the lottery to receive the financial incentive. Selected individuals were notified of receipt of the gift card via the email address they provided (Appendix D).

Ethical Considerations

Participants were able to access the informed consent and electronic web based-survey through the link provided in the recruitment email. Each respondent who chose to participate was asked to acknowledge the consent form prior to beginning the survey (Granello & Wheaton, 2004). The informed consent materials included the following: purpose of the study, participants

rights and responsibilities, review of confidentiality, the potential risks and benefits of participation, and a clear statement that participation was voluntary and that participants could withdraw at any time (Appendix E). Approval of the Institutional Review Board (IRB) at Virginia Tech was secured for all solicitation and selection procedures, for the surveys and instruments used, and for research procedures (Appendix F).

Instrumentation

The following instruments were used to collect data for this quantitative study: an information questionnaire developed by the researcher including demographic and background information, an experimental vignette modified from Blasko et al.'s (2007) study, and the 10-item version of the Modern Homonegativity Scale (MHS; Morrison & Morrison, 2002; Morrison, Kenny, & Harrington, 2005).

Information Questionnaire

The information questionnaire was developed by the researcher to collect demographic information from participants that was used to describe the sample. Demographic questions and professional information was divided into two sections: *Information Questionnaire A* and *Information Questionnaire B*. *Information Questionnaire A* requested age, gender, sexual orientation, and ethnicity/race. Background information requested included: student classification (e.g., current master's degree student, current doctoral degree student, recent graduate, other), and primary area of focus (e.g., community health agency, K-12 school system, private agency, institution of higher education, hospital, other). *Information Questionnaire B* requested information on number of hours of graduate training focused on trauma counseling and interventions, and number of hours of graduate training focused on counseling lesbian, gay, and bisexual clients (Appendix G). It is important to note that due to the potential priming effects,

Information Questionnaire B followed the Modern Homonegativity Scale (MHS) and was last in the order of information presented to participants.

Experimental Vignettes

Experimental vignette designs are used to randomly assign levels of variables within scenarios. Experimental vignettes reduce social desirability in responses to better understand contextual factors (Pedhazur, & Schmelkin, 1991). Using experimental vignettes when studying intimate partner violence allows researchers to manipulate characteristics of the initiator (perpetrator) and non-initiator (victim) of the violence and helps measure the factors that influence participants' judgments regarding intimate partner violence (Sorenson & Thomas, 2009).

A 2 x 2 (sex of the initiator; male vs. female x sex of non-initiator; male vs. female) between-groups factorial design was used in this study. The sex of the individuals described in the incident was manipulated to create four scenarios demonstrating intimate partner violence (e.g. male initiator vs. male non-initiator, male initiator vs. female non-initiator, female initiator vs. male non-initiator, female initiator vs. female non-initiator). See Table 1.

Table 1

2x2 Factorial Design: Experimental Vignette

		Independent Variable 1: Sex of non-initiator (NI)	
		<i>Male (NI)</i>	<i>Female (NI)</i>
Independent Variable 2: Sex of initiator (I)	<i>Male (I)</i>	<u>Vignette A:</u> Male (I) and Male (NI)	<u>Vignette B:</u> Male (I) and Female (NI)
	<i>Female (I)</i>	<u>Vignette C:</u> Female (I) and Male (NI)	<u>Vignette D:</u> Female (I) and Female (NI)

While the sex of both the initiator and non-initiator was manipulated, all other details remained identical across each of the scenarios (Basow & Thompson, 2012; Blasko et al., 2007; Brown & Groscup, 2009; Wise & Bowman, 1997). The scenarios were adapted from Blasko et al.'s (2007) study that examined the prototypical view of practicing Marriage and Family Therapists' (MFT) assessment of domestic violence situations. Blasko et al.'s (2007) study used three relationship types (female same-sex relationship, male same-sex relationship, and opposite-sex relationship with a male initiator). The current study added the fourth relationship type (opposite-sex relationship with a female initiator). The text of the scenario is as follows:

The case of Mary/Bill Jones is assigned to you. Ms./Mr. Jones requested counseling following an incident with her/his partner that left her/him bleeding with a black eye. Mary/Bill, a 28-year-old interior designer, relates her/his story to you. She/he had arrived home late from work, turned on the TV, and then made some phone calls. Approximately 10 min later, her/his intimate partner, Mike/Julie (a sales representative), arrived home from work and became angry because Mary/Bill was on the phone. Mike/Julie yelled that he/she had things to do and that Mary/Bill should make sure she/he gets home on time. Mary/Bill then went into the kitchen to prepare dinner. Mike/Julie followed her/him, grabbed her/him by the arm, slapped her/him, knocked her/him to the floor, and then kicked her/him. Mary/Bill got up and pushed Mike/Julie. Mike/Julie left the house. The next morning, Mary/Bill called the counseling center.

Participants completing the vignettes were asked to complete an 11-item survey adapted from Blasko et al.'s (2007) study. Using a 5-point Likert-type scale of 1 (strongly disagree) to 5 (strongly agree), the participants were asked to indicate their level of agreement that the vignette was an example of intimate partner violence. In addition, participants indicated their level of

agreement on the type of violence (e.g., physical, emotional, and verbal) they perceived, and indicated their level of agreement on the victimization and perpetration within the scenario. Participants were also asked to indicate their level of agreement on the power that the initiator and non-initiator had in the scenario. To maintain consistency among the instruments used in this study, the researcher reversed the direction of the Likert-type scale for the experimental vignette survey items. Blasko et al.'s (2007) study assessed levels of agreement on a scale from 1 (strongly agree) to 5 (strongly disagree). The current study assessed levels of agreement on a scale from 1 (strongly disagree) to 5 (strongly agree). The scores were reversed during analysis of the data.

Modern Homonegativity Scale

The Modern Homonegativity Scale (MHS) measures contemporary negative attitudes toward individuals who identify as lesbian or gay. Contemporary negative attitudes are not based on traditional or moral objections to sexual orientation, but on abstract concerns, such as civil and social justice issues (Morrison & Morrison, 2002; Satcher & Leggett, 2007). The Modern Homonegativity Scale assesses subtle negative attitudes toward individuals who identify as lesbian and gay and may be more representative of how prejudice is expressed currently in society.

The Modern Homonegativity Scale is a 12-item unidimensional instrument with a psychometrically sound reliability coefficient ranging from .85 to .92 (Morrison, Kenny, & Harrington, 2005). Rye and Meaney's (2010) study found similar reliability of the MHS with a Cronbach's alpha ranging from 0.89 to 0.95. Two subscales of the MHS can be used to measure attitudes toward gay men (Modern Homonegativity Scale-Gay Men; Cronbach's alpha = 0.93) and attitudes toward lesbians (Modern Homonegativity Scale-Lesbians; Cronbach's alpha

=0.92). Morrison, Kenny, and Harrington's (2005) findings suggest that the construct validity of the slightly altered 10-item version of the MHS is psychometrically sound and is superior factorially to the 12-item counterpart (Morrison, Kenny, & Harrington, 2005).

The Modern Homonegativity Scale demonstrates convergent and discriminant validity by showing high correlations with other measures of homonegativity, such as the Index of Homophobia (Hudson & Ricketts, 1980) and Attitudes Toward Lesbians and Gay Men (ATLG; Herek, 1998) and moderate correlations with other measures of related constructs, such as the Sexual Orientation Survey (Fisher, 1998), religiosity, and the Beliefs About the Origin of Sexual Orientation scale. The MHS correlates poorly with measures of theoretically unrelated constructs, such as social desirability and self-monitoring (Rye & Meaney, 2010).

The 10-item version of the MHS measures responses on a 5-point Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree). Total scores vary from 10-50, with higher scores indicating greater homonegativity and negative attitudes (Morrison, Kenny, & Harrington, 2005). Examples of questions included on the scale are as follows: (a) Individuals who identify as lesbian should stop shoving their lifestyle down other people's throats; (b) Individuals who identify as lesbian should stop complaining about the way they are treated in society and simply get on with their lives. The researcher updated the language used on the 10-item version MHS to reflect the current societal discourse around LGBTQQI+ issues.

Data Analysis

The following section describes how the data were analyzed. The rationale for each of the chosen analysis methods is explained. Limitations are also discussed.

Research question 1: How will counselors'-in-training identification of intimate partner violence vary based on the sexual orientation of the non-initiator as measured by the experimental vignette?

To address the first research question, descriptive statistics were reported to show level of agreement by respondents with each survey question that identifies a type of violence (e.g. IPV, physical, emotional, verbal, mutual). The mean and standard deviation of each form of violence was reported.

Research question 2: How will counselors'-in-training identification of types of violence, victimization, and perpetration of intimate partner violence vary based on the perceived sexual orientation of the individuals in the relationship as measured by the experimental vignette?

To address the second research question, a one-way between-subjects analysis of variance (ANOVA) was conducted to explore the impact of the relationship type (experimental vignettes) on the counselors' attitudes with regard to the identification of violence (IPV, physical, emotional, verbal, and mutual) victimization, and perpetration. Participants were asked to indicate level of agreement, with ratings ranging from 1 (strongly disagree) to 5 (strongly agree), with whether the non-initiator of the violence was a victim of abuse, a perpetrator of abuse, and whether the non-initiator had more power than the initiator. Participants were also asked to indicate level of agreement, with ratings ranging from 1 (strongly disagree) to 5 (strongly agree), with whether the initiator of the violence was a victim of abuse, a perpetrator of abuse, and whether the initiator had more power than the non-initiator.

Based on the results of other studies (Basow & Thompson, 2012; Blasko et al., 2007; Brown & Groscup, 2009; Brown, 2008; Wise & Bowman, 1997), the researcher predicted

significant main effects on the relationship type and on identification of victim, perpetrator, and attribution of power. In particular, the researcher predicted that study participants would rate the non-initiator in a same-sex relationship as less likely to be a victim and have more power than the non-initiator in an opposite-sex vignette. Additionally, the researcher predicted that the same-sex scenarios would be more likely identified as a mutual abuse when compared to the opposite-sex scenarios.

Research question 3: What is the relationship between counselors'-in-training attitudes toward same-sex relationships, as measured by the Modern Homonegativity Scale, and the identification of violence, power, victimization, and perpetration of intimate partner violence?

To analyze the results for the third research question, five one-way ANOVAs were conducted to see if there were group mean differences in the 10-item version of the Modern Homonegativity Scale (MHS) scores in the four vignettes, and to compare the effect of homonegativity, as measured by the MHS, on identification of violence (IPV, physical, emotional, verbal, and mutual), victimization, and perpetration. Total MHS scores vary from 10-50, with higher scores indicating greater homonegativity and negative attitudes towards individuals who identify as lesbian.

Tukey's HSD post-hoc tests were used to further examine the effects of homonegativity, as measured by the MHS, on identification of violence, victimization, and perpetration. Based on Balsko et al.'s (2007) findings that women experiencing IPV in same-sex relationships are less likely to be perceived as victims, the researcher expected a significant difference between the MHS scores and identification of the victim and perpetrator; the higher the homonegativity score, the

less likely the non-initiator will be identified as a victim and the less likely the initiator will be identified as a perpetrator.

Addressing Limitations

To address potential challenges and minimize limitations from the use of a web-based survey, the researcher piloted the survey link to 4 individuals: two counselors-in-training and two practicing counselors. When instruments and methods are piloted with the population of interest, problems with design implementation and measurement errors may be recognized (Cokley & Awad, 2013; Granello & Wheaton, 2004). The pilot participants were asked to provide general reactions to the survey and feedback on how it might be improved. Each pilot participant was asked to describe the clarity of the survey, length of time to complete the survey, and any issues or errors they may have encountered during the survey process. The researcher made revisions based on the feedback received by the pilot participants.

The use of a self-report questionnaire was a concern and potential limitation to this study. Due to the sensitive and controversial nature of the topics addressed in the study (intimate partner violence and homonegativity), social desirability response bias was a concern and was taken into account when analyzing data. Social desirability response bias occurs when the respondent presents themselves in a favorable light in accordance with socially acceptable beliefs or norms (Bryman, 2004). In the counseling profession, homophobia and negative attitudes towards LGBTQQI+ clients are not consistent with the principles of multicultural counselor competency and ethical practice. Social justice advocacy and equality are standards that counselors learn and discuss during training. Likewise, intimate partner violence can be a sensitive topic that may impact the authenticity of the participants' responses. Additionally, if there are potential negative consequences for admitting true attitudes, beliefs, experiences, or

perceptions related to the questions, respondents may be motivated to respond less truthfully (Pryor, 2004). In regard to the current study, participants may have felt the need to exaggerate acceptance of same-sex relationships, LGBTQQI+ communities and attitudes towards IPV. The researcher ordered the information questionnaires and instruments to help reduce priming effects of the scales used to collect data.

Self-selection of participants and non-response bias were other concerns of the researcher. Although current graduate students and recent graduates from CACREP accredited programs were contacted, individuals who are interested in or knowledgeable of intimate partner violence, or LGB issues, may have chosen to participate, while others who feel uncomfortable with or unknowledgeable may have chosen not to respond. Additionally, over-surveying and recruiting online users, such as graduate students, may have negative impacts on their willingness to participate in web-based surveys (Manfreda, Bosnjak, Berzelak, Haas, & Vehovar, 2006).

Summary

This chapter provides an overview of the methodology, research design, data collection, and data analysis for the current study. A quantitative design was used to examine whether the perceived sexual orientation of a client has an impact on counselors'-in-training identification of violence and identification of victimization and perpetration. The study also assessed how homonegative attitudes shape perceptions of same-sex relationship violence. Respondents were asked to respond to questions on the Information Questionnaire, Experimental Vignette (Blasko et al., 2007), and the 10-item version Modern Homonegativity Scale (Morrison & Morrison, 2002; Morrison, Kenny, & Harrington, 2005). The data collection and analysis processes for

each research question were presented and included descriptive statistics, one-way ANOVAs, and Tukey's HSD post-hoc comparisons. Results are presented in the next chapter.

Chapter Four

Results

This quantitative study was guided by three research questions related to counselor's-in-training perceptions of intimate partner violence in same-sex relationships. In this chapter, the results of the data collection and analysis are reported for each of the research questions:

- 1) How will counselors'-in-training identification of intimate partner violence vary based on the sexual orientation of the non-initiator as measured by the experimental vignette?
- 2) How will counselors'-in-training identification of types of violence, victimization, and perpetration of intimate partner violence vary based on the perceived sexual orientation of the individuals in the relationship as measured by the experimental vignette?
- 3) What is the relationship between counselors'-in-training attitudes toward same-sex relationships, as measured by the Modern Homonegativity Scale, and the identification of violence, power, victimization, and perpetration of intimate partner violence?

The results of the study are reported as guided by each research question. Demographic information of the respondents is also presented in this chapter. Chapter five will include a discussion of the results and the implications for counselor educators, supervisors, and practitioners. The limitations of the study and future directions for research on counselors' perception and understanding of intimate partner violence in LGB relationships is also highlighted.

Instruments

Information Questionnaires

The researcher created two information questionnaires to collect respondent information regarding demographics and experience. Information questionnaire A gathered information on

age, gender, race/ethnicity, level of education, area of focus, and institution type. Information questionnaire B collected information regarding respondents counseling and training experiences, as well as self-identification of sexual orientation.

Experimental Vignettes

Experimental vignettes were used to assess the respondents' perceptions of intimate partner violence. Participants were randomly assigned to one of the four scenarios (Vignette A: male initiator and male non-initiator; Vignette B: male initiator and female non-initiator; Vignette C: female initiator and female non-initiator; Vignette D: female initiator and male non-initiator) depicting intimate partner violence (Blasko et al., 2007). Participants were asked to read the scenario and complete an 11-item survey. Using a 5-point Likert-type scale 1 (strongly disagree) to 5 (strongly agree), the respondents were asked to identify their level of agreement that the vignette was an example of intimate partner violence, to identify their level of agreement on what type of violence (e.g., physical, emotional, and verbal) they perceived, and to identify their level of agreement of victimization and perpetration within the scenario. Participants were asked to identify their level of agreement regarding the power that both the initiator and non-initiator had in the scenario. The Likert-type scale values were reversed to match the other instruments used in the survey. Scores were reverted back to original values for data analysis.

The Modern Homonegativity Scale (MHS)

The 10-item version of the MHS measures contemporary negative attitudes toward individuals who identify as lesbian or gay (Morrison & Morrison, 2002; Morrison, Kenny, & Harrington, 2005). The 10-item version of the MHS contains 10 questions that are rated on a 5-point Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree). Total scores vary from 10-50, with higher scores indicating greater homonegativity and negative attitudes towards

individuals who identify as lesbian or gay. The Cronbach's alpha of the 10 items in the MHS was .93 (N=203), suggesting strong reliability of the items.

Participants

The sample for this study included currently enrolled master and doctoral students and recent graduates (2015 academic year) from 125 CACREP-accredited counseling programs in the southern region of the United States. Respondents were invited to participate in the web-based survey through a recruitment process that included three emails to the CACREP liaison for each program. Faculty members at each institution were asked to forward the email request for participation to their current graduate students and recent graduates.

Survey Responses

Seventeen programs confirmed dissemination of the participation request and provided the number of current students and recent graduates receiving the recruitment email. These programs were located in Arkansas, Florida, Georgia, Louisiana, North Carolina, South Carolina, Texas, and Virginia. The participant pool consisted of 1,720 students and recent graduates, as reported by the faculty who disseminated the participation request. Of that pool, 233 respondents agreed to participate. A thorough review of the responses, missing items, and data cleaning procedures were conducted prior to data analysis. The final sample consisted of 203 respondents, yielding a response rate of 12 percent.

Data Cleaning

The study included two instruments: The experimental vignettes and the MHS. The total scores on each scale were used in the statistical analyses associated with the research questions. To ensure quality of those analyses, participants who did not complete both scales were eliminated from the sample. There were 30 participants who did not complete both scales and

therefore were removed from the sample. Of the 30 who were removed from the sample, 25 respondents completed Information Questionnaire A, but did not complete the experimental vignette and the MHS. The remaining five respondents who were removed completed the experimental vignette survey, but not MHS. Of the 203 remaining respondents, only six omitted items. The omitted items were replaced with the scale mean (Soley-Bori, 2013). Generally, only one item was skipped among the six participants who omitted items.

Description of Sample

The information questionnaires provided rich demographic information regarding educational and personal experiences, and identities of the survey participants. Of the 203 respondents, 177 identified as female (87.2%), 24 identified as male (11.8%), 1 identified as transgender (0.5%) and 1 identified as gender non-conforming (0.5%). Regarding race and ethnicity, 131 of respondents identified as Caucasian (64.5%), 33 identified as African American (16.3%), 16 identified as Hispanic (7.9%), 13 identified as Multiracial (6.4%), 7 identified as Asian (3.4%), and 3 identified as other (unspecified) (1.5%). Ages of respondents ranged from 21 to 76 ($M = 30.9$, $SD = 10.7$). Fourteen respondents did not include their age. Of the 203 respondents that completed the survey, 199 answered the question regarding sexual orientation (4 omitted the question); 175 identified as heterosexual (86.2%), 10 identified as bisexual (4.9%), 3 identified as lesbian (1.5%), 3 identified as gay (1.5%), 2 identified as asexual (1.0%) and 6 identified as other-unspecified (3.0%).

Data collected regarding education, training and counseling experiences highlighted a variety of information. Of the 203 participants, 186 identified as current graduate students; master, educational specialist, and doctoral levels (91.6%) and 17 identified as recent graduates; master, educational specialist, and doctoral levels (8.4%). Respondents represented three areas of

study, although over half identified community mental health as their primary focus (66.5%). Sixty-one participants identified school counseling (30.0%) and 6 identified higher education/student affairs (3%) as their primary area of focus. One respondent omitted this question. Respondents were also asked to identify the type of institution (public, private, or religious) they are currently attending or attended; 122 identified as public (60.1%), 43 identified as private (21.2%), and 38 identified as religious (18.7%).

A majority of respondents (64.5%) reported counseling experience with 2 or fewer clients/students who have been impacted by some form of intimate partner violence. Thirty-six respondents reported 3-5 clients/students (17.7%), and 14 respondents reported the range 6-8 clients/students (6.9%). Fifteen respondents (7.4%) reported working with 12 or more clients/students who have been impacted by some form of IPV. Four respondents (3.5%) omitted this question. Of the 203 respondents, 160 respondents (78.8%) reported 5 hours or fewer of training devoted to learning how to counsel survivors of IPV in their counseling education programs, 37 (18.3%) reported 6 or more hours. Six respondents (2.9%) omitted this question.

One hundred and sixty-one respondents (79.3%) reported working with 5 or fewer clients/students who identify as lesbian, gay, or bisexual, while 23 respondents (11.4%) reported 6 or more clients/students. Nineteen respondents omitted this question. Respondents were asked to indicate the number of hours of training within their counselor-training program that were devoted to learning how to counsel clients who identify as lesbian, gay, or bisexual. One hundred fifty-five respondents (76.4%) reported 5 or fewer hours of specific training in their counseling education programs, while 43 respondents (21.1%) reported 6 or more hours. Five respondents (2.5%) omitted this question. Additionally, 174 respondents (85.7%) reported attending 5 hours or fewer of conference presentations, workshops, or trainings that focused primarily on

counseling clients who identify as LGB, while 25 respondents (12.4%) reported 6 hours or more. Four respondents (1.9%) omitted this question.

Data regarding personal experiences indicated that over a third (35.5%) of respondents reported having 6 or more friends and/or relatives who identify as lesbian, gay, or bisexual, while 61.1% of respondents reported 5 or less. Three percent of the respondents omitted this question. Of the 203 respondents, 174 reported attending 5 hours or fewer of LGB cultural or advocacy events, while 24 reported attending 6 or more hours. Five respondents omitted this question.

Findings

This section is a description of the results of the study as guided by each of the research questions.

Research Question 1: How will counselors'-in-training identification of intimate partner violence vary based on the sexual orientation of the non-initiator as measured by the experimental vignette?

Overall, most respondents were able to appropriately identify all four vignettes as examples of intimate partner violence. Ninety-five percent agreed (strongly agree or agree) that the scenarios were examples of intimate partner violence ($M = 1.28$, $SD = 0.74$) (see Table 2 below). The lower the score, the more agreement that the scenarios were examples of IPV (1 = strongly agree; 5 = strongly disagree). The level of agreement regarding types of violence (physical, emotional, verbal, and mutual) varies between vignette types. Lower scores represent agreement that the scenario was an example of each type of violence. The mean scores for physical violence identification were very similar for all the relationship types, with one exception, the opposite-sex relationship with the male non-initiator ($M = 1.06$, $SD = .23$). This relationship type had the lowest mean score among the four vignettes. The same-sex relationship

vignettes had lower mean scores for verbal and emotional violence compared to the opposite-sex relationship with the female non-initiator. The opposite-sex relationship with a male non-initiator had the lowest mean score for mutual violence, while the same-sex relationship with the female non-initiator had the second lowest mean score. These scores suggest that when the initiator is female, regardless of the gender of the non-initiator, the scenario is more likely identified as mutual violence. Mean scores and descriptive statistics for each form of violence per vignette are reported in Table 3.

Table 2
Descriptive Statistics for IPV identification and Violence Types

Types of Violence	Mean	Std Dev
IPV	1.28	.74
Physical Violence	1.18	.59
Emotional Violence	1.65	.92
Verbal Violence	1.91	1.04
Mutual Violence	2.88	1.33

Note. N = 203. Lower scores indicate more agreement (1 = Strongly Agree; 5 = Strongly Disagree).

Table 3

Means (and Standard Deviations) for Identification of Violence Type for each Vignette

Types of Violence	Vignette A	Vignette B	Vignette C	Vignette D
Physical Violence	1.22 (.69)	1.20 (.63)	1.06 (.23)	1.24 (.69)
Emotional Violence	1.53 (.91)	1.80 (1.00)	1.56 (.88)	1.69 (.90)
Verbal Violence	1.80 (1.04)	1.92 (1.02)	1.96 (1.06)	1.84 (.97)
Mutual Violence	2.98 (1.27)	3.22 (1.35)	2.43 (1.30)	2.88 (1.32)

Note. Vignette A, N = 49; Vignette B, N = 51; Vignette C, N = 54; Vignette D, N = 49. Lower scores indicate more agreement (1 = Strongly Agree; 5 = Strongly Disagree).

Research Question 2: How will counselors'-in-training identification of types of violence, victimization, and perpetration of intimate partner violence vary based on the perceived sexual orientation of the individuals in the relationship as measured by the experimental vignette?

A one-way between-subjects analysis of variance (ANOVA) was conducted to compare the effect of relationship type (vignettes) on identification of violence (IPV, physical, emotional, verbal, and mutual), victimization, and perpetration. Analysis indicated that there is a significant difference between relationship type and the identification of mutual violence, identification of the initiator as the victim, and identification of the non-initiator as the perpetrator. The ANOVA revealed a significant effect of relationship type on identification of mutual violence [$F(3, 199) = 3.69, p = .01$], identification of the initiator as the victim [$F(3, 199) = 5.99, p = .00$], and identification of the non-initiator as the perpetrator [$F(3, 199) = 5.24, p = .00$]. Levene's test revealed no significant differences in variance between groups.

A post-hoc test was administered to further explore the effects of relationship type (vignettes) on identification of mutual violence, identification of the initiator as the victim, and identification of the non-initiator as the perpetrator by comparing each vignette with the other vignettes. Due to unequal group sizes for the experimental vignettes (Vignette A; N= 49, Vignette B; N= 51, Vignette C; N=54, Vignette D; N=49), Tukey's HSD test was selected for the post hoc comparisons.

For identification of mutual violence, the post-hoc comparisons indicated that the mean score for Vignette C (female initiator and male non-initiator) ($M = 2.43$, $SD = 1.29$) was significantly less than Vignette B (male initiator and female non-initiator) ($M = 3.25$, $SD = 1.30$). Lower scores indicate more agreement (Strongly Agree or Agree) that the scenario was an example of mutual violence. When identifying the initiator as the victim, the post hoc comparisons indicated that the mean score for Vignette D (female initiator and female non-initiator) ($M = 3.20$, $SD = 1.29$) was significantly lower than Vignette A (male initiator and male non-initiator) ($M = 4.02$, $SD = 1.01$), and Vignette B (male initiator and female non-initiator) ($M = 4.14$, $SD = 1.09$). Likewise, when identifying the non-initiator as the perpetrator, the post hoc comparisons indicated that the mean score for Vignette D (female initiator and female non-initiator) ($M = 3.31$, $SD = 1.23$), was significantly lower than Vignette A (male initiator and male non-initiator) ($M = 3.94$, $SD = .97$) and Vignette B (male initiator and female non-initiator) ($M = 4.20$, $SD = 1.11$).

Research Question 3: What is the relationship between counselors'-in-training attitudes toward same-sex relationships, as measured by the Modern Homonegativity Scale, and the identification of violence, power, victimization, and perpetration of intimate partner violence?

To prepare the data for analysis, the researcher separated the total MHS scores into evenly distributed quartiles to complete extreme group comparisons. Scores were distributed into four percentiles (percentile 1 = 10 - 12; percentile 2 = 13-18; percentile 3 = 19-24; and percentile 4 = 25 – 46). Descriptive statistics for total MHS scores are in Table 4. Total scores for the MHS vary from 10-50, with higher scores indicating greater homonegativity and negative attitudes towards individuals who identify as lesbian and gay.

Table 4
Descriptive Statistics for Modern Homonegativity Scales (MHS) Scores Percentiles

Percentiles	Mean	Std Dev
Percentile 1 (10 – 12)	10.57	0.78
Percentile 2 (13 – 18)	15.23	1.84
Percentile 3 (19 – 24)	21.33	1.86
Percentile 4 (24 – 46)	31.80	5.91

Note. Percentile 1, N = 51; Percentile 2, N = 57; Percentile 3, N = 45; Percentile 4, N = 50

A one-way between-subjects ANOVA was conducted to see if there were group mean differences in the total Modern Homonegativity Scale (MHS) percentiles among the four different vignettes, and to compare the effect of homonegativity, as measured by the MHS, on identification of violence (IPV, physical, emotional, verbal, and mutual), victimization, and perpetration.

The ANOVA did not reveal a significant difference in means for total MHS scores and vignette types. Likewise, there was not a significant difference in means for total MHS scores when compared to identification of violence, victimization, and perpetration. It appears that

higher scores on the MHS do not influence a counselor’s perception of identification of violence, victimization, and perpetration regardless of the relationship type.

The ANOVA did reveal a significant difference in means for total MHS scores and the type of institution the respondents attend [$F(2, 200) = 8.19, p = .00$]. Levene’s test revealed no significant differences in variance between groups. The Tukey’s HSD test indicated that the total MHS mean scores for respondents that identified attending public institutions ($M = 2.24, SD = 1.04$) was significantly lower than the total MHS mean scores for respondents that identified attending religious affiliated institutions ($M = 3.03, SD = 1.08$). It appears that respondents who reported attending public institutions hold less homonegative attitudes, as measured by the MHS, than respondents who reported attending religious affiliated institutions.

To further explore if there were group mean differences in MHS scores and vignette types, the researcher analyzed the MHS mean scores for each vignette and compared the effect of homonegativity, as measured by the MHS, on identification of violence (IPV, physical, emotional, verbal, and mutual), victimization, and perpetration within each relationship type.

Similar to the total MHS scores percentiles above, the researcher separated the MHS scores from each vignette into quartiles that were more evenly distributed in order to complete extreme group comparisons. Descriptive statistics for the vignette quartiles are in Table 5.

Table 5
Means (and Standard Deviations) for Modern Homonegativity Scale (MHS)
Scores per Vignette

Vignette	<i>M (SD)</i>	Percentile 1	Percentile 2	Percentile 3	Percentile 4
Vignette A	18.80 (9.41)	10 – 11	12 – 16	17 – 23	24 – 46
Vignette B	20.67 (7.88)	10 – 13	14 – 20	21 – 26	27 – 38
Vignette C	19.11 (9.12)	10 – 12	13 – 16	17 – 23	24 – 43
Vignette D	19.90 (7.95)	10 – 13	14 – 18	19 – 24	25 – 42

Note. Vignette A, N = 49; Vignette B, N = 51; Vignette C, N = 54; Vignette D, N = 49

A one-way between-subjects ANOVA was conducted to see if there were group mean differences in the Modern Homonegativity Scale (MHS) percentiles among each of the four vignettes, and to compare the effect of homonegativity, as measured by the MHS, on identification of violence (IPV, Physical, Emotional, Verbal, and Mutual), victimization, and perpetration. The ANOVA for Vignette B (male initiator and female non-initiator) and Vignette D (female initiator and female non-initiator) revealed significant differences in the MHS mean scores and identification of violence, perpetration, and attribution of power.

For Vignette B (male initiator and female non-initiator), the ANOVA revealed a significant difference in means for MHS scores and the level of agreement that the non-initiator had more power than the initiator in the scenario [$F(3,47) = 2.80, p = .05$]. The Levene's test of homogeneity of variances did show a significant difference in variance between groups. A Welch robust test of equality of means revealed that with the adjusted F value there was not a statistically significant difference in means for MHS scores and the level of agreement that the non-initiator had more power than the initiator in Vignette B [$F(3, 24) = 1.51, p = .24$].

For Vignette D (female initiator and female non-initiator), the analysis revealed a significant difference in means for MHS scores on identification of mutual violence [$F(3,45) = 4.90, p = .01$], and identification of the non-initiator as the perpetrator [$F(3, 45) = 3.35, p = .03$]. Levene's test of homogeneity of variances revealed no significant differences in variance between groups for identification of violence and perpetration. Post hoc tests were selected to further explore the effects of homonegativity, as measured by the MHS, on identification of mutual violence and identification of the non-initiator as the perpetrator for Vignette D (female initiator and female non-initiator) by comparing each percentile with the other percentile. A

Tukey's HSD test was selected for the post hoc comparisons. For the identification of mutual violence for Vignette D (female initiator and female non-initiator), the post hoc comparisons indicated that the MHS mean score for percentile 4 (25 – 42) ($M = 2.00$, $SD = 1.18$) was significantly greater than percentile 1 (10 – 13) ($M = 3.31$, $SD = 1.44$) and percentile 3 (19 – 24) ($M = 3.62$, $SD = .65$). Interestingly, the mean score for percentile 2 (scores between 14-18) was not significantly different ($M = 2.42$, $SD = 1.31$) from percentile 4. Perhaps inflation of accepting attitudes and beliefs towards lesbian and gay individuals on the MHS can be attributed to this finding. It appears that the level of homonegative attitudes has an impact on identification of mutual abuse in the female same-sex relationship scenario. The respondents with greatest homonegative attitudes, as measured by the MHS, agreed significantly more than the respondents with least homonegative attitudes that the scenario was an example of mutual violence.

When identifying the non-initiator as the perpetrator for Vignette D (female initiator and female non-initiator), the post hoc comparisons indicated that the MHS mean score for percentile 4 (25 – 42) ($M = 2.73$, $SD = 1.27$) was significantly greater than percentile 1 (10 – 13) ($M = 4.08$, $SD = 1.19$). The respondents with the highest levels of homonegative attitudes, as measured by the MHS, agreed significantly more than the respondents with the least homonegative attitudes that the female non-initiator in the same-sex scenario was also a perpetrator.

The ANOVA for Vignette A (male initiator and male non-initiator) and Vignette C (female initiator and male non-initiator) did not reveal significant differences in means for MHS scores and relationship type. Additionally, there were no significant differences in means for MHS scores when compared to identification of violence, victimization, and perpetration for either vignettes. It appears that higher scores on the MHS did not influence a counselor's

perception of identification of violence, victimization, and perpetration within the same-sex male relationship and the opposite-sex (male victim) relationship. It is interesting to note that the initiators and non-initiators in these vignettes are not traditional examples of relationship violence.

Summary

There were several key findings from this study of counselors'-in-training (CITs) perceptions of intimate partner violence in same-sex relationships. First, CITs were able to appropriately identify all four vignettes as examples of intimate partner violence. However, the identification of violence types varied based on the vignette type.

Second, data analysis indicated that relationship type influences the counselors' identification of mutual violence, identification of the initiator as the victim, and identification of the non-initiator as the perpetrator. Respondents agreed the vignette with the female initiator and male non-initiator was an example of mutual abuse. In the vignette with the male initiator and female non-initiator respondents did not identify mutual abuse. Respondents were more likely to identify the initiator as the victim in the vignette with the female initiator and female non-initiator as compared to the vignettes with male initiators. Respondents were more likely to identify the non-initiator as the perpetrator in the vignette with the female initiator and female non-initiator as compared to the vignettes with male initiators.

Finally, there were group mean differences in the Modern Homonegativity Scale (MHS) percentiles for the female initiator and female non-initiator vignette in regard to identification of mutual violence and perpetration. Respondents with higher homonegative attitudes, as measured by the MHS, agreed significantly more than the respondents with lower homonegative attitudes that the scenario was an example of mutual violence. Respondents with the highest levels

homonegative attitudes, as measured by the MHS, agreed significantly more than the respondents with the least homonegative attitudes that the female non-initiator in the same-sex scenario was also a perpetrator. Additionally, analysis suggested total MHS mean scores of respondents who reported attending public institutions were significantly lower than the total MHS mean scores of respondents who reported attending religious affiliated institutions.

In the final chapter, implications of the results are discussed. The researcher highlights potential impacts for counselor educators and supervisors regarding training for working with LGB survivors of IPV. Limitations of the study and future directions for research on counselors' perception and understanding of intimate partner violence are also considered.

Chapter 5

Discussion

In this chapter, the results of the study are discussed. An overview of the study and purpose are presented. The results are reviewed and examined for each of the research questions. Limitations of the study are considered and recommendations for future research are included. Implications for the counseling profession, particularly counselor educators and supervisors, are reviewed.

Overview of the Study

Understanding and recognizing the complexities of intimate partner violence (IPV) are critical for providing appropriate care and support for survivors. Counseling professionals must be able to accurately assess same-sex IPV, create appropriate treatment plans, and access LGBTQQI+ affirmative resources for survivors. Unfortunately, research on counselors'-in-training (CITs) suggest homonegativity, heterosexual bias, and inadequacies in preparedness for working with lesbian, gay, and bisexual clients (Boysen et al., 2006). Additionally, researchers have found that counselors are not adequately prepared for working with LGB survivors of intimate partner violence. Lack of training, heterosexism, and lack of societal understanding of intimate partner violence may influence CITs perceptions of same-sex relationship violence (Boysen, et al., 2006; Lidderdale, 2003; Kulkin, et al., 2007). The researcher sought to determine whether relationships exist between heterosexual bias as expressed by modern homonegativity and perceptions of intimate partner violence when working with lesbian, gay, and bisexual clients.

The purpose of the study was to develop an understanding of how perceptions of same-sex relationships affect counselors'-in-training assessments of intimate partner violence. The

researcher examined whether the sexual orientation of a client has an impact on CITs identification of violence, identification of victimization and perpetration (Blasko et al., 2007), and how homonegative attitudes shape perceptions of same-sex relationship violence (Morrison & Morrison, 2002; Morrison, Kenny, & Harrington, 2005).

Descriptive Data

The researcher created two information questionnaires to collect respondent information regarding demographics and experiences. *Information Questionnaire A* gathered information on age, gender, race/ethnicity, level of education, area of focus, and institution type. *Information Questionnaire B* collected information regarding respondents counseling and training experiences, as well as personal background information. Descriptive information provides insight into the specific demographics of the respondents, and information regarding counseling experiences and trainings is relevant to the findings and will be discussed further.

Training and Education

A majority of respondents (59%) reported 2 hours, or fewer, of training devoted to learning how to work with survivors of IPV in their counseling education programs. Likewise, 71% of the respondents reported attending 2 hours, or fewer, of additional presentations, workshops, and trainings focused primarily on counseling survivors of IPV. These percentages are alarmingly low, especially with the national pervasiveness of relationship violence (NISVS, 2010) and the emotional and traumatic implications of victimization (Black et al., 2011).

With the focus on diversity, inclusion, and the ethical obligation of multicultural competencies for the counseling profession, it seems that more hours of training specifically devoted to working with clients who identify as lesbian, gay, or bisexual was reported in counselor education programs. Seventy-six percent of the respondents reported 5 hours (or

fewer) of specific training in their counseling education programs. Additionally, 86% of respondents reported attending 5 hours (or fewer) of conference presentations, workshops, or trainings that focused primarily on counseling clients who identify as LGB.

Identification of Intimate Partner Violence and Types of Violence

Identification of intimate partner violence and types of violence was measured using experimental vignettes adapted from Blasko's et al. (2007) study. The respondents for the current study had an overall mean score of 1.28 ($SD = .735$), on a scale from 1 to 5, with the lower scores indicating stronger agreement that the scenarios are examples of IPV. Of the 203 respondents for the study, 95% agreed ("strongly agree" or "agree") that the vignettes described relationship violence. Regarding the specific violence type, a majority of respondents agreed ("strongly agree" or "agree") that the scenarios were examples of physical violence (98%), emotional violence (88%), and verbal violence (79%). The level of agreement regarding mutual violence ($M = 2.88$, $SD = 1.33$) appears to vary with 44% of respondents agreeing ("strongly agree" and "agree") and 41% of respondents disagreeing ("strongly disagree" and "disagree") that the scenarios are examples of mutual violence.

Intimate Partner Violence and Vignette Type

After breaking down the mean scores of identification of IPV based on vignette type, [Vignette A (male initiator and male non-initiator), $M = 1.35$, $SD = .80$; Vignette B (male initiator and female non-initiator), $M = 1.29$, $SD = .78$; Vignette C (female initiator and male non-initiator), $M = 1.13$, $SD = .34$; Vignette D (female initiator and female non-initiator), $M = 1.29$, $SD = .74$] the respondents mean scores are comparable to Blasko's et al (2007) findings of marriage and family therapists' (MFTs) identification of IPV among three different vignette types (Gay, $M = 1.13$; Heterosexual, $M = 1.07$; Lesbian, $M = 1.05$). While the mean scores are

comparable, the respondents of the current study had slightly higher mean scores for the level of agreement of intimate partner violence. Higher mean scores represent less agreement that the scenarios were examples of relationship violence. Similarly, the vignettes mean scores for identification of violence type (physical, emotional, verbal, and mutual) for the current study are similar to Blasko's et al (2007) findings.

Physical Violence. For physical violence, Vignette A (male initiator and male non-initiator) had a mean score of 1.22 ($SD = .69$), Vignette B (male initiator and female non-initiator) had a mean score of 1.20 ($SD = .63$), Vignette C (female initiator and male non-initiator) had a mean score of 1.06 ($SD = .23$), and Vignette D (female initiator and female non-initiator) had a mean score of 1.24 ($SD = .69$), as comparable to Blasko's et al. vignette types (Gay, $M = 1.18$; Heterosexual, $M = 1.07$; Lesbian, $M = 1.13$).

Emotional Violence. For emotional violence identification, Vignette A (male initiator and male non-initiator) had a mean score of 1.53 ($SD = .92$), Vignette B (male initiator and female non-initiator) had a mean score of 1.80 ($SD = 1.00$), Vignette C (female initiator and male non-initiator) had a mean score of 1.56 ($SD = .88$), and Vignette D (female initiator and female non-initiator) had a mean score of 1.69 ($SD = .90$), as comparable to Blasko's et al vignette types (Gay, $M = 1.53$; Heterosexual, $M = 1.32$; Lesbian, $M = 1.58$).

Verbal Violence. With regard to identification of verbal violence, mean scores for vignette types for the current study are as follows: Vignette A (male initiator and male non-initiator), $M = 1.80$, $SD = 1.04$; Vignette B (male initiator and female non-initiator), $M = 1.92$, $SD = 1.02$; Vignette C (female initiator and male non-initiator), $M = 1.96$, $SD = 1.06$; Vignette D (female initiator and female non-initiator), $M = 1.84$, $SD = .97$. In Blasko's et al. findings, mean

scores for identification of verbal violence across the vignette types were similar (Gay, $M = 2.03$, $SD = 1.17$; Heterosexual, $M = 1.81$, $SD = 1.13$; Lesbian, $M = 1.97$, $SD = 1.12$).

Mutual Violence. For mutual violence identification, the mean score for Vignette A (male initiator and male non-initiator) was 2.98 ($SD = 1.27$), Vignette B (male initiator and female non-initiator) was 3.22 ($SD = 1.35$), Vignette C (female initiator and male non-initiator) was 2.43 ($SD = 1.30$), and Vignette D (female initiator and female non-initiator) was 2.88 ($SD = 1.32$), as comparable to Blasko's et al. vignette types (Gay, $M = 2.55$; Heterosexual, $M = 3.04$; Lesbian, $M = 2.22$).

Although the mean scores of violence identification per vignette are comparable to Blasko's et al. (2007) findings, the respondents of the current study had slightly higher mean scores for the level of agreement regarding physical, emotional, and mutual violence. Again, higher mean scores signify less agreement that the vignettes were examples of physical, emotional, and mutual violence. This may indicate differences in IPV training and education between disciplines, as well as level of clinical experience among the respondents.

Similar to previous research (Blasko et al., 2007; Brown & Groscup, 2009; Dudley et al., 2008), the current findings suggest that counselors'-in-training demonstrate the ability to appropriately identify intimate partner violence, specifically physical, verbal, and emotional violence in the experimental vignettes. Appropriate identification of relationship violence is critical for providing competent and ethical assessment, treatment, and safety planning with survivors (Kulkin et al., 2007).

Identification of Types of Violence, Victimization, and Perpetration of IPV Based on the Relationship Type

An ANOVA was used to compare the effect of relationship type (vignettes) on identification of violence (IPV, Physical, Emotional, Verbal, and Mutual), victimization, and perpetration. The ANOVA revealed that the level of agreement regarding identification of mutual violence was significantly different based on the relationship type portrayed in the vignette. The post hoc test indicated that respondents' level of agreement of mutual violence was greater for Vignette C (female initiator and male non-initiator) when compared to Vignette B (male initiator and female non-initiator). The scenario with a female initiator and male non-initiator of violence was more often identified as an example of mutual violence, when compared to the scenario with a male initiator and female non-initiator.

As expected, there was a difference between relationship types and identification of mutual violence. Surprisingly, the differences appeared among the opposite-sex relationships, not the same-sex relationships. This may indicate that for the respondents in the current study, the gender of the initiator and non-initiator may impact the perception of the violence more than the sexual orientation. These findings support Seelau and Seelau's (2005) belief that the gender of the victim (non-initiator), not the sexual orientation, was the most compelling predictor of responses. Assumptions of gender-norms and gender-roles may have significant impacts on respondents' perceptions of violence.

The researcher also believes the current findings reflect the impact of heteronormativity. Heteronormative beliefs categorize aspects of identity, particularly gender and sexuality, into hierarchical binaries, where being male is seen as opposite and superior to female, and opposite-sex relationships are seen as opposed and superior to same-sex relationships (Gray, 2011). Future research on perceptions of same-sex relationship violence should include assessments of gender-norms and heteronormative beliefs of CITs to further explore this phenomenon.

The ANOVA also revealed that the level of agreement for identifying the initiator as a victim was significantly different based on the relationship type described in the vignette. The post hoc test revealed that respondents' level of agreement that the initiator was a victim was greater for Vignette D (female initiator and female non-initiator) when compared to Vignette A (male initiator and male non-initiator) and Vignette B (male initiator and female non-initiator). The initiator was more often identified as a victim of violence in the scenario with a female initiator and female non-initiator, when compared with the scenarios with male initiators regardless of the gender of the non-initiators.

The ANOVA indicated that the level of agreement for identifying the non-initiator as a perpetrator of violence was significantly different based on the relationship type described in the vignette. The post hoc test revealed that respondents' level of agreement that the non-initiator was a perpetrator of violence was greater for Vignette D (female initiator and female non-initiator) when compared to Vignette A (male initiator and male non-initiator) and Vignette B (male initiator and female non-initiator). The non-initiator was more often identified as a perpetrator in the scenario with a female initiator and female non-initiator of violence, when compared with the scenarios with male initiators regardless of the gender of the non-initiators.

These findings are consistent with the findings from previous research (Basow & Thompason, 2012; Blasko et al., 2007; Brown & Groscup, 2009; Brown, 2008; Wise & Bowman, 1997). The type of relationship effects the identification of a victim and a perpetrator. The female same-sex relationship had the most variability in identification of victimization and perpetration. For example, while the initiator in the female same-sex relationship was identified as the perpetrator, they were also identified as a victim more frequently than in the opposite-sex relationship. While the non-initiator in the female same-sex relationship was identified as the

victim, they were also identified as a perpetrator of violence more often than in opposite-sex relationships. Respondents in the current study attributed more responsibility of violence to female victims when the perpetrator was also female. These findings support previous research (Blasko, et al., 2007; Seelau & Seelau, 2005) that suggest women experiencing IPV in same-sex relationships are less likely to be perceived as victims than to women in opposite-sex relationships.

These findings suggest that relationship type impacts identification of victimization and perpetration. In addition, these findings suggest that heteronormative gender-roles also impact the identification of victim, perpetrator, and mutual abuse. Seelau and Seelau (2005) argued that the sex of the victim was the most compelling predictor of responses, not the type of relationship or perceived sexual orientation. They suggested that respondents who ascribe to heteronormative gender-roles might believe that female perpetrators of violence must be provoked or triggered to engage in violent or aggressive behaviors, which are stereotypically male characteristics. Ascribing to traditionally female gendered roles may lead to the minimization of violence when the perpetrator is female (Seelau & Seelau, 2005). Future research should explore how heteronormativity and traditional gender-roles, in addition to homonegativity, shape CIT's perceptions and beliefs of intimate partner violence.

Attitudes Towards Same-Sex Relationships and Identification of Violence, Victimization, and Perpetration of IPV

To prepare the data for analysis, the researcher separated the total Modern Homonegativity Scale (MHS) scores into evenly distributed quartiles to complete extreme group comparisons. Scores were distributed into four percentiles (percentile 1 = 10-12; percentile 2 = 13-18; percentile 3 = 19-24; and percentile 4 = 25-46). Total scores for the 10-item version of the

MHS vary from 10-50, with higher scores indicating greater homonegativity and negative attitudes towards individuals who identify as lesbian or gay (Morrison & Morrison, 2002; Morrison, Kenny, & Harrington, 2005). Respondents from the current study had total MHS scores varying from 10-46.

In spite of the focus by the counseling profession on multicultural competencies, ethical standards, and best practices reflecting acceptance, affirmation, and nondiscrimination of individuals who identify as LGBTQQI+ (ACA, 2005; Whitman & Bidell, 2014), high negative attitudes towards individuals who identify as lesbian or gay were reported, as measured by the MHS. While the mean for the total MHS scores was 19 (out of a possible arrange between 10-50), the mean score for MHS percentile 4 (scores between 24 - 46) was 32. Percentile 4 had 50 respondents, which means that 25 respondents (12%) scored at least 32, or higher, on the MHS suggesting high homonegativity. What is even more alarming is that 76 % of the respondents reported 5 hours (or fewer) of specific training in their counseling education programs and 86% of respondents reported attending 5 hours (or fewer) of conference presentations, workshops, or trainings that focused primarily on counseling clients who identify as LGB and yet, there were 50 respondents who scored between 24-46 on the MHS.

There is the possibility that respondents overestimated the amount of time spent in trainings, workshops, receiving specific curriculum regarding LGB issues. CACREP-accredited training programs have specific educational standards regarding counselors' cultural self-awareness, eliminating biases and prejudices, and obtaining appropriate skills for working with diverse individuals, groups, and communities (CACREP, 2009). It is plausible that social desirability bias impacted the respondents' self-report. Future research could help reduce social

desirability bias by incorporating open-ended questions (qualitative elements) regarding training and experience level.

An ANOVA was conducted to see if there were group mean differences in the total Modern Homonegativity Scale (MHS) percentiles between the four different vignettes, and to compare the effect of homonegativity, as measured by the MHS, on identification of violence (IPV, physical, emotional, verbal, and mutual), power of initiator, victimization, and perpetration. The analysis did not reveal a significant difference in means for MHS scores and vignette types. There was not a significant difference in means for MHS scores when compared to identification of violence, victimization, and perpetration. The researcher expected to find a significant difference between the MHS and identification of the victimization and perpetration of violence. Surprisingly, this was not supported in the current study. These findings are a positive outcome because counselor educators strive to reduce CITs negative attitudes and beliefs towards individuals who identify as lesbian and gay and promote affirming and accepting attitudes towards LGBTQAQI+ individuals and communities. Social desirability bias might have impacted the respondents' self-report regarding attitudes toward individuals who identify as lesbian or gay. The respondents may have underreported negative attitudes and beliefs regarding individuals who identify as lesbian or gay.

Relationship Types and Homonegativity

To further explore if there were group mean differences in MHS scores and relationship types, the researcher analyzed the MHS mean scores for each vignette and compared the effect of homonegativity, as measured by the MHS, on identification of violence (IPV, physical, emotional, verbal, and mutual), victimization, and perpetration within each experimental vignette. The researcher separated the MHS scores from each vignette into quartiles that were

evenly distributed to complete extreme group comparisons. Scores were distributed to four percentiles for each vignette (Vignette A: *percentile 1* = 10 - 12, *percentile 2* = 12 - 16, *percentile 3* = 17 - 23, *percentile 4* = 24 - 46; Vignette B: *percentile 1* = 10 - 13, *percentile 2* = 14 - 20, *percentile 3* = 21 - 26, *percentile 4* = 27 - 36; Vignette C: *percentile 1* = 10 - 12, *percentile 2* = 13 - 16, *percentile 3* = 17 - 23, *percentile 4* = 24 - 43; Vignette D: *percentile 1* = 10 - 13, *percentile 2* = 14 - 18, *percentile 3* = 19 - 24, *percentile 4* = 25 - 42. Again, respondents from the current study had total MHS scores varying from 10-46 out of 50.

An ANOVA did reveal significant differences in means for the MHS percentiles among 1 of the 4 vignettes on identification of violence and perpetration. The analysis for Vignette D (female initiator and female non-initiator) indicated significant differences in the MHS percentiles means and the identification of mutual violence. Post-hoc tests revealed that respondents in MHS percentile 4 had significantly greater levels of agreement that the scenario was an example of mutual violence than respondents in MHS percentile 1 and MHS percentile 3. Homonegative attitudes have an impact on the identification of mutual abuse in the female same-sex relationship scenario. Respondents with the greatest homonegative attitudes, as measured by the MHS, agreed more than the respondents with least homonegative attitudes that the scenario was an example of mutual violence. These findings are consistent with previous research (Brown and Groscup, 2009; Wise and Bowman, 1997) that negative attitudes and bias impact perceptions of relationship violence in lesbian partnerships.

The mean score of MHS percentile 2 ($M = 2.42$) was not significantly different from MHS percentile 4 ($M = 2.00$) and, in fact, the mean scores were very similar. There was only a .42 difference between the two means, while percentile 1 and percentile 3 had a difference of .89 and 1.20 between the mean of percentile 2. Perhaps respondents inflated their acceptance of

lesbian and gay individuals on the MHS, therefore scoring lower on the MHS, yet still agreeing that the scenario was an example of mutual abuse. Unconscious bias and heteronormative gender roles may have impacted the respondents' level of agreement that the scenario was an example of mutual violence. These findings support previous findings that lesbian relationships tend to be misidentified as mutual battering and considered less serious (Blasko, et al., 2007; Seelau & Seelau, 2005).

Additionally, the analysis for Vignette D (female initiator and female non-initiator) indicated significant differences in the MHS percentiles means and identifying the non-initiator as a perpetrator. The post-hoc test revealed that the respondents in percentile 4 identified the non-initiator as a perpetrator of violence significantly more than the respondents in percentile 1. The respondents with the highest homonegative attitudes, as measured by the MHS, agreed more often than the respondents with the least homonegative attitudes, that the non-initiator was also a perpetrator. These findings suggest that negative attitudes towards lesbian and gay individuals have an impact on the respondents' identification of perpetration in the female same-sex relationship. Again, these findings support previous research (Connell & Messerschmidt, 2005; Blasko, et al., 2007; Prospero, 2008) that suggest victims of relationship violence who identify as lesbian may be attributed more responsibility, blame, or for instigating the abuse. To attribute responsibility of victimization onto the victim of abuse by also identifying them as perpetrator, not only incorrectly shifts the responsibility and blame to the person being victimized, but may minimize the violence experienced.

The researcher speculates that individuals who hold negative attitudes and beliefs towards individuals who identify as lesbian or gay, may also have more traditional beliefs regarding gender-roles, heteronormativity, and victim-blaming attitudes. For example, Herek

(2000) found that sexist and traditionally masculine attitudes held by society result in greater overall levels of negative attitudes (or *sexual prejudice*) toward lesbian, gay, and bisexual individuals and communities (Herek, 2000). Barron, Struckman-Johnson, Quevillon, and Banka (2008) found that hypermasculinity, which is described as endorsement of traditional gender roles and sexist attitudes, impacts perception of individuals who identify as gay more negatively (Barron, Struckman-Johnson, Quevillon, & Banka, 2008).

Institutions Attended by the Respondents and MHS Scores

The ANOVA also revealed a significant difference in means for MHS scores and the type of institution the respondents attend. The post-hoc test indicated that the MHS mean scores of respondents that reported attending public institutions was significantly lower than the MHS mean scores of respondents that reported attending religious affiliated institutions. Respondents that reported attending public institutions for counseling training had lower levels of negative attitudes towards individuals who identify as lesbian or gay than respondents that reported attending religious affiliated institutions.

There are a number of potential interpretations of this finding. First, non-religiously affiliated institutions may be perceived as being more welcoming for LGBTQQI+ individuals and in turn lead to more exposure and less negativity among students. Research suggests that extended close contact with a social group is associated with lower unconscious bias toward that group (Aberson, Shoemaker, & Tomolillo, 2004). In fact, immersion and interethnic contact are common approaches used to reduce unconscious bias in counselor education programs (Boysen, 2010).

Additionally, religious institutions may attract individuals who hold religious beliefs that endorse negative beliefs or attitudes towards LGBTQQI+ individuals and communities. While

the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2009) has specific educational standards regarding counselors' cultural self-awareness, eliminating biases and prejudices, and obtaining appropriate skills for working with diverse individuals and communities, these standards may not be implemented effectively to address issues of bias and discrimination.

Limitations

As with any research, there are some factors beyond the researcher's control, which may create limitations or context for interpreting the findings. First, it is worth acknowledging the impact of social desirability response bias on self-report questionnaires. Respondents who participated in the current study may have presented themselves, or their attitudes, favorably and consistent with professional norms and expectations (Bryman, 2004). Respondents may have felt the need to exaggerate acceptance of same-sex relationships, LGBTQQI+ related issues, and attitudes towards intimate partner violence. The level of training and education around issues of LGBTQQI+ may have been exaggerated to express inflated levels of experience and competency.

While the order of survey materials was designed to reduce priming effects, self-selection bias is a limitation of self-report surveys and quantitative methods. Although current graduate students and recent graduates from CACREP-accredited programs were recruited for participation, individuals interested in or knowledgeable of intimate partner violence, or LGB issues, may have chosen to participate, while others who felt uncomfortable with or unknowledgeable may have chosen not to respond. Self-selection may also account for respondents that chose not to complete the remaining survey materials after reading and completing the experimental vignette. Incorporating qualitative elements into future studies may

help capture additionally detailed information and factors that impact perceptions of same-sex relationship violence.

Implications

This study assessed how perceptions of same-sex relationships affect counselors'-in-training (CITs) identification of intimate partner violence. Specifically, how the perceived sexual orientation of a client impacts the CITs identification of violence, perception of victimization and perpetration, and how perceptions of same-sex relationship violence relate to homonegative attitudes.

Clinical Practitioners

The ethical standards and best practices of the counseling profession extol acceptance, affirmation, and nondiscrimination of individuals who identify as LGBTQQI+ (ACA, 2005; Whitman & Bidell, 2014). Mental health counselors are held to standards of ethical and competent practice, that include obtaining the appropriate skills for working with diverse individuals, groups, and communities. Practitioners need to understand the impact of unconscious bias and negative attitudes on the individuals that they serve.

Similar to Blasko et al.'s (2007) findings which suggest that notions of relationship violence, specifically identification of perpetrator and victim, have a direct impact on interventions and treatment recommendations, the results from the current study raise concerns regarding the ethical practice of clinicians who hold negative attitudes towards lesbian and gay individuals and the impact these beliefs have on the survivors of violence. Clinical practitioners need to question and challenge their perceptions of relationship violence and how their perceptions may affect the assessment and treatment for lesbian, gay, and bisexual survivors.

Understanding and recognizing ones' perceptions of relationship violence will help facilitate more appropriate, ethical, and competent care and support services.

Counselor Education and Supervision

Counselor education programs have the duty and responsibility to prepare counselors for working with survivors of same-sex relationship violence. Counselor educators must facilitate understanding and address biases that counselor trainees may have when assessing cases of same-sex IPV. The findings of the current study inform counselor educators and supervisors of the impact perceptions of relationship violence, gender-role beliefs, and homonegative attitudes have on a counselor's ability to identify violence, victimization, and perpetration. The results of this study support and add to the current literature regarding identification of victimization and perpetration of violence in lesbian relationships. The findings suggest further exploration is needed on the impact of heteronormative gender-roles on CITs perceptions of relationship violence.

Counselor educators and supervisors must create safe and productive spaces that challenge CITs to broaden their awareness, knowledge, and understanding of how their values and beliefs may conflict with LGBTQQI+ affirmative counseling (Whitman & Bidell, 2014). Counselor educators and supervisors must address CITs biases, such as beliefs in heteronormative gendered roles, that negatively impact survivors of intimate partner violence (Seelau & Seelau, 2005).

Recommendations for Research

Exploration of gender-role assumptions and heteronormative beliefs, in addition to sex differences, needs to be researched to better understand how biases shape how intimate partner violence is identified. Assessment of CITs gender-role assumptions regarding men (masculinity) and women (femininity) will add to CITs preparation for working with survivors of IPV who

identify as lesbian, gay, and bisexual. Gender-role and heteronormative beliefs regarding acceptable behaviors for male-identified and female-identified individuals can be a key component in understanding how relationship violence is identified.

Future research needs to explore and expand on previous research (Connell & Messerschmidt, 2005; Prospero, 2008) that suggests individuals who hold more heteronormative and traditional gender-role beliefs tend to perceive same-sex IPV as less serious and attribute more blame to female victims. For example, heteronormative gender-role stereotypes portray women as being nurturing, innately nonviolent, and submissive. Men are portrayed as being dominate, capable of physical violence, and assertive. When individuals do not “fit” into these roles, or present and behave in ways that are incongruent with these heteronormative gender-roles their experiences may be minimized, dismissed, or otherwise considered nonexistent (Connell & Messerschmidt, 2005; Prospero, 2008). More research needs to focus on gender-identity and gender-expression and the impact of relationship violence on individuals who identify as transgender, or gender non-conforming (Kulkin et al., 2007; Murray et al., 2006).

As mentioned above, misconceptions of the dynamics of same-sex relationship violence are thought to be the result of socialized gender-roles and heteronormative beliefs. Baker et al. (2013) suggest that the social and ideological frameworks of gender strongly influence intimate relationships and the acceptance of particular behaviors and beliefs such as the use of power, control, and violence. Further exploration on how perceptions of heteronormative gender-roles and factors (i.e. physical strength, assertiveness, acceptance of violence) for which sex and gender are variables that influence IPV should be examined.

The intersectionality of identity must be a focus of future research regarding same-sex intimate partner violence. Exploring how societal gender-roles and norms interact with other

aspects of identity, such as race, ethnicity, social-economic status, and religion, is important for understanding how to address the acceptance and normalization of relationship violence. To understand the dynamics in which relationship violence occurs, it is important to understand the cultural contexts in which the relationship exists and the ways that difference aspects of identity are interconnected (Baker et al., 2013; Connell & Messerschmidt, 2005). Focusing on the individual and ideological, social, and cultural frames that influence acceptance and understanding of relationship violence is crucial for significant shifts in CITs perceptions and societal change (Baker et al., 2013).

Conclusion

This study examined how perceptions of same-sex relationships affect counselors'-in-training assessments of intimate partner violence. The researcher examined whether the perceived sexual orientation of a client impacts the CITs' identification of violence, perceptions of victimization and perpetration, and how homonegative attitudes impact perceptions of same-sex relationship violence.

Significant differences in how the severity of violence was identified based on the relationship type was portrayed in the experimental vignettes. Responsibility for violence perpetrated in the female same-sex relationship vignette was attributed to both partners. The opposite-sex relationship scenario with the female initiator of violence was more often identified as an example of mutual violence, when compared to the opposite-sex scenario with the male initiator, indicating that the gender of the initiator and non-initiator may impact the perception of the violence more than the sexual orientation. Assumptions of gender-norms and gender-roles may also have an impact on respondents' perceptions of violence.

Identifying the initiator as a victim and identifying the non-initiator as a perpetrator of violence was significantly different based on the relationship type described in the experimental vignette. The initiator was more often identified as a victim of violence and the non-initiator was more often identified as a perpetrator in the female same-sex relationship scenario when compared with the scenarios with male initiators regardless of the gender of the non-initiators. Respondents attributed more responsibility for the violence to female victims when the perpetrator was also female. Future research should explore how heteronormativity and traditional gender-roles, in addition to homonegativity, impact counselors' perceptions and beliefs regarding intimate partner violence.

Homonegative attitudes have an impact on identification of mutual abuse and perpetration in the lesbian relationship scenario. The respondents with greatest homonegative attitudes agreed more than the respondents with least homonegative attitudes that the scenario was an example of mutual violence. The respondents with highest levels of homonegative attitudes agreed more often that the non-initiator was also a perpetrator than the respondents with the least homonegative attitudes. Future research should examine the impact of unconscious bias and heteronormative gender roles on identification of intimate partner violence.

More research is needed on counselor response to intimate partner violence and sexual orientation. Exploring the impact of how beliefs in heteronormative gender-roles, and homonegative attitudes, impact perceptions of same-sex relationship violence among counselors'-in-training is crucial for competent and ethical practitioners. Additional research and information will shape the approach used in counselor educator programs to prepare counselors for working with LGBTQQI+ survivors. Gathering data on how societal gender-roles and norms influence and intersect with other aspects of identity and oppression, such as gender, race, and

ethnicity, are important for greater understanding of perceptions regarding intimate partner violence and the impact these perceptions have on support services and care for all survivors.

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Appendices

Appendix A

Initial Recruitment Email

Dear [Director of Program]:

I am writing to request your assistance in recruiting participants for a study about counselors'-in-training perceptions of intimate partner violence. My advisor, Gerard Lawson, and I would appreciate your help in disseminating the recruitment email below to all currently enrolled graduate students (master and doctoral levels) and 2015 graduates.

I would also greatly appreciate if you would let me know approximately how many students you distribute the recruitment email to so that I may track the overall response rate.

Thank you for your time and help.

Sincerely,

Jessica Prince-Sanders, PhD Candidate
Counselor Education
Virginia Tech

Gerard Lawson, Ph.D., LPC, NCC, ACS
Associate Professor of Counselor Education
Virginia Tech

Attachment:

Greetings,

I am a doctoral candidate from Virginia Tech writing to request your assistance in a research study concerning counselors'-in-training perceptions of intimate partner violence. Your participation is requested because you are a student, or a 2015 graduate, whose input is vital to this study. The online survey takes approximately 10 minutes to complete. Your identity as a participant is anonymous therefore no identifying information can be linked to your responses.

If you choose to participate, you may read the informed consent and begin the survey by clicking on the link below:

Enter survey here

If you have questions you may contact the lead investigator, Jessica Prince-Sanders, at jps2@vt.edu.

Thank you for your time and consideration. As a token of my appreciation, you have the opportunity to enter a lottery to win an Amazon eGift Card worth twenty dollars.

Enter lottery here

Sincerely,
Jessica Prince-Sanders, PhD Candidate
Counselor Education
Virginia Tech

Gerard Lawson, Ph.D., LPC, NCC, ACS
Associate Professor of Counselor Education
Virginia Tech

Appendix B

First Follow-up Email

The following email will be sent out five days following the initial recruitment email:

Dear [Director of Program]:

I am writing to make a second request for your assistance in recruiting participants for a study about counselors-in-training perceptions of intimate partner violence. My advisor, Gerard Lawson, and I would appreciate your help in disseminating the recruitment email below to all currently enrolled graduate students (master and doctoral levels) and 2015 graduates.

Thank you for your time and help.

Sincerely,
Jessica Prince-Sanders, PhD Candidate
Counselor Education & Supervision
Virginia Tech

Gerard Lawson, Ph.D., LPC, NCC, ACS
Associate Professor of Counselor Education
Virginia Tech

Attachment:

Greetings,

I am a doctoral candidate from Virginia Tech writing to make a second request for your assistance in a research study about counselors'-in-training perceptions of intimate partner violence. Many of you have already participated in this study and I am grateful for your time. If you have not, please consider participating as your input is vital to this study. The online survey takes approximately 10 minutes to complete. Your identity as a participant is anonymous; therefore, no identifying information can be linked to your responses.

If you choose to participate, you may read the informed consent and start the survey by clicking on the link below:

Enter survey here

https://virginiatech.qualtrics.com/SE/?SID=SV_1U3nfCp93WsuVrn

If you have questions now or at any time during the survey you may contact the lead investigator, Jessica Prince-Sanders, at jps2@vt.edu.

Thank you for your time and consideration of participation! As a token of my appreciation you have the opportunity to enter a lottery to win an Amazon eGift Card worth twenty dollars.

Enter lottery here

Sincerely,
Jessica Prince-Sanders, PhD Candidate
Counselor Education & Supervision
Virginia Tech

Gerard Lawson, Ph.D., LPC, NCC, ACS
Associate Professor of Counselor Education
Virginia Tech

Appendix C

Second Follow-up Email

The following email will be sent out five days following the first follow-up email:

Dear [Director of Program]:

I am writing to make a final request for your assistance in recruiting participants for a study about counselors'-in-training perceptions of intimate partner violence. My advisor, Gerard Lawson, and I would appreciate your help in disseminating the recruitment email below to all currently enrolled graduate students (master and doctoral levels) and 2015 graduates.

Thank you again for your time and help.

Sincerely,

Jessica Prince-Sanders, PhD Candidate
Counselor Education & Supervision
Virginia Tech

Gerard Lawson, Ph.D., LPC, NCC, ACS
Associate Professor of Counselor Education
Virginia Tech

Attachment: Recruitment Email

Greetings,

I am a doctoral candidate from Virginia Tech writing to make a final request for your assistance in a research study about counselors-in-training perceptions of intimate partner violence. Many of you have already participated in this study and I am grateful for your time. If you have not, please consider participating as your input is vital to this study. The online survey takes approximately 10 minutes to complete. Your identity as a participant is anonymous; therefore, no identifying information can be linked to your responses.

If you choose to participate, you may read the informed consent and start the survey by clicking on the link below:

Enter survey here

If you have questions now or at any time during the survey you may contact the lead investigator, Jessica Prince-Sanders, at jps2@vt.edu.

As a token of my appreciation of your time and consideration, you have the opportunity to enter a lottery to win an Amazon eGift Card worth twenty dollars.

Enter lottery here

Sincerely,
Jessica Prince-Sanders, PhD Candidate
Counselor Education & Supervision
Virginia Tech

Gerard Lawson, Ph.D., LPC, NCC, ACS
Associate Professor of Counselor Education
Virginia Tech

Appendix D

Lottery Notification Email

Dear [insert name of email address]

Congratulations! You have been randomly selected to receive an Amazon eGift Card worth \$20 as a token of appreciation for your consideration of participation in the research study on counselors-in-training perceptions of intimate partner violence.

The Amazon eGift Card will be sent to this email address through amazon.com. You will be able to use your Amazon eGift Card online. Please let me know if you would prefer I use another email address for the Amazon eGift Card.

Again, thank you for your time!

Sincerely,
Jessica Prince-Sanders, PhD Candidate
Counselor Education & Supervision
Virginia Tech

Gerard Lawson, Ph.D., LPC, NCC, ACS
Associate Professor of Counselor Education
Virginia Tech

Appendix E
Informed Consent

VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

Consent to Act as a Human Participant

For the study you are being asked to participate in, the researcher will inquire about personal, professional and training experiences related to counselor's-in-training perception of intimate partner violence.

You have been selected to participate in this research because you are a graduate student or recent graduate from a CACREP accredited program whose input is vital to this study. The institution in which you attend, or attended, will remain anonymous in the publication and presentation of results.

The study will take approximately 10 minutes to complete. The survey instrument includes questions about professional and personal experiences as well as beliefs. Among risks of participation, it is possible that some survey questions may cause emotional discomfort. Should this occur, you may consider consulting a trusted colleague, supervisor, or mental health professional for support.

The Virginia Tech Institutional Review Board has approved this research study and has determined that participation poses minimal risk to participants. Benefits of participation include the opportunity to provide needed data on counselor preparation for working with survivors of intimate partner violence. Additionally, there are potential benefits to counselor education and the field of clinical supervision as this study will lead to increased information for the educational community of counselors and counselor educators.

Finally, as a token of appreciation for your consideration of participation, you will have the opportunity to enter a lottery to win an Amazon eGift card worth \$20.

Participation in the current study is voluntary and your responses will not be identifiable or connected to you in any way. The electronic web-based survey link is secure and protected. No identifying information will be collected; therefore, there will be no identifying information associated with survey responses.

You have the right to refuse to participate. You also have the right to withdraw from participating at any time. You may do so by closing the survey window. If you do withdraw, it will not affect you in any way.

By selecting the button below, you are agreeing that you have read and fully understand the information provided to you, and you are indicating your consent to take part in this study.

In addition, you are agreeing that you are 18 years of age or older and that you are a current graduate student, or recent graduate, from a CACREP accredited program.

If you should have any questions about the protection of human research participants regarding this study, you may contact:

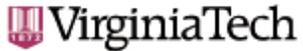
Dr. Gerard Lawson, Ph.D., LPC, NCC, ACS
Associate Professor of Counselor Education
Leadership, Counseling, and Research
Virginia Tech
glawson@vt.edu
(540) 231-9703

__ I hereby acknowledge the above and give my voluntary consent to participate in the research study. Please take me to the survey now.

[survey link]

Appendix F

IRB Approval Letter



Office of Research Compliance
Institutional Review Board
North End Center, Suite 4120, Virginia Tech
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MEMORANDUM

DATE: October 20, 2015
TO: Gerard Francis Lawson, Jessica Dianna Prince-Sanders
FROM: Virginia Tech Institutional Review Board (FWA00000572, expires July 29, 2020)
PROTOCOL TITLE: Counselors-in-Training Perceptions of Intimate Partner Violence in Same-Sex Relationships
IRB NUMBER: 15-990

Effective October 20, 2015, the Virginia Tech Institutional Review Board (IRB) Chair, David M Moore, approved the New Application request for the above-mentioned research protocol.

This approval provides permission to begin the human subject activities outlined in the IRB-approved protocol and supporting documents.

Plans to deviate from the approved protocol and/or supporting documents must be submitted to the IRB as an amendment request and approved by the IRB prior to the implementation of any changes, regardless of how minor, except where necessary to eliminate apparent immediate hazards to the subjects. Report within 5 business days to the IRB any injuries or other unanticipated or adverse events involving risks or harms to human research subjects or others.

All investigators (listed above) are required to comply with the researcher requirements outlined at:

<http://www.irb.vt.edu/pages/responsibilities.htm>

(Please review responsibilities before the commencement of your research.)

PROTOCOL INFORMATION:

Approved As: **Exempt, under 45 CFR 46.110 category(ies) 2**
Protocol Approval Date: **October 20, 2015**
Protocol Expiration Date: **N/A**
Continuing Review Due Date*: **N/A**

*Date a Continuing Review application is due to the IRB office if human subject activities covered under this protocol, including data analysis, are to continue beyond the Protocol Expiration Date.

FEDERALLY FUNDED RESEARCH REQUIREMENTS:

Per federal regulations, 45 CFR 46.103(f), the IRB is required to compare all federally funded grant proposals/work statements to the IRB protocol(s) which cover the human research activities included in the proposal / work statement before funds are released. Note that this requirement does not apply to Exempt and Interim IRB protocols, or grants for which VT is not the primary awardee.

The table on the following page indicates whether grant proposals are related to this IRB protocol, and which of the listed proposals, if any, have been compared to this IRB protocol, if required.

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Appendix G

Information Questionnaire A

Demographic and Professional Information

1. Age:

2. Gender:

Male _____

Female _____

Gender non-conforming _____

Other description: _____

3. Race:

Caucasian _____

African American _____

Hispanic _____

Multiracial _____

Asian _____

Other: _____

4. My highest level of counseling-related education is:

Current Master's Student _____

Completed Master's degree _____

Current Education Specialist degree _____

Completed Education Specialist degree _____

Current Doctoral Student _____

Completed Doctorate degree _____

Other _____

5. Which institution type best describes where you received your counseling-related education?

Public, Private, Religious, other (can select multiple answers)

5. My primary area of study in the counseling field is (select best fit):

Community (ex: community agency, private practice, inpatient, couples/family) _____

School (Professional school counselor, employed in school setting) _____

Higher Education (ex: University/College Counseling Center; Student Affairs) _____

Counselor Educator (employed by university; train and supervise graduate counseling students) _____

Other _____

Information Questionnaire B

Demographic and Professional Information

1. Approximately how many clients/students have you worked with in your clinical practice, school setting, or practicum/internship that were impacted by some form of intimate partner violence? _____
2. Approximately how many hours of conference presentations, workshops, or trainings have you attended that focused primarily on counseling survivors of intimate partner violence: (open text box/drop down numbers?)
3. During your graduate training program, approximately how many hours of training were devoted to learning how to counsel survivors of intimate partner violence: (open text box/drop down numbers?)
4. Approximately how many clients/students have you worked with in your clinical practice, school setting, or practicum/internship that identify as gay, lesbian, or bisexual? _____
5. Approximately how many hours of conference presentations, workshops, or trainings have you attended that focused primarily on counseling LGB clients: (open text box/drop down numbers?)
6. During your graduate training program, approximately how many hours of training were devoted to learning how to counsel LGB clients: (open text box/drop down numbers?)

Personal Experiences:

7. How many friends and/or relatives do you have in your personal life that identify as gay, lesbian, or bisexual? _____
8. How many LGB cultural or advocacy events have you attended? (e.g. Pride festival, human rights campaign event, equality march or rally, drag show, fundraiser to benefit LGB community) _____
9. I define my sexual orientation as:
Gay _____
Lesbian _____
Bisexual _____
Heterosexual _____
Asexual _____
Other definition: _____
Prefer not to answer _____