

Battering myths, sex role stereotypes,
and domestic violence:
Labelling of, and responses to, domestic violence

by

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ABSTRACT

In an examination of reactions to violent domestic incidences, 313 undergraduate subjects completed measures of sex role attitudes and endorsement of battering myths. Of these, 113 female and 113 male subjects reacted to scenarios depicting a husband-wife argument resulting in violence. High and low forms of the scenarios varied in terms of intensity of physical assault and severity of resulting injuries. Subjects indicated the extent to which they would label the situation battering, attributed responsibility for the situation to the husband, wife, poor communication, and/or circumstances, and indicated the appropriateness of utilizing several resources by the victim. Increasingly, traditional/stereotypic attitudes were associated with decreasing preference for solutions and decreased labelling of the situation as battering. Severity predicted increased perceived appropriateness of the label and the resources. Traditional attitudes predicted higher levels of wife-blame and attributions of responsibility to situational circumstances, particularly in high severity conditions. Strong relationships were revealed between labelling and endorsement of resources and between labelling and attribution of responsibility to the husband and to the wife.

Results were interpreted as providing support for sexism as a partial determinant of battering acceptance and responses to victims. Primary emphasis was given to discussion in terms of educational objectives to improve public assistance to victims of domestic violence and support for assisting agencies. Future research directions were also advanced.

LITERATURE REVIEW

General Introduction

Domestic violence is an issue shrouded in secrecy and shame, plagued with myths and misinformation. Recent research has begun to pry the secret out of the private home by documenting its existence, and some progress has been made in examining the impact of such violence on its victims and on society. Investigators are beginning to examine those factors within relationships and within society that support and perpetuate the violence. Generally speaking, it would appear that it is society itself which supports and maintains its own violence by condoning violence against women and perpetuating myths about the victims. Victims of the violence, their experience thus discounted or minimized, are likely to deny the reality of their own victimization.

This first section is a general introduction and overview of the literature on domestic violence examining definitional issues and exploring the impact of cultural values and attitudes on battering. The following section will be a more detailed and specific introduction to the thesis project.

Wife-beating, although not a new phenomenon, has been largely ignored by mental health professionals. Until recently, the literature and research on family violence were limited to studies of child abuse and murder, since these categories alone were accepted as serious problems deserving

of public attention and intervention. There has been inadequate recognition of the aggression that is often directed towards wives and mothers in families (Hilberman, 1980). It would be fair to say that the issue of family violence, especially forms of violence other than child abuse, suffered from "selective inattention" (Dexter, 1958, p. 177) prior to 1970. The Journal of Marriage and the Family did not include one article from 1939 to 1969 with the word "violence" in the title (O'Brien, 1971). Straus suggested that the issue of family violence moved to the position of a high priority social issue in the 1970s, in part due to the general public's increased sensitivity to violence resulting from the war in Southeast Asia, assassinations, and civil disturbances of the time. In addition, the reemergence of the women's movement uncovered and highlighted the reality of battered women and their plight (Straus, 1974).

In the past fifteen years, the fact that women are abused in their homes by their husbands has been well-documented although with widely varying estimates of incidences. In part, because there are no laws mandating the reporting of wife abuse and because crime records rarely include a separate category for battering, researchers have used indirect measures of wife abuse, such as the percentage of homicides which involve domestic killings, number of wife abuse claims handled

by family courts, number of disturbance calls responded to by police departments, and the number of cases of battered women treated by hospital emergency rooms (Martin, 1976; Walker, 1979), to estimate incidence figures. Levinger (1966) published one of the earliest studies suggesting that wife abuse was a problem, noting that 37 percent of 600 divorce applicants cited physical abuse as a complaint against their husbands. In 1971, O'Brien reported that 25 out of 150 divorce applicants spontaneously mentioned physical abuse during individual interviews. Adler (Note 1) studied 50 couples in which at least one person was a graduate student and found 34 percent of husbands and 32 percent of wives admitted to hitting, pushing, kicking, or punching their spouse. Reese and Resick (Note 2) found that 30 percent of 486 undergraduate students from intact homes reported that during their last two years of high school, some physical aggression had occurred between their parents.

Straus, Gelles, and Steinmetz (1980) conducted the first nationwide representative victimization survey in the mid-1970s, obtaining self-reports of abuse and violence from a sample of 2,143 individual family members. The investigators reported that 16 percent of those surveyed reported some kind of physical violence between spouses during the year of the survey, while 28 percent reported marital violence at some point in the marriage. The researchers circumscribed a subset of the violent behaviors included in the study and called those

acts "wife beating". The wife beating subset excluded throwing things at a spouse, and pushing, grabbing, and slapping. The category thus limited, they reported that 3.8 percent of American women were victims of "wife beating" during the year of the study.

Stachura and Teske (Note 3) conducted a systematic random survey of women in Texas and reported somewhat higher figures, finding that no less than 11 percent of the women had been abused by their spouse. Forty-seven percent of the victims reported they had experienced severe physical abuse.

Krulowitz (Note 4) surveyed a university student population and found that 13% of the women reported they had been physically abused, hit, beaten, or slapped by a person with whom they were in a primary relationship with such as a spouse, lover, etc. Of the women who reported abuse, 26% were hurt by husbands, ex-husbands, or separated spouses while 3% were hurt by the person they live with. Notably, 67% reported abuse by the person they dated but did not live with.

Statistics on murder illustrate the severity of the problem of domestic violence and operate as another indirect measure of battering frequency. During 1975, 7.8 percent of the homicides reported were committed by wives against their husbands. Some researchers interpret these statistics as a function of wife abuse (Resick, 1983), citing the finding that

women are seven times more likely than husbands to kill in self-defense (Wolfgang, 1958).

Clearly, wife abuse is real, not imagined, and it occurs at a high rate. Nevertheless, reliable estimates are lacking and present estimates range from thousands to an estimate of 28 million battered wives (Langley and Levy, 1977), to Walker's (1979) estimate that 50 percent of all American women will experience violence in their marriages. Of concern here is an explanation for such a discrepancy in incidence/frequency estimates.

Certainly, issues of data source, sample selection, and data collection methods contribute to the variance. The typical data collection modes through police records, estimation from murder statistics, or interviews with women who have managed to reach the safety of a women's shelter may serve to underestimate the actual frequency. Police often refuse to file complaints unless injuries reach some subjective level (Field & Field, 1973); only a small percentage of battered women seek assistance from formal agencies like shelters, crisis lines, or medical centers. Similarly, Stachura and Teske (Note 3) found that over 80 percent of the spouse abuse incidents experienced by the women they interviewed went unreported primarily due to fear of reprisal either by the husband or by the system. Straus', Gelles', and Steinmetz's (1980) attempt to interview families representative of American

families in 1976 was scientifically sound but only partially successful. The characteristics of the sample of 2,143 families were very similar to the census data for the U.S. population. However, they only interviewed intact families, i.e., those not already separated or divorced. Perhaps more significantly, interviews were completed with only two-thirds (65 percent) of individual family members identified and approached as eligible for the study. The investigators made up to four trips to each household, wrote each family letters, and offered monetary incentives, and were still refused by 35%. They acknowledge "it means that we know nothing about the family life and level of violence in the 35 percent of the potential sample we could not talk to. Perhaps non-respondents are more violent than people who completed interviews, perhaps they are less violent. Ultimately, we cannot know for sure . . ." (Straus, Gelles, & Steinmetz, 1980, p. 25). As with most of the studies in the literature, these results must be interpreted carefully and conservatively.

Gelles and Straus (1979) offer a good review of methods for studying sensitive family topics, and a brief review of literature which suggests that those subjects willing to complete interviews or questionnaires are providing valid reports. Because family life has been traditionally private, some data may always be unavailable. However, estimates of

incidence may become less variable in the future as researchers adhere to sound scientific methodology.

Another fundamental source of the variation in incidence estimates lies in the domain of the label itself. It is apparent that there is little agreement as to how to define spouse abuse, or, more colloquially, "what counts as battering". Definitions used have varied widely in terms of the frequency, severity, and degree of intent required for an incident to count as battering and be included in frequency counts. As discussed earlier, Straus, Gelles & Steinmetz (1980) drew a distinction between "violent behavior" and "wife beating" in their mid-1970s study, resulting in two distinct incident rates. The categories were based on the severity of the physical acts utilized. Gayford (1975) defined the battered wife as a woman who had received deliberate, severe, repeated and demonstrable injury from her partner. Rounsaville and Weissman (1977-78) defined a battered woman as "any married or unmarried woman over the age of 16 who had evidence of physical abuse on at least one occasion at the hands of an intimate male partner (p. 192). Parker and Schumacher (1977) mirrored Gayford's definition, but increased the specificity of the severity and frequency required. They defined the battered wife syndrome as "a symptom complex of violence in which a woman has, at any time, received deliberate, severe, and repeated (more than 3 times) demonstrable injury

from her husband, with the minimal injury of severe bruising" (p. 760). Hilberman (1980) reviewed several reports of clinician's work with spouse abuse and concluded that, in general, they used similar working definitions of marital violence, i.e., "an abused or battered wife is one who is subjected to serious and/or repeated physical injury as a result of deliberate assaults by her spouse" (p. 1338). In addition, she notes that for most researchers the terms "marital" or "spouse" does not imply a legal relationship but includes any relationship involving cohabitation and sexual intimacy.

In contrast to previous definitions, including their own definition in the mid-70s, Gelles and Straus have advocated a definition of violence focusing on intent, rather than actual resulting injuring, defining it as "an act carried out with the intention, or perceived intention, of physically hurting another person" (Gelles and Straus, 1979, p. 550). This change in definition perhaps reflects a change in thinking over time on their part.

This definition allows for forms of behavior that do not actually result in injury but which are experienced by the victim as an attempt to be harmed. Goodstein and Page (1981) suggest it is the victim's response which defines an incident as violent. "A wife's decision to bring her husband to court constitutes, in a sense, the definition of his offense, because it is only when this decision is made that the court

finally sees the behavior as a social offense requiring judicial notice rather than a purely intrafamilial disagreement" (p. 1036). Thus, the concepts of psychological and emotional abuse, deliberate attempts to create the threat of physical harm or to create emotional harm, are also seen as relevant in the definition of wife abuse (see Goodstein & Page, 1981; Smith, 1979).

As suggested, a critical problem with the battering literature reviewed lies in the domain of the label "battering" itself. The discrepancies in incidence rates and perhaps in the theoretical explanations proffered are not so much a product of methodological problems, as they are a product of definitional confusion. Stated simply, research definitions reflect societal ambiguity about which situations are battering situations and which are not. The major cause of that confusion is that certain degrees of violence are tolerated, even accepted, or seen as desirable, and it is only when the levels/degrees are exceeded that the violence is perceived as an identifiable problem. One in four men and one in six women report that they think it is acceptable for a man to hit his wife under some circumstances (Stark and McEvoy, 1970). Goodstein and Page (1981) report similar attitudes by writing "violence between spouses is often viewed as part of family relations, and some wives reported to our clinic staff that they believe it is acceptable for a husband to beat his wife

'every once in a while'" (p. 1036). Research on family violence has found that offenders, bystanders, agents of social control, and even victims of family violence often accept and tolerate many acts between intimates, which would be considered illegitimate violence if they occurred between strangers (Gelles, 1974; Steinmetz, 1977; Straus, Gelles, and Steinmetz, 1980).

The roots supporting such current acceptance of violence within the family extend deeply through history. Several writers and theorists have begun to examine cultural and historical belief systems not only to answer definitional questions but to try to explain the existence and maintenance of domestic violence, as well. Understanding cultural beliefs may also help explain the general public's responses and reactions to violent domestic incidents. Writers have begun to outline the societal attitudes that normalize the use of violence against women, and have looked at attitudes about women, men, and sex roles that leave women vulnerable to assaults by significant other men.

Wife beating is well-documented in history. Roles for wives and husbands, including sanctions for violence within those roles, have been legally proscribed. Brownmiller (1975) suggests that marriage evolved as a means for women to protect themselves from rape; in the confines of a marriage relationship a woman was protected from the ravages of other men, if

not those of her husband. Women were passed as merchandise from the hands of father to husband through payment of a bride price. Because women were considered property along with slaves, animals, and fields, husbands were considered absolute masters and wives had few, if any, rights. Davidson (1977) and Dobash and Dobash (1977) have traced the history of wife-beating laws and pointed out that husbands were given not only the right but the obligation to control and chastise their wives. Throughout history, women were considered morally inferior or evil, and therefore, in need of correction. During the thirteenth through sixteenth centuries, customary laws in France gave permission to husbands to punish their wives, and families physically and severely treated husbands who did not fulfill that moral obligation (Flandrin, 1979). Flandrin quotes a proverb from the sixteenth century that served to pass on such social customs:

A good horse and a bad horse need the spur;
A good woman and a bad woman need the stick.

(Meurier, sixteenth century)

Over the eighteenth and nineteenth centuries, laws concerning chastisement began to be modified to restrict the amount and type of violence used against wives. English common law specified the "rule of thumb" in which it was legal for a husband to chastise his wife with a rod not thicker than the width of his thumb. Davidson (1977) reports that by

the late 1800s in the United States, women were allowed to divorce their husbands for cruelty but only two states rescinded their laws against the "ancient privilege" of wife beating.

Current law continues to reflect the historical notion that husbands have a "right" to exercise control/dominance over their wives. The most blatant current legitimization of husband-wife violence is the legal doctrine of "spousal immunity" which prevents a wife from suing her husband for assault and battery. A woman can bring criminal action against an abusive spouse, but to a lesser extent than those criminal charges allowed against an unrelated party. She is also not allowed to sue for damages as she would be against an unrelated assailant.

The approval of violence against women constitutes an underlying perspective of our society and culture. Resick (1983) writes "together, both rape and wife beating have served as two sides of the same coin, the subjugation of women. Rape has punished the unattached woman, whereas, wife beating . . . has served to punish and control within the family. By the time the laws changed those forms of violence against women were so entrenched in the culture that it made very little difference" (p. 237). Reflecting on the impact of cultural standards on society's views of women, and its

response to battered women in particular, Resick writes "sexual assault and wife beating have been so well-entrenched in the mores of our paternalistic society that current stereotypes of women still reflect the belief that women occasionally deserve such violence, may actually want it or need it, and are left relatively unharmed psychologically in its aftermath" (Resick, 1983, p. 230).

Walker concurs that it is sexism and the adherence to traditional sex roles that serve to create an environment in which violence against women is acceptable and which specifically supports and maintains wife abuse. She writes "social psychology theories are helpful in understanding the relationship between violence and sex roles. Females are socialized into roles that encourage their dependency on men. They are taught to be nurturing, compliant, and passive. At the same time, they are not taught effective responses to men's violence against them. Males are socialized into roles that encourage both dependence on and aggression toward females. Their role is to be intelligent, rationale, and strong, as well as the economic provider for their families. Their promised reward is a wife who will take care of their emotional needs and accept the expression of their frustrations (which they are socialized to express with violence). The outcome of such sex role socialization is reflected in high battering statistics"

(Walker, Note 5, unnumbered manuscript).

Straus suggests there are paradoxical cultural norms which serve to support domestic violence. The "myth of family non-violence" (Steinmetz and Straus, 1974; Straus, 1974) is pitted against the norm that violence within the family is a private (and legitimate) affair. The family is assumed and expected to be loving and safe (i.e., not violent) and when it is violent, society prefers to ignore it, thereby, allowing the violence to go on.

These writers seem to circle back to Resick's (1983) crucial suggestion that cultural norms directly impact on how battering victims are perceived ("they want or need it", "they are not hurt by it"). The victim living in such a culture believes she must have deserved her abuse somehow and/or denies the reality of her injuries and pain to concur with the societal expectation that her family is loving and nonviolent. The friend and neighbor of the victim, living in a culture that supports the violence, may choose not to intervene, may not take the situation seriously, or may not consider any legal or professional intervention appropriate. The links between cultural and individual attitudes, and between attitudes and actions are of vital importance and need to be examined.

The relationship between sex roles, cultural attitudes and violence against women has been most closely researched in the case of rape. The popular literature on rape (e.g., Brownmiller,

1975; Clark and Lewis, 1977) points to stereotypes and myths - defined as prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists, in creating a climate hostile to rape victims. Social psychological research has examined the impact of endorsement of myths about rape on the perception of rape victims. The net effect of such myths is to deny or reduce perceived injury or to blame the victims for their victimization (e.g., Calhoun, Selby and Warning, 1976; Jones and Aronson, 1973; Smith, Keating, Hester, and Mitchell, 1976; Weis and Borges, 1973).

Field (1978) and Klemmack and Klemmack (1976) explored the relationship between attitudes toward women, or sex role stereotyping, and rape attitudes or rape definitions. They found that sex role stereotyping varies directly with rape myth acceptance or restrictive definitions of rape.

Burt (1980) sought to explore the antecedents of rape myth acceptance, i.e., those experiences or attitudes that may lead to or predispose an endorsement of false beliefs about rape. She found that rape attitudes are strongly connected to traditional sex role attitudes. A review of the literature failed to yield comparable studies in the case of domestic violence.

The literature reviewed suggests that in examining the issue of violence against women, there is a complex interplay

between cultural attitudes, legal and societal traditions, and how such violence is defined, evaluated and treated. Researchers flounder for a consistent definition of wife abuse in a culture which simultaneously abhors and approves of violence.

The literature reviewed also suggests important issues to be addressed in order to confirm and extend what has been learned thus far. As stated, no work parallel to the rape research has been identified which attempts to document a link between sex role attitudes and myths surrounding battering. Are sex role attitudes and an acceptance of battering myths linked? The rape literature also suggests that how an incident is defined, the responsibility attributed to the victim, and what resources are considered appropriate for that victim are a function of an observer's sex role attitudes and his or her endorsement of rape myths. Do sex role attitudes and/or endorsement of battering myths impact on the evaluation of battering situations; on how responsibility is attributed to participants in domestic violence; on what resources are considered appropriate in response to a violent domestic incident? This study seeks to address these issues.

Specific Introduction

The present thesis is concerned with the interplay of sex role attitudes, beliefs about marital violence, and severity of violence in determining perceptions of and responses to marital violence.

In the preceding section, the literature reviewed was strongly suggestive of a general acceptance of violence against women, specifically of violence by husbands against wives (Gelles, 1974; Goodstein and Page, 1981; Stark and McEvoy, 1970; Steinmetz, 1977; Straus et al., 1980). It was suggested that wife beating is a function or product of a sexist culture (Resick, 1983; Straus, 1976; Walker, 1979) in that such a culture endorses attitudes and behaviors that place women in positions of subordination, powerlessness, and devaluation relative to men. In a sexist culture, then, one might expect violence against women - the physical expression of men's dominant position - to be accepted as relatively legitimate.

One measure of the social legitimization of violence against women would be acceptance of battering myths - stereotyped or false beliefs about battering, battering victims, and batterers - which by definition are contrary to the established facts about battering and which denigrate victims. Examples of battering myths include statements such as "a woman who stays with a man who beats her probably likes it and

is masochistic" and "men who beat their wives have been provoked by their wives." Presumably, endorsement of battering myths would be predictive of acceptance of actual violence against women by their husbands (Borgida and Campbell, 1982).

One component of this study, therefore, is an empirical examination of the relationship between general sex role attitudes and attitudes about violence in marriage. A sex role hypothesis asserts that acceptance of marital violence would be determined by the general sex role attitudes one holds. Since cultural and legal history and norms establish domestic violence as acceptable or normative, the degree to which subjects endorse those traditional attitudes may in turn relate to their acceptance of violence as acceptable and normative. Specifically, general social agreement exists as to sex role appropriate behavior, with most people describing "female" characteristics as "submissive, passive, not aggressive, and fearful" while "male" characteristics include "dominant, aggressive, and opportunistic" (Bem, 1974; Broverman, Broverman, Clark, Rosenkrantz, and Vogel, 1970; Heilbrun, 1976; Rosenkrantz, Vogel, Bee, Broverman, and Broverman, 1968). Since battering appears to be an extension of these traditional roles of masculine dominance and power and feminine submission and powerlessness, it seems reasonable to expect that subjects' attitudes toward traditional sex roles would influence their

attitudes about domestic battering.

Although such a relationship has yet to be empirically demonstrated, a parallel relationship has been established in the area of rape attitudes. Burt (1980) explored the antecedents of rape myth acceptance and found that sex role stereotyping was one of the strongest main predictors. A similar relationship is expected between attitudes about sex role stereotyping and endorsement of battering myths. Specifically, acceptance of sex-role stereotypes and acceptance of battering myths are predicted to be positively correlated.

The preceding prediction concerns a relationship between two sets of attitudes. However, a further concern is the extent to which the measured attitudes can be used to explain, predict, and ultimately eliminate victimization. There is reason to anticipate a causal relationship between sex role attitudes and both the evaluation of and response to instances of marital violence, although a number of other factors mentioned earlier, such as frequency and intensity, and circumstances, are likely to play a role. A basic premise here, however, is that sex role attitudes and attitudes about violence against women interact with the effects of factors such as severity of abuse, influencing the interpretation and impact of such factors. Here again, the available data provide indirect support for this premise. It is clear, for example,

that severity is used as a major dimension along which violence in marriage is evaluated and response to the victim is based. It is also likely that acceptance of such violence varies along the same dimension with low levels of violence being more acceptable and increasingly severe violence less likely to be accepted. The research literature as well as anecdotal and clinical reports (Pagelow, 1981; Walker, 1979) suggest that the severity of an assault may impact on definitions of and response to domestic "incidents". The severity of the assault is ascertained by the nature of the violence and the extent of physical damage. The magnitude of physical injuries has been shown to influence observer's perceptions of victims' responsibility and role in an attack: as consequences to the victim of physical assaults are more severe, victims are blamed less (Scroggs, 1976; L'Armand and Pepitone, Note 6). Rape research has shown that evidence of a high degree of brutality used by the assailant is typically required as proof of the victims' nonconsent (Krulowitz and Payne, 1978) and the subsequent labelling of the incident as "rape". This inverse relationship between the label "rape" and "blaming the victim" mediated by severity (more severity . . . use of label; use of label . . . less blame to victim) can be logically extended to battering. This suggests that the more severely a woman is physically harmed, the less likely

she is to be blamed, i.e., she did not cause the incident nor did she want the incident to occur, and therefore, is a victim and one who is "battered". More direct evidence of the impact of severity on labelling and response are the informal "stitch rules" adhered to by many police departments, requiring that, in a domestic incident, wounds require a certain (high) number of stitches before an officer makes an arrest, thereby, ignoring and legitimizing less severe levels of spousal violence (Field and Field, 1973). Straus (1976) suggested that the marital license is a hitting license, citing the California Penal Code Section on wife beating which prohibits an assault between spouses only if it results in severe physical injury.

It is especially noteworthy that the use of the severity dimension carries the tacit implication that "lesser" violence is acceptable or nonremarkable. This toleration of "lesser" degrees of violence against women is consistent with a sex-role perspective in which dominance behavior by husbands and submissive behavior by wives is perceived as acceptable. It is thus hypothesized that endorsement of sex-role stereotypes serve to mediate the effects of severity on reactions to marital violence. Specifically, it is expected that to the extent persons hold traditional sex-role attitudes, they will normalize violence by men against women and be less likely

to define marital violence, especially relatively less severe violence, as battering. Conversely, they would be expected to require relatively more severe assault as sufficient evidence to identify a violent situation as battering. In effect, if a certain level of violence is seen as appropriate, justifiable, reasonable in a marriage relationship, beliefs associated with traditional sex-role attitudes, then not until the severity of that abuse extends beyond some level will that violence be considered inappropriate, unjustifiable, and unreasonable.

An examination of the attitudes that influence the labeling of a violent domestic incident is important because it is assumed that the label attached to that situation will influence the reaction or response deemed appropriate to that situation. Similarly, those attitudes may influence an evaluation of the incident in terms of who is seen as responsible in that situation. A number of specific types of reactions/responses are likely to be recommended to or selected by victims of abuse. For example, Carlson (1977) interviewed 101 women in battered women's shelters and found action taken after incidences to include calling the police, seeking help from a women's group, friends and family, contacting some social service, consulting a religious advisor, and no action. Almost one-half of the victims were hurt severely enough to

require medical attention, adding medical services to the list of resources/responses used. Of Flynn's (1977) interviewees, most had called the police for some protection, over two-thirds received counseling from a counselor or clergy, over half had consulted an attorney, over two-thirds relied on family or friends for support or to provide emergency shelter, and almost half chose to pursue divorce.

To date, empirical research examining sexist attitudes and severity dimensions in relation to attribution of responsibility in violent incidents against women have focused primarily on the case of rape. Field (1978) factor analyzed an attitudes toward rape questionnaire and found that traditional attitudes toward women were correlated with victim blame and the belief that a raped woman is less attractive. Check and Malamuth (1983) found that subjects with more stereotyped sex-role beliefs perceived a rape victim reacting more favorably (more willingness and pleasure relative to pain) than those subjects with less stereotyped sex-role beliefs. Alexander (1980) found that nurses attribute greater responsibility for rape to victims who are "not-respectable" as defined by nonadherence to traditional sex-role appropriate behaviors (i.e., they were divorced, wore halter tops rather than a print dress).

Paisley (Note 7) recently identified factors of causal

responsibility as well as responses/resources in an experiment which presented a variety of battering scenarios varying in terms of frequency of occurrence, severity of physical damage, and husband's use or nonuse of alcohol. Resource/response items were constructed to reflect the services, agencies, and foci of interventions cited in the literature. Thirty items, then, reflected a variety of medical, legal, and social responses, as well as responsibility attributions and subjects' labelling of the situations. These thirty items were subjected to an iterated principle factor analysis with varimax rotation which yielded an interpretable five-factor solution. Factor 1 was termed a "Protection" factor and was effectively a subset of items addressing resources and agencies. It included eight items addressing both punitive responses toward the husband (e.g., "call the police and have him arrested") and security responses for the wife (e.g., "go to a shelter for safety"). Factor 2 was termed "Counseling Recommendations" and consisted of five items involving recommendations for counseling to enable the couple to remain in the relationship. A third factor, "Battering Label", included the items related to subjects' labeling the situation as "battering", one item involving the likelihood that a similar incident would occur again, and a fourth item stating that the wife should seek medical attention. A

"Husband's Fault" factor consisted primarily of items directly assessing the causal role of the husband's personality or behavior, including his intoxicated behavior. Finally, the fifth factor was termed "Wife's Causal role" and consisted of two items attributing a specific causal role to the wife for the violent event. When confronted with a violent scenario, subjects "react" to that situation in terms of what agencies are appropriate, how the situation should be labelled, and who is responsible.

It is important to note that the items composing the "Protection" factor were rated by subjects as among the least desirable while "Counseling Recommendations" was highly endorsed. Many victims of domestic violence may not seek or utilize professional services. They may be actively discouraged by friends, relatives or coworkers from enlisting the aid of police, counselors, lawyers or medical personnel; or those friends and relatives, while not actively discouraging involvement, may not think to suggest involvement or inform the victims of the availability of resources. The general public's opinion of what are appropriate resources and reactions to a domestic incident can have a powerful impact on the individual lives of victims and on society as it seeks funding to meet the needs of those victims.

It was predicted in this study that subjects sex role

attitudes and endorsement of battering myths, mediated by severity, would predict the extent to which various resources and responses would be considered appropriate and the pattern of responsibility attributed to the wife and husband, in addition to affecting labelling. More specifically, with regard to preferred resources: responses involving professional services would be endorsed less by subjects with traditional sex role attitudes and strong battering myth acceptance scores than by subjects showing the opposite patterns. Punitive actions toward the husband would be seen as least desirable by the former subjects. Similarly, seeking medical attention was expected to be seen as less necessary or appropriate by subjects with traditional sex role attitudes and battering myth views relative to subjects with more liberal views. Concerning attributions of responsibility, to the extent that a woman is seen as responsible for her battering she may not be seen as "deserving" of police protection, medical attention, or shelter; therefore, it was important to examine attribution of responsibility as well. As suggested by the rape research, it was predicted that attributes of responsibility to the wife would be positively correlated with endorsement of battering myths and traditional sex role attitudes, with the reverse relationship existing between these attitudes and husband's responsibility. These effects were expected to be mediated by severity; overall, as severity increases,

responsibility attributed to the wife should decrease while the husband's responsibility should increase.

Research suggests men and women may evaluate and respond to rape and battering victims differently. It is well-established that women identify with female rape victims (Calhoun, Selby, and Warring, 1976; Krulewitz and Nash, 1979) and with victims of other assaultive acts (Krulewitz, 1981) to a greater extent than do men. Further, it is apparent that men in general are more likely to take the rapist's side, share the rapist's perspective, and blame the rape victim more than will women (Calhoun et al., 1976; Krulewitz and Nash, 1979; Krulewitz and Payne, 1978). Krulewitz (1982) found women were more sympathetic to rape victims; they perceived rape as more upsetting to the victim and were more interested in talking with the victim as a helper than were men. Extending such findings to battering, female subjects would be expected to hold the wife less responsible, recommend medical attention and protection responses, and be less influenced by severity manipulations as a determinant of labelling a situation "battering".

However, Krulewitz and Kahn (1983) found that attitudes toward sex roles were a more pervasive determinant of perceived effectiveness and desirability of rape reduction strategies than was subject gender. Similarly, Check and

Malamuth (1983) found no sex differences with respect to the influence of sex role stereotyping on reactions to rape or with respect to the relation between sex role stereotyping and a measure of rape-myth acceptance. Burt (1980) found male and female data strongly similar among her tested attitudinal variables (including sex role stereotyping) and rape myth acceptance. Therefore, subject gender effects were explored but no predictions were set forth.

While it was expected that attitudes about sex roles and endorsement of battering myths would each be predictive of responses to a violent domestic incident, specific, focused attitudes have been shown to be more predictive of related behavior than are general or global attitudes (e.g., Borgida and Campbell, 1982; Heberlein and Black, 1976). Therefore, endorsement of battering myths was expected to be a stronger predictor of responses than was sex role attitudes. Finally, as discussed earlier, it was predicted that measures of sex role stereotyping and acceptance of battering myths would correlate, in the same way, that sex role stereotyping and acceptance of rape myths were found to be related (Burt, 1980).

To summarize, the following hypotheses were suggested:

1. Endorsement of battering myths and sex role attitudes were expected to correlate in a positive direction.

2. Main effects were predicted. Endorsement of battering myths and sex role attitudes were expected to predict endorsement of appropriate resources, attribution of responsibility, and labelling of the situation, in varying directions outlined earlier.
3. Interactions were also predicted with endorsement of battering myths and sex role attitudes individually interacting with severity.
4. Overall, endorsement of battering myths was expected to be a stronger predictor than were sex role attitudes.

METHOD

Subjects and Design

Subjects were 153 female students and 160 male students recruited from undergraduate psychology courses at Iowa State University. They were assigned at random to one of two severity conditions. Subjects' participation was voluntary and course credit was earned for their involvement.

Instruments

Two attitude scales were utilized: Burt's (1980) Sex-Role Stereotyping Scale (SRS) and Krulewitz's (Note 8) Battering Myth Acceptance Scale (BMAS). In addition, a narrative scenario was presented to the subjects together with an accompanying questionnaire assessing their reactions to that scenario. Responses to the scales and the questionnaire items were indicated on 7-point scales and were recorded on machine scoreable answer sheets.

Attitude scales

Sex-Role Stereotyping Scale The Sex-Role Stereotyping Scale (SRS) is a nine item scale developed by Burt (1980) to assess endorsement of traditional beliefs about women's and men's roles. According to Burt, items comprising the scale were drawn from a larger item pool. Item-to-total analysis was used to select those items that contributed most to the

scale reliability. Responses to the items are made on a 7-point Likert scale ranging from strongly agree to strongly disagree. A total score is calculated by summing the individual item scores. Burt reports a Cronbach's alpha of .800 ($n = 598$) for her scale. Check and Malamuth (Note 9) found this measure to correlate $-.73$ (in the expected direction) with Spence and Helmreich's (1972) measure of sex-role stereotyping. Burt's (1980) Sex Role Stereotyping scale was selected for use in this study for several reasons. First, it has a strong reliability coefficient. It is a shorter, less cumbersome scale than other measures and was well-suited to imbedding within a larger questionnaire. In addition, it utilizes current language and situations relevant to sex-role stereotyping. Burt's (1980) examination of the relationship between sex role stereotyping and rape myth acceptance is theoretically linked to this study; use of the same scale will facilitate a more meaningful interpretation of any parallel results between the studies. Finally, this scale was selected because the item content did not confound sex role attitudes with violence against women. (The SRS is presented in Appendix A.)

Battering myth acceptance scale The Battering Myth

Acceptance Scale was developed by Krulewitz (Note 8) to assess subjects' endorsement of prejudicial, stereotyped, or false beliefs about woman battering. A collection of statements reflecting attitudes and beliefs about battering were drawn from popular literature, domestic violence research, and the author's own work with battering victims and interactions with service providers to other battering victims. Using item-to-total analysis, twenty items were selected from a larger item pool to comprise the initial form of the scale (Cronbach's alpha = .80). All items used a five-point scale ranging from strongly disagree to strongly agree.

Some modifications were made in the BMAS for this study. Seventeen of the original BMAS items were keyed in the positive direction. To reduce response bias acquiescence (yes-saying response set) and to increase subjects' consideration of each individual item, reverse items were written for each item, except when such a re-write did not produce a plausible statement. The resulting pool consisted of thirty-five items with most items having their opposite included (i.e., "men who beat their wives are from the lower or working class" and "men who beat their wives are from all social classes, and can be rich or poor").

The thirty-five items were then administered to a sample of 107 undergraduate psychology students. The scores were

subjected to iterated principal factor analysis with varimax rotation of the items in order to confirm that the reverse scored items were tapping the same domain of attitudes as the original items. A strong single factor solution emerged, with positively and negatively scored items paired with each other.

Thus confirmed, item-to-total analyses were again conducted and the best items were selected, with the constraint that item content redundancy would be minimized. Thus, either an original item or its opposite was included, but not both. The best 13 positively scored and seven reverse scored items were thus selected to comprise the final version of the BMAS scale. An alpha reliability of .84 was calculated for this twenty item scale.

In order to increase comparability with earlier work, a second modification extended the five point scale to a 7-point response scale ranging from strongly agree to strongly disagree. A total scale score was calculated by summing the individual item scores. Thus, the scores can range from 19 to 133. (The BMAS is presented in Appendix B.)

Battering instruments

Scenarios and independent variables All subjects read the following description of an interaction between a husband and wife which ended in physical violence against the woman

by the man. The scenarios were presented from the perspective of the woman. Subjects were instructed to imagine themselves as peer counselors and that the woman was talking to them about her marriage. The scenarios were identical in all aspects with the exception of the specific assault severity manipulation.

In both conditions, the following scenario was presented:

Susan begins by explaining that she and Bill have been married for three years. They had dated through college and were married shortly after graduation. Bill immediately entered graduate school. He has about 1½ years left to finish his degree and spends long hours working at school. Susan was unable to find full-time employment in her field. She is working a part-time job which is barely enough to cover the bills. Four months ago she began a night course in computer programming, hoping she'll be able to find a better job soon, make more money, and be more flexible in getting work in whatever city she and Bill move to after he graduates.

Susan goes on to say that she "just doesn't know what to do". Bill seems preoccupied, their interactions are tense and short, and sometimes things "just fall apart". When you ask her to explain what happens when things "fall apart", Susan breaks into tears saying that it had fallen apart again last night and she is really upset. She explains that she was hurrying to make dinner so she could get to class on time when Bill came in and set some papers on the counter. She reached for something in the cupboard and knocked a jam jar onto his papers. When Bill saw what had happened, Bill started yelling that she had ruined his papers. Susan started to wipe off the papers and told him to relax, that his papers weren't ruined; that only the top one was stained.

In the Low Severity (LS) condition, the scenario continued:

At that, Bill became furious. He started yelling that she was stupid and clumsy and he pushed everything off of the counter onto the floor. He shoved Susan out of the kitchen and across the living room. When she tripped, he grabbed her by the arm, yanked her around, and threw her against the wall. He pinned her against the wall with his hands on her throat, screaming and yelling at her while he held her there. Susan was terribly frightened. Then he left and she realized her neck and back were sore and slightly bruised.

In the High Severity (HS) condition, the following replaced the LS description:

At that, Bill became furious. He started yelling that she was stupid and clumsy and pushed everything off of the counter onto the floor. He shoved Susan out of the kitchen and across the living room. When she tripped, he grabbed her by the arm, yanked her around, and threw her against the wall. He pinned her against the wall with his hand on her throat and punched and kicked her several times, screaming and yelling at her while he hit her. Susan was terribly frightened. Then he left and she realized her face was bleeding and swelling and that she had several painful swelling areas on her arms and back.

The development of the severity manipulation was based on an earlier study (Paisley, Note 7) which employed identical descriptions of type of assault and intensity of physical injuries. This severity manipulation was successful $F(1,138) = 18.86$, $p < .0001$, $\bar{X}_{H_0} = 4.9$ and $\bar{X}_{H_1} = 6.4$.

Dependent variables questionnaire Dependent variables
were constructed to assess causal attribution, situation definition, preferred resources/response, and manipulation effectiveness. The items were presented in questionnaire form and subjects responded to a 7-point Likert scale anchored by strongly disagree = 1 and strongly agree = 7. Single

items were written to reflect the factors obtained in Paisley (Note 7), discussed earlier: item 3 reflects Husband's Fault; item 6 reflects Wife's Causal Role; item 5 reflects "Labeling; item 14 reflects "Counseling Recommendation". Although the earlier study found one common factor that combined punitive responses toward the husband and security responses for the wife (protection factor), the present study included separate items for each type of response. Therefore, item 7 reflects a punitive response (call the police) while item 9 reflects a security response (seek shelter). Two additional items assessing other possible explanations for the incident were included: item 10 (circumstances) and item 11 (poor communication). Item 12 (seek medical attention) addressed an alternative response to the situation. A severity manipulation check, item 15, was also included. (The dependent variable questionnaire is presented in Appendix C).

Procedure

Subjects were tested in groups of 30-50 by the author. She introduced herself as a research assistant for the psychology department and explained she was collecting data for several investigators studying a variety of topics. After providing informed consent, subjects were asked to complete the multi-study questionnaire consisting of the SRS, BMAS, and filler items addressing authority issues, legal rights for

the mentally impaired, interpersonal reactions to visually impaired persons, and social myths about the physically disabled.

When the subjects were finished, the investigator explained that she was collecting data again for another study next week. Anyone interested in participating in another study for additional credit signed up for a testing session (at least one week from date of first testing). In addition, they were asked to mark their answer sheet with the last 6 digits of their identification number. It was explained that this did not threaten their confidentiality but did allow investigators to code and record the data more efficiently.

At the second testing session, the female investigator informed subjects of their participation rights. Subjects read one of the two scenarios varying in severity of abuse, and then completed the dependent measures of questionnaire. They were asked to indicate the last 6 digits of their identification number to facilitate coding and recording of the data. Subjects were randomly assigned to severity condition within each testing session.

RESULTS

Reliability of Scales

Analyses of scale reliabilities were conducted using the entire subject sample.

The reliabilities of the Sex Role Stereotyping-Scale (SRS) and the Battering Myth Acceptance Scale (BMAS) were estimated by the computation of coefficient alpha across all 313 subjects who completed Part 1 of the study. An alpha coefficient of .71 was obtained for the nine-item SRS using this subject sample. An alpha coefficient of .74 was obtained for the 20 item BMAS. An examination of the item-total statistics for this scale revealed an item with a strong negative item-total correlation (-.48). The item ("Women who are beaten by their husbands tend to be very masculine, outspoken, and domineering) was intended to portray a reverse image of the myth of the battered woman as passive, weak, and dependent; it was included as a reverse scored item implying that endorsement of the statement indicated a non-endorsement of traditional battering myths. However, the content of the item continued to cast the battered woman in negative light. Conceptually, the item did not effectively offer an alternative to the myths about battered women and statistically it detracted from the reliability of the scale. Therefore, that item was removed, form a nineteen item BMAS

scale. The modified scale was used for the remainder of the analyses. An alpha coefficient of .77 was obtained for the 19 item BMAS.

Two hundred twenty-six subjects (113 females and 113 males) of the original 313 subjects completed the second part of the study. The remainder of the analyses were applied to these data only.

Scale Intercorrelations

The intercorrelations of the SRS, BMAS, and gender are presented in Table 1. A Pearson product moment correlation coefficient of $r = .52$ ($p < .0001$) was calculated for the Battering Myth Acceptance Scale and the Sex Role Stereotyping Scale.

Table 1. Intercorrelations of SRS, BMAS and gender

| | BMAS | SRS | Gender |
|--------|------|----------|-----------|
| BMAS | | .518**** | -.38**** |
| SRS | | | -.278**** |
| Gender | | | |

P=.0001.

The significant negative correlations between BMAS and gender, $r = -.38$, $p < .0001$ and SRS and gender, $r = -.278$, revealed a general tendency for men to score higher on the BMAS and SRS than did women. A comparison of the BMAS score means, males $\bar{X} = 52.07$, females $\bar{X} = 42.5$, indicated the scores did differ significantly. Similarly, a mean comparison of SRS scores by sex (males $\bar{X} = 30.42$, females $\bar{X} = 25.83$) produced a significant difference, with males endorsing sex-role stereotypes to a greater extent than females.

Manipulation Check

Preliminary analysis of the severity manipulation (item #15, Appendix C) established the successful manipulation of severity, $t(1,112) = 4.33$, $p < .0001$, with low severity seen as producing less physical injury than high severity ($\bar{X}_s = 3.5$ and 5.0 , respectively).

Dependent Variable Intercorrelations

Pearson product-moment correlations were calculated among the ten dependent variables (4 responsibility items, 1 labelling item, 4 resource items, and 1 manipulation check item) and are presented in Table 2. Examination of the table reveals a general tendency for the label "Battering" to correlate positively with endorsement of all of the resources. Similarly,

Table 2. Intercorrelations of dependent variables

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|-----------------------------|------|--------|--------|---------|---------|--------|-------|---------|-------|--------|
| <u>Responsibility items</u> | | | | | | | | | | |
| Bill's Responsible | 1.00 | -.14* | -.13* | -.06 | .22*** | .15* | .16** | .22*** | .18** | .22*** |
| Wife's Responsible | 1.00 | .05* | .14* | .14* | -.15** | .06 | -.11 | -.14* | -.09 | -.03 |
| Circumstances | 1.00 | .26*** | -.04 | -.41*** | -.25*** | -.19** | -.13* | -.26*** | | |
| Poor Communication | 1.00 | .007 | -.11 | -.07 | | | | | | |
| <u>Label item</u> | | | | | | | | | | |
| Battering Label | 1.00 | .16** | .31*** | .14* | .20*** | .18** | | | | |
| <u>Resource items</u> | | | | | | | | | | |
| Call Police | 1.00 | .36*** | .30*** | .20** | .36*** | | | | | |
| Shelter | 1.00 | .29*** | .28*** | .35*** | | | | | | |
| Medical Attention | 1.00 | .40*** | .51*** | | | | | | | |
| Seek Counseling | 1.00 | .18** | | | | | | | | |
| <u>Severity check</u> | | | | | | | | | | |
| Injury Serious | 1.00 | | | | | | | | | |

* P=.05.

**

P=.01.

P=.001.

**** P=.0001.

it was positively correlated with believing the wife had been seriously injured ($r = .18$). Labelling the situation battering also correlated positively with holding the husband responsible ($r = .22$) but negatively with holding the wife responsible for the incident ($r = -.15$).

The four resource items all correlated positively with each other, with coefficients ranging from $r = .20$ to $r = .40$.

Holding the husband responsible and holding the circumstances responsible were each positively correlated with a strong endorsement of all available resources. Holding the wife responsible was negatively correlated with seeking shelter ($r = -.11$) and Get Medical Attention ($r = -.14$). Poor Communication is Responsible did not reach significance in correlation with any of the resource items. Mean scores for endorsement of dependent variables can be found in Appendix D.

Regression Analyses

Because three of the major predictors (SRS, BMAS, and gender) were highly correlated, as presented earlier, the problem of multicollinearity arose. Artificial multicollinearity is an artifact of regression computations when highly correlated variables are utilized in a regression model (see Strahan, Note 10, Cohen and Cohen, 1975) which can be reduced by altering the variance of the variable before entering it as a predictor.

Therefore, when entering the predictor variables BMAS and SRS, these variables minus their means, rather than the variables themselves were entered. The variables BMASX and SRSX represent $BMAS - \bar{X}_{BMAS}$ and $SRS - \bar{X}_{SRS}$ and were used as the predictor variables in all models. Accounting for multicollinearity allows for clearer and more interpretable results.

Individual regression analyses were carried out with each of the predictor variables of interest for dependent variables including those assessing responsibility, choices of resources, and likelihood of labelling the situation as battering. In each case, one particular variable was the criterion and either the BMAS score, the SRS score, the severity level, the BMAS by severity interaction, or the SRS by severity interaction was the independent variable or predictor. Although predictive variable packages were not of interest, multiple regressions were run and are included (in Appendix E) for heuristic purposes.

Because males and females scored significantly differently on BMAS and SRS, regressions were run for the subject pool overall, and separately by gender to facilitate examination and discussion of BMAS and SRS effects. Discussion of the regression analyses will be organized by each predictor as it impacted on the dependent variables. Single gender analyses

are reported to explicate the effects of interest.

Correlations between predictor and dependent variables provide an alternative format for describing the nature of the predictive relationship and are also presented (see Table 3).

SRS

The Sex Role Stereotype Scale score was a significant predictor on four of the dependent variables. F tests performed for SRS were significant on two of the responsibility measures: Circumstances are Responsible, ($F(1,224) = 4.05$, $p < .04$, $r = .144$) and Poor Communication is Responsible, $F(1,224) = 4.70$, $p < .04$, $r = .143$), indicating, in both cases greater endorsement of those items with endorsement of traditional sex role stereotypes. Two resource items were also significantly predicted by SRS: Go to a Shelter, $F(1,224) = 5.42$, $p < .03$, $r = -.154$) and Seek Counseling, $F(1,224) = 4.01$, $p < .05$, $r = -.132$), indicating, in both cases, a tendency to see as inappropriate those resources when holding traditional sex role stereotypes. Table 4 summarizes SRS as a predictor.

Table 3. Correlation coefficients between predictor and dependent variables

| | SEV | BMAS | SRS | Gender |
|--------------------|----------|-----------|--------|----------|
| Bill Responsible | .065 | .066 | .015 | .002 |
| Wife Responsible | .043 | .140* | .08 | .090 |
| Circumstances | -.127 | .17** | .133* | -.133* |
| Poor Communication | .04 | .239** | .143* | -.029 |
| Battering Label | .253**** | -.142* | -.079 | .185** |
| Call Police | .229*** | -.135* | -.07 | .279**** |
| Shelter | .266**** | -.340**** | -.154* | .204** |
| Medical Attention | .299**** | -.042 | .014 | .118 |
| Seek Counseling | .203** | -.166* | -.132* | .077 |
| Serious Injury | .448**** | -.1134 | -.01 | .036 |

* P=.05.

** P=.01.

*** P=.001.

**** P=.0001.

Table 4. Regression summary for effects of Sex Role Stereotype Scale on dependent variables

| | Overall | Males | Females |
|--------------------|---------|-------|---------|
| Bill Responsible | | | |
| Wife Responsible | | | |
| Circumstances | 4.05* | | |
| Poor Communication | 4.70* | | |
| Battering Label | | | |
| Call Police | | | |
| Shelter | 5.47* | | |
| Medical Attention | | | |
| Seek Counseling | 4.01* | | |
| Serious Injury | | | |

Note: Error degrees of freedom = 223 for all F tests.

* $P = .05$.

BMAS

The Battering Myth Acceptance Scale score was a significant predictor for seven of the dependent variables. Poor Communication is Responsible, $F(1,218) = 13.52$, $p < .003$, ($r = .239$), Circumstances are Responsible, $F(1,218) = 6.62$, $p < .01$,

($r = .17$) and Wife is Responsible, $F(1,218) = 4.37$, $p < .04$, ($r = .140$) were responsibility items significantly predicted by BMAS. Analysis by gender indicated that BMAS exerted a differential effect on Wife's Responsibility for males and females. BMAS was a significant predictor for men on the Wife's Responsible item, $F(1,108) = 8.54$, $p < .004$, ($r = .270$). Note that positive correlations indicate greater endorsement of battering myths associated with endorsement of these responsibility items.

Three resource items were significantly predicted: Call the Police, $F(1,218) = 4.06$, $p < .05$, ($r = -.13$), Go to a Shelter, $F(1,218) = 28.53$, $p < .0001$, ($r = -.34$), and Seek Counseling, $F(1,218) = 6.23$, $p < .01$, ($r = -.166$) with significant prediction for females, $F(1,108) = 4.13$, $p < .04$, ($r = -.191$) but not for males for the latter variable only. Negative correlations indicate less endorsement of these resources as appropriate with greater acceptance of battering myths. BMAS was also a significant predictor of Battering Label, $F(1,218) = 4.52$, $p < .04$, ($r = -.142$) indicating less willingness to label the situation battering associated with greater endorsements of battering myths. BMAS is summarized as a predictor in Table 5.

Table 5. Regression summary for effects of Battering Myth Acceptance Scale on dependent variables

| | Overall | Males | Females |
|--------------------|-----------|---------|---------|
| Bill Responsible | 4.37* | 8.54** | |
| Wife Responsible | 6.62* | | |
| Circumstances | 13.52*** | 4.05* | 10.68** |
| Poor Communication | 4.52* | | |
| Battering Label | 4.06* | | |
| Call Police | 28.53**** | 10.21** | 9.84** |
| Shelter | | | |
| Medical Attention | 6.23* | | 4.13* |
| Seek Counseling | | | |
| Serious Injury | | | |

Note: Error degrees of freedom = 218 for all F tests.

* P=.05.

**p=.01.

*** P=.001.

**** P=.0001.

Severity

Severity level of the scenario presented was a significant predictor for seven of the dependent variables, including the manipulation check, as presented above. Severity predicted responses on one causal item, Circumstances are Responsible,

$F(1,218) = 6.62, p < .03, (r = -.260)$. As severity increased, circumstances were seen as less responsible for the incident, especially by men. All four resource items were significantly predicted by severity, with increasing severity associated with increased endorsement of the appropriateness of these resources. Call the Police, $F(1,224) = 12.20, p < .0006, (r = .227)$ with males, $F(1,111) = 11.49, p < .001, (r = .31)$; Go to a Shelter, $F(1,224) = 17.13, p < .0001, (r = .266)$; Get Medical Attention, $F(1,224) = 22.11, p < .0001, (r = .299)$; and Seek Counseling, $F(1,224) = 9.70, p < .002, (r = .203)$ with Females $F(1,111) = 10.29, p < .001, (r = .291)$.

Severity also significantly predicted Battering Label $F(1,224) = 15.42, p < .0001, (r = .25)$ with greater labelling of the situation as battering as severity increased. Analysis by gender indicated that severity exerted a differential effect on labelling for males and females. Severity was a significant predictor for males, $F(1,111) = 13.11, p < .0004, (r = .33)$. Severity is summarized as a predictor in Table 6.

SRS by Severity Interaction

The SRS by severity interaction was not a significant predictor for any of the dependent variables.

Table 6. Regression summary for effects of scenario severity on dependent variables

| | Overall | Males | Females |
|--------------------|-----------|-----------|-----------|
| Bill Responsible | | | |
| Wife Responsible | | | |
| Circumstances | 3.71 | 4.64* | |
| Poor Communication | | | |
| Battering Label | 15.42**** | 13.11*** | |
| Call Police | 12.20*** | 11.49*** | |
| Shelter | 17.13**** | 9.29** | 7.29** |
| Medical Attention | 22.11**** | 9.08** | 12.92*** |
| Seek Counseling | 9.7** | | 10.29** |
| Serious Injury | 56.61**** | 26.26**** | 29.72**** |

Note: Error degrees of freedom = 224 for all F tests.

* P=.05.

** P=.01.

*** P=.001.

**** P=.0001.

BMAS by Severity Interaction

The BMAS by severity interaction was a significant predictor for five of the dependent variables. Two responsibility items were predicted to a significant extent: Endorsement of

Circumstances are Responsible, $\underline{F}(2,217) = 3.69, p < .02,$
 $(r_{LO} = .105, r_{Hi} = .23)$ was predicted by BMAS most strongly in
the high severity condition. The effect was predominantly
accounted for by the responses of female subjects, $\underline{F}(1,107) =$
 $3.15, p < .04, (r_{LO} = -.005), r_{Hi} = .34).$ Overall subjects
endorsed Poor Communication is responsible as a function of
increasing acceptance of battering myths in low relative
to high severity situations, $\underline{F}(2,217) = 6.61, P .001, (r_{LO} =$
 $.252, r_{Hi} = .226).$ This effect was more pronounced for
females when analyzed separately, $\underline{F}(2,107) = 5.71, p < .004,$
 $(r_{LO} = .35), r_{Hi} = .24).$

Going to a Shelter was perceived as less appropriate
with increasing acceptance of battering myths, and this effect
was more pronounced in the high severity situation, $\underline{F}(2,217) =$
 $14.54, p < .0001, (r_{LO} = -.279, r_{Hi} = -.41).$ Similarly,
Seeking Counseling was rated less appropriate as BMAS scores in-
creased, $\underline{F}(2,217) = 3.1, p < .04, (r_{LO} = -.164), (r_{Hi} = -.164).$
Examination of the correlations for the overall effect revealed
no difference; however, the strong interaction of BMAS and the
resource item for female subjects particularly in the Hi severity
condition, $\underline{F}(2,107) = 4.53, p < .01, (r_{LO} = -.09), r_{Hi} = -.36),$
may account for the overall effect. Finally, the BMAS by
severity interaction significantly predicted Battering Label,
with less endorsement of the label when acceptance of battering

myths was high, primarily in the Lo severity condition,
 $F(2,217) = 3.97, p < .02, (r_{Lo} = -.26, r_{Hi} = -.02).$

The BMAS by severity interaction as a predictor is summarized in Table 7.

Table 7. Regression summary for effects of battering myth acceptance scale by severity interaction on dependent variables

| | Overall | Males | Females |
|--------------------|-----------|--------|---------|
| Bill Responsible | | | |
| Wife Responsible | | 4.31* | |
| Circumstances | 3.69* | | 3.15* |
| Poor Communication | 6.61** | | 5.71** |
| Battering Label | 3.97* | | |
| Call Police | | | |
| Shelter | 14.54**** | 5.52** | 8.15*** |
| Medical Attention | | | |
| Seek Counseling | 3.10* | | 4.53** |
| Serious Injury | | | |

Note: Error degrees of freedom = 217 for all F tests.

* $P = .05.$

** $P = .01.$

*** $P = .001.$

**** $P = .0001.$

Dependent Variable Means

Examination of the mean scores for the dependent variables revealed mild willingness to attribute causal responsibility to the husband, circumstances, and communication and general rejection of causal responsibility to the wife. Responses to resource items showed neutral to mildly positive attitudes to most items except Call the Police which was mildly rejected. Across conditions, the mean for use of the battering label suggested a willingness on the part of subjects to label the situation as battering (see Appendix D).

DISCUSSION

The results of the present study indicate that, at least in a college student population, evaluations of and responses to violent domestic situations are related to the subject's sex role attitudes and endorsement of battering myths, as well as to the severity of the physical assault and subsequent injuries. Overall, the results supported the hypothesized relationships between the predictors and the dependent variables, with increasingly traditional or stereotypic attitudes associated with decreasing preference for solutions and decreased likelihood of labelling the situation as battering.

As predicted, sex role attitudes and endorsement of battering were found to be highly related, although acceptance of battering myths was a stronger or more consistent predictor of subject's reactions to the battering scenarios. Additionally, correlational data revealed consistent relationships between labelling the situation as battering and both attribution of responsibility and perceived appropriateness of resources. The strong relationship between endorsement of battering myths and adherence to sex-role stereotypes is consistent with predictions and parallels Burt's (1980) findings with regard to sex-role attitudes and rape myth acceptance. The results of the present study, thus, add substantial support to the literature that asserts a link between

traditional sex-roles, sexist society and acceptance of violence toward women (Hilberman, 1980; Resick, 1983; Straus, 1976).

The study was also designed to extend the work in a more behavioral direction via a pencil and paper behavioral analogue, with subjects responding as though they were interacting with the woman in the case example. Endorsement of battering myths and sex role stereotypes had both been expected to influence the three major categories of dependent variables: labelling, attribution of responsibility, and preference for resources. To the extent that the predictions for sex role stereotyping are supported, a theoretical framework based on a sexism explanation of victim treatment gains additional strength. Although the BMAS items reflect traditional, if extreme, attitudes about men's and women's roles, the BMAS scale was designed to be specific to the situation of domestic violence against women. Thus, support for predictions involving the BMAS establishes external validity of the scale as well as providing support for a feminist analysis of reactions to domestic violence.

Finding that the SRS scale was a weaker predictor than the BMAS was not surprising in light of the literature suggesting specific attitudes are better predictors of reactions and behaviors than are more global attitudes (Borgida and Campbell, 1982; Heberlein and Black, 1976). In fact, the

pattern of predictor strength may be viewed as lending some credence to the analogue nature of the study. It is noteworthy that although sex role stereotypes were less potent, results for the SRS scale were entirely consistent with the BMAS, allowing for a joint discussion of the impact of these attitudes on the dependent variables. A major focus concerned determinants of labelling a violent domestic incident as "battering", in particular attitudes, beliefs, and severity of the violence. The predictions were essentially confirmed, with increasing endorsement of battering myths related to decreasing labelling of the situation as battering and increased severity related to increased assignment of the label. Moreover, as predicted, the effect of myths was most apparent when severity was low, i.e., the force and the impact of the violence was less clear. The data indicate that the impact of traditional attitudes on labelling is mediated by increasingly severe or undeniable evidence.

The predictive power of BMAS extended beyond that of labelling the incident as battering to attribution of responsibility and to perceived appropriateness of resources or courses of action. Again, results were consistent with predictions, with greater myth belief predicting less preference for all resources other than medical care and predicting greater attribution of responsibility to all factors other

than the husband. These data are noteworthy in that, again, they provide support for the scale and for the predicted relationship between expressed beliefs and "behavior".

Whereas BMAS appears to exert a global effect on responses and evaluations of a violent domestic interaction, severity exerted its strongest effect on resources, with a lesser effect on attribution of responsibility. The inverse relationship between increasing severity and decreased attribution of responsibility to circumstances may suggest a societal belief that minor aggression can be triggered by circumstances, but if the assault and subsequent injuries are severe, something else is operating. Interestingly, this severity effect was moderated by BMAS, suggesting that even severe assaults may be attributed externally by those who hold traditional views about marital violence.

Although specific predictions had not been advanced regarding gender effects, it is worthy of note that men overall were less likely to label situations as battering. In addition, men were more likely than women to base their labelling of an incident as "battering" on the demonstrable severity of the assault. Similarly, for men severity was a strong determinant of decisions regarding the role of circumstances and the advisability of police intervention. Since men were found to hold more traditional views about sex roles and to

endorse myths to a greater extent than did women, the data are highly suggestive of a lessened empathy for the victim on the part of the male subjects. Further, the data provide collaborative evidence for the link between traditional sexist attitudes and violence by men against women. The sex differences on the scales seem to illuminate the rape literature's finding that women are more sensitive to women victim's needs and experiences (Krulewitz and Nash, 1979; Krulewitz, 1982), perhaps because they believe to a lesser extent negative and false myths about victimized women and about women in general.

An assumption operating throughout the project was that identifying a violent situation as battering would be related to perceptions of the cause of that violent situation and to decisions about how to intervene. The data suggest that these relationships do exist, at least at the correlational level. Battering label was positively correlated with all four resource options at highly significant levels; it correlated strongly with two causal items: holding the husband increasingly responsible, and holding the wife decreasingly responsible. At a theoretical level, this suggests that identification of the event as battering implies wrong doing by the husband and identifies the woman as the victim. In turn, those attributions of responsibility may legitimize endorsement of punitive actions toward him (calling the police)

and protective and supportive resources for her (getting shelter, counseling, medical attention). At a practical level, although correlations do not demonstrate a causal relationship, the data warrant further investigation. If the label attached to a situation has some causal impact on responses to that situation and to responsibility attribution to participants in that situation, then labelling is an important issue to be addressed. It is also possible that a third variable affects labelling, attribution, and resource choices. Further research is needed to clarify these relationships. If labelling were established as causal in relations and responsibility attribution and resource choices, definitional-education and clarification might impact on peoples response to violent domestic incidents.

Labelling has been suggested as an important topic in educational efforts to create change in the general publics response to battering incidents. This study also suggests that battering myths need be specifically addressed and dispelled. Although endorsement of battering myths and traditional sex role attitudes are related, the data do not point to sexism as the primary determinant of treatment of women. Sex role attitudes were found to predict a more limited range of battering issues than were the specific, focused battering myths. Seemingly, the specific myths, misinformation and

misconceptions about the specific phenomena of battering need to be addressed and accurate information presented in efforts to impact on attributions of responsibility and utilization of resources.

Similarly, the role and function of severity needs to be addressed with the general public to guide their attempts at labelling and responding to violent situations. The strength of severity as a predictor may be a function of the fact that it is observable and relatively more measurable or objective than other factors. However, its potency is also theoretically consistent with societal acceptance of lower levels of violence. In other words, at lower levels of severity, violence is not as salient in defining responses because it is not even defined as "violence", or seen as inappropriate interpersonal behavior. At higher levels of severity, the violence is noted, considered inappropriate, and utilized as the determinant of responses. Support for this explanation comes from examining endorsement of seeking counseling as a response to violent incidents. Counseling is the least intrusive response, certainly less drastic than calling the police or leaving for a shelter, yet, the overall rating even for this response was tentative. In low severity conditions, the presence of violence is not seen as a problem worthy of counseling, suggesting an acceptance of some level of violence as non-problematic. However, when some subjective level of violence

is reached, it is no longer seen as appropriate, and severity becomes a salient determinant of responses. Certainly, severity of injuries is an important component to evaluate in determining an appropriate course of action following a violent incident, particularly in evaluating the need for medical service. But, the strength of severity as a predictor suggests it may be too heavily weighted in calculations of what should be done. A woman does not need to be bleeding before medical attention is required; she does not need to have been kicked and punched before police intervention is appropriate. Factors such as the woman's emotional experience (Krulewitz and Nash, 1979), her evaluation of the threat of further violence (Walker, 1979), the husband's history of violent behavior and the safety of any children involved (Pagelow, 1981), and alcohol and frequency of incidents (Paisley, Note 7), among others, need to be included in resource decisions.

One methodological limitation of this study is that subjects were not given alternative factors to consider in evaluating the battering scenarios; of course, this limitation is a characteristic of contrived laboratory research which uses the experimental method to control factors and therefore, necessitates limiting the number of factors that will be considered. Most desirable would be controlled observational research. Continued laboratory research studying the impact of

variety of other characteristics of battering situations will extend and clarify our understanding of what subjects allude to in evaluating domestic incidents. Further research incorporating factors such as those cited above, may find the impact of severity less dramatic. Nonetheless, these results suggest that educational, consciousness raising efforts need to suggest to people that basing resource decisions primarily on severity conditions is too limited and may leave needy women with inadequate support and encouragement to utilize available resources.

A second methodological limitation of this study is its paper and pencil design which is likely to decrease the generalizability of the results to actual responses and evaluations in the field. For example, all of the effects are relative rather than absolute effects. The actual scale means for attributions, preferences for resources, and even tended toward the neutral to victim-sympathetic direction. This generally supportive stance may provide an accurate presentation of the attitudes and likely behavior of this college-level sample. However, such a stance is inconsistent with reports of victims and researchers in the field (Carlson, 1977; Martin, 1976; Walker, 1979) and suggest a social desirability response influence in the laboratory setting. In addition, the transparent BMAS items embedded in the larger questionnaire and even the presence of a female investigator while responding to the battering scenarios may have

created a demand characteristic, thereby limiting the generalizability of the study. Future research must extend this work to more clearly behavioral variables, while attending closely to demand characteristics.

Another suggestion for future research includes examining any causal relation between labelling, resources and attribution of responsibility by directly manipulating the situation's label and testing for response differences. Clearly, an experimental design incorporating educational packages addressing sex role attitudes, or battering myths, or definitional issues which evaluated pre-, post-, and non-educated groups on this evaluation of and responses to battering scenarios could contribute greatly to the understanding of the relationships among these issues.

Future studies may be interested in examining what combination of predictions are most powerful in a search for a meaningful package of predictions, perhaps to identify a target educational population. While this study was interested in exploring the predictive power so the individual predictions on the dependent variables, multiple regression analysis utilizing the predictors in a combined model form were performed on the available data and are included for heuristic value.

Finally, future studies must extend the subject domain beyond the college population. While it is certainly valid to

assess the college populations attitudes and expectations about violence in relationships, the prevalence and pervasiveness of battering implies that people of all ages, colors, and living situations will be confronted with interpersonal violence, either within their own family or as a neighbor or co-worker. Learning how research subjects think they will respond to a domestic incident and trying to understand why they would respond the way they would, may provide clues for ways educators, researchers, and clinicians can help ensure that their responses will adequately meet the needs of victims of violence.

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APPENDIX A: SEX ROLE STEREOTYPING SCALE

Sex-role Stereotyping Scale:

Mark the number on the scale shown below that indicates how much you agree or disagree with each statement.

| | | | | | | |
|----------------------|---|---|---|---|---|-------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Strongly Disagree | | | | | | Strongly Agree |

1. A man should fight when the woman he's with is insulted by another man.
- (R)¹ 2. It is acceptable for the woman to pay for the date.
3. A woman should be a virgin when she marries.
4. There is something wrong with a woman who doesn't want to marry and raise a family.
5. A wife should never contradict her husband in public.
6. It is better for a woman to use her feminine charm to get what she wants rather than ask for it outright.
7. It is acceptable for a woman to have a career, but marriage and family should come first.
8. It looks worse for a woman to be drunk than for a man to be drunk.
- (R) 9. There is nothing wrong with a woman going to a bar alone.

¹(R) indicates reverse scored items.

APPENDIX B: BATTERING MYTH ACCEPTANCE SCALE

Battering Myth Acceptance Scale:

Mark the number from the scale shown below that indicates how much you agree or disagree with each statement.

- | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|----------------------|---|---|---|---|---|-------------------|
| Strongly Disagree | | | | | | Strongly Agree |
-
- (R)¹ 1. Men's attitudes are a major cause of violence in the family.
- (R) 2. Men who beat their wives are from all social classes, and can be rich or poor.
3. It's better for a man to hit his wife than to keep anger and anxiety bottled up inside.
- (R) 4. It is as much a man's responsibility as a woman's to keep a marriage non-violent.
5. A woman will only respect a man who lays down the law to her.
6. A truly virtuous woman is unlikely to be beaten by her husband.
- (R) 7. There is no reason for a husband to take out his frustration by hitting his wife.
8. The best way to end beatings in a marriage is for the woman to change the way she acts.
9. Women's attitudes or behavior are major causes of battering.
- (R) 10. Women who are beaten by their husbands tend to be very masculine, outspoken and domineering.

¹(R) indicates reverse scored items.

11. A major cause of battering is poor communication in the marriage.
- (R) 12. Women have the right to not be abused or beaten.
13. A wife often causes the beating by nagging her husband until he loses control.
14. A woman who doesn't respect her husband is asking for a punch in the mouth.
15. A woman who stays with a man who beats her masochistic and probably likes it.
- (R) 16. A man is never justified in hitting his wife.
17. Men who beat their wives have been provoked by their wives.
- (R) 18. The best way to end beatings in a marriage is for the woman to leave.
- (R) 19. A man does not have the right to discipline his wife.
20. Good wives don't get hit by their husbands.

APPENDIX C: DEPENDENT VARIABLE QUESTIONNAIRE

Directions:

Imagine that Susan has talked to you about this situation:

Now, mark the number on the scale below that indicates how much you agree or disagree with each statement.

- | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|-------------------|---|---|---|---|---|----------------|
| Strongly Disagree | | | | | | Strongly Agree |
| ___ | 1. Bill and Susan are married. | | | | | |
| ___ | 2. Susan should go home and talk with Bill. | | | | | |
| ___ | 3. Bill (his personality, his attitudes, his feelings, his behavior, etc.) is responsible for causing this incident. | | | | | |
| ___ | 4. Bill and Susan probably worry about what the neighbors think. | | | | | |
| ___ | 5. This incident is an example of "spouse abuse" or "battering". | | | | | |
| ___ | 6. Susan (her personality, her attitudes, her feelings, her behavior, etc.) is responsible for causing this incident. | | | | | |
| ___ | 7. Susan should call the police to report this incident and/or have Bill arrested. | | | | | |
| ___ | 8. It was not difficult to imagine myself as the person Susan was talking to. | | | | | |
| ___ | 9. Susan should go to a friend's home or a women's shelter to seek safety. | | | | | |
| ___ | 10. The situation or circumstance (work or money pressures, time, etc.) is responsible for causing this incident. | | | | | |
| ___ | 11. This incident occurred because of poor communication between Bill and Susan. | | | | | |
| ___ | 12. Susan should see a physician for medical attention. | | | | | |
| ___ | 13. Susan and Bill have a serious problem in their relationship. | | | | | |

- 14. Susan should see a trained counselor.
- 15. Susan experienced serious physical injury.
- 16. Incidences similar to this occur frequently between Bill and Susan.
- 17. Finally, please write any other thoughts, recommendations, or reactions you have regarding Susan and Bill.

APPENDIX D: MEAN ENDORSEMENT OF DEPENDENT VARIABLES

Table D1. Mean endorsement of dependent variables

| | Total | Std. Dev. | <u>Males</u> <u>Females</u> | <u>Lo</u> <u>Hi</u> |
|----------------|-------|-----------|--------------------------------|------------------------|
| Bill's Fault | 5.18 | 1.55 | 5.17 5.18 | 5.08 5.28 |
| Wife's Fault | 2.29 | 1.31 | 2.17 2.41 | 2.24 2.35 |
| Circumstances | 5.23 | 1.42 | 5.4 5.04 | 5.41 5.05 |
| Communication | 5.04 | 1.52 | 5.08 5.0 | 5.10 4.9 |
| Label | 6.02 | 1.43 | 5.7 6.2 | 5.66 6.38 |
| Call Police | 2.95 | 1.54 | 2.5 3.4 | 2.60 3.30 |
| Shelter | 4.49 | 1.56 | 4.17 4.81 | 4.07 4.9 |
| Medical | 4.79 | 1.71 | 4.6 5.0 | 4.28 5.3 |
| Counsel | 5.38 | 1.54 | 5.2 5.5 | 5.07 5.69 |
| Serious Injury | 4.29 | 1.67 | 4.2 4.3 | 3.53 5.04 |

Note: 1 = strongly disagree; 7 = strongly agree.

APPENDIX E: MULTIPLE REGRESSION SUMMARY

Table E1. Multiple regression analysis predicting attribution of responsibility to husband

| Source | df | Sum of squares | Mean square | F-value | PR>F | R-square |
|-----------------|-----|----------------|-------------|---------|--------|----------|
| Model | 7 | 6.90 | 0.98 | 0.40 | 0.8997 | 0.013210 |
| Error | 211 | 515.65 | 2.44 | | | |
| Corrected Total | 218 | 522.56 | | | | |

| Source | df | Sequential | | Partial | |
|-------------------|----|------------|--------|---------|--------|
| | | F-value | PR>F | F-value | PR>F |
| BMAS | 1 | 0.01 | 0.9217 | 0.11 | 0.7443 |
| SRS | 1 | 0.26 | 0.6080 | 0.40 | 0.5264 |
| Severity | 1 | 1.37 | 0.2430 | 1.47 | 0.2266 |
| BMAS*Severity | 1 | 0.07 | 0.7971 | 0.07 | 0.7916 |
| SRS*Severity | 1 | 0.70 | 0.4022 | 0.75 | 0.3875 |
| BMAS*SRS*Severity | 2 | 0.20 | 0.8150 | 0.20 | 0.8150 |

Table E2. Multiple regression analysis predicting attribution of responsibility to wife

| Source | df | Sum of squares | Mean square | F-value | PR>F | R-square |
|-----------------|-----|----------------|-------------|---------|--------|----------|
| Model | 7 | 15.50 | 2.21 | 1.28 | 0.2619 | 0.040487 |
| Error | 212 | 367.4 | 1.73 | | | |
| Corrected Total | 219 | 382.98 | | | | |

| Source | df | Sequential | | Partial | |
|-------------------|----|------------|--------|---------|--------|
| | | F-value | PR F | F-value | PR F |
| BMAS | 1 | 4.34 | 0.0384 | 1.65 | 0.2002 |
| SRS | 1 | 0.11 | 0.7443 | 0.21 | 0.6451 |
| Severity | 1 | 0.78 | 0.3792 | 0.36 | 0.5502 |
| BMAS*Severity | 1 | 1.25 | 0.2649 | 2.04 | 0.1547 |
| SRS*Severity | 1 | 1.80 | 0.1811 | 1.84 | 0.1769 |
| MBAS*SRS*Severity | 2 | 0.34 | 0.7154 | 0.34 | 0.7154 |

Table E3. Multiple regression analysis predicting attribution of responsibility to circumstances

| Source | df | Sum of squares | Mean square | F-value | PR F | R-square |
|-----------------|-----|----------------|-------------|---------|--------|----------|
| Model | 7 | 29.39 | 4.19 | 2.12 | 0.0430 | 0.065299 |
| Error | 212 | 420.83 | 1.98 | | | |
| Corrected Total | 219 | 450.23 | | | | |

| Source | df | Sequential | | Partial | |
|-------------------|----|------------|--------|---------|--------|
| | | F-value | PR>F | F-value | PR>F |
| BMAS | 1 | 6.69 | 0.010 | 4.32 | 0.0389 |
| SRS | 1 | 0.90 | 0.3448 | 0.80 | 0.3722 |
| Severity | 1 | 2.84 | 0.0933 | 2.17 | 0.1419 |
| BMAS*Severity | 1 | 0.78 | 0.3769 | 0.69 | 0.4060 |
| SRS*Severity | 1 | 0.02 | 0.8787 | 0.05 | 0.8247 |
| BMAS*SRS*Severity | 2 | 1.79 | 0.1696 | 1.79 | 0.1696 |

Table E4. Multiple regression analysis predicting attribution of responsibility to poor communication

| Source | df | Sum of squares | Mean squares | F-value | PR>F | R-square |
|-----------------|-----|----------------|--------------|---------|--------|----------|
| Model | 7 | 35.46 | 5.06 | 2.26 | 0.0309 | 0.069347 |
| Error | 212 | 475.88 | 2.24 | | | |
| Corrected Total | 219 | 511.34 | | | | |

| Source | df | Sequential | | Partial | |
|-------------------|----|------------|--------|---------|--------|
| | | F-value | PR>F | F-value | PR>F |
| BMAS | 1 | 13.05 | 0.0004 | 8.15 | 0.0047 |
| SRS | 1 | 0.42 | 0.5159 | 0.28 | 0.5982 |
| Severity | 1 | 0.27 | 0.6020 | 0.77 | 0.3827 |
| BMAS*Severity | 1 | 0.03 | 0.8713 | 0.41 | 0.5216 |
| SRS*Severity | 1 | 0.34 | 0.5608 | 0.40 | 0.5302 |
| BMAS*SRS*Severity | 2 | 0.84 | 0.5322 | 0.84 | 0.4322 |

Table E5. Multiple regression analysis predicting battering label

| Source | df | Sum of squares | Mean square | F-value | PR>F | R-square |
|-----------------|-----|----------------|-------------|---------|--------|----------|
| Model | 7 | 54.70 | 7.81 | 4.13 | 0.0003 | 0.119984 |
| Error | 212 | 401.22 | 1.89 | | | |
| Corrected Total | 219 | 455.93 | | | | |

| Source | df | Sequential | | Partial | |
|-------------------|----|------------|--------|---------|--------|
| | | F-value | PR>F | F-value | PR>F |
| BMAS | 1 | 4.90 | 0.0280 | 3.08 | 0.0806 |
| SRS | 1 | 0.05 | 0.8308 | 0.02 | 0.8918 |
| Severity | 1 | 15.66 | 0.0001 | 19.47 | 0.0001 |
| BMAS*Severity | 1 | 3.54 | 0.0613 | 2.54 | 0.1126 |
| SRS*Severity | 1 | 0.71 | 0.4000 | 0.63 | 0.4266 |
| BMAS*SRS*Severity | 2 | 2.02 | 0.1347 | 2.02 | 0.1347 |

Table E6. Multiple regression analysis predicting endorsement of calling the police

| Source | df | Sum of squares | Mean square | F-value | PR>F | R-square |
|-----------------|-----|----------------|-------------|---------|--------|----------|
| Model | 7 | 40.34 | 5.76 | 2.52 | 0.0164 | 0.076903 |
| Error | 212 | 484.28 | 2.28 | | | |
| Corrected Total | 219 | 524.63 | | | | |

| Source | df | Sequential | | Partial | |
|-------------------|----|------------|--------|---------|--------|
| | | F-value | PR>F | F-value | PR>F |
| BMAS | 1 | 4.20 | 0.0416 | 2.14 | 0.1452 |
| SRS | 1 | 0.04 | 0.8349 | 0.00 | 0.9979 |
| Severity | 1 | 10.82 | 0.0012 | 10.49 | 0.0014 |
| BMAS*Severity | 1 | 0.05 | 0.8193 | 1.09 | 0.2967 |
| SRS*Severity | 1 | 1.87 | 0.1727 | 1.83 | 0.1780 |
| BMAS*SRS*Severity | 2 | 0.34 | 0.7138 | 0.34 | 0.7138 |

Table E7. Multiple regression analysis predicting endorsement of seeking shelter

| Source | df | Sum of squares | Mean square | F-value | PR>F | R-square |
|-----------------|-----|----------------|-------------|---------|--------|----------|
| Model | 7 | 103.48 | 14.7 | 7.33 | 0.0001 | 0.194819 |
| Error | 212 | 427.49 | 2.0 | | | |
| Corrected Total | 219 | 530.93 | | | | |

| Source | df | Sequential | | Partial | |
|-------------------|----|------------|--------|---------|--------|
| | | F-value | PR>F | F-value | PR>F |
| BMAS | 1 | 30.47 | 0.0001 | 24.24 | 0.0001 |
| SRS | 1 | 0.26 | 0.6122 | 0.23 | 0.6353 |
| Severity | 1 | 17.90 | 0.0001 | 13.54 | 0.0003 |
| BMAS*Severity | 1 | 0.66 | 0.4158 | 1.67 | 0.1970 |
| SRS*Severity | 1 | 0.60 | 0.4399 | 0.56 | 0.4555 |
| BMAS*SRS*Severity | 2 | 0.70 | 0.4962 | 0.70 | 0.4962 |

Table E8. Multiple regression analysis predicting endorsement of getting medical attention

| Source | df | Sum of squares | Mean square | F-value | PR>F | R-square |
|-----------------|-----|----------------|-------------|---------|--------|----------|
| Model | 7 | 67.29 | 9.61 | 3.52 | 0.0014 | 0.104015 |
| Error | 212 | 579.66 | 2.73 | | | |
| Corrected Total | 219 | 646.96 | | | | |

| Source | df | Sequential | | Partial | |
|-------------------|----|------------|--------|---------|--------|
| | | F-value | PR>F | F-value | PR>F |
| BMAS | 1 | 0.43 | 0.5143 | 1.37 | 0.2425 |
| SRS | 1 | 0.26 | 0.6084 | 0.30 | 0.5830 |
| Severity | 1 | 18.98 | 0.0001 | 13.33 | 0.0003 |
| BMAS*Severity | 1 | 0.51 | 0.4744 | 0.96 | 0.3278 |
| SRS*Severity | 1 | 0.00 | 0.9767 | 0.00 | 0.9813 |
| BMAS*SRS*Severity | 2 | 2.22 | 0.1116 | 2.22 | 0.1116 |

Table E9. Multiple regression analysis predicting endorsement of seeking counseling

| Source | df | Sum of squares | Mean square | F-value | PR>F | R-square |
|-----------------|-----|----------------|-------------|---------|------|----------|
| Model | 7 | 50.30 | 7.18 | 3.17 | .003 | .094877 |
| Error | 212 | 479.86 | 2.26 | | | |
| Corrected Total | 219 | 530.16 | | | | |

| Source | df | Sequential | | Partial | |
|-------------------|----|------------|--------|---------|--------|
| | | F-value | PR>F | F-value | PR>F |
| BMAS | 1 | 6.50 | 0.0115 | 3.72 | 0.0552 |
| SRS | 1 | 0.89 | 0.3452 | 1.12 | 0.2912 |
| Severity | 1 | 8.01 | 0.0051 | 3.66 | 0.0571 |
| BMAS*Severity | 1 | 0.00 | 0.9712 | 1.05 | 0.3063 |
| SRS*Severity | 1 | 0.95 | 0.3305 | 0.91 | 0.3423 |
| BMAS*SRS*Severity | 2 | 2.93 | 0.0555 | 2.93 | 0.0555 |

Table E10. Multiple regression analysis predicting evaluation of injuries as serious

| Source | df | Sum of squares | Mean square | F-value | PR>F | R-square |
|-----------------|-----|----------------|-------------|---------|--------|----------|
| Model | 7 | 134.91 | 19.27 | 8.40 | 0.0001 | 0.217113 |
| Error | 212 | 486.47 | 2.29 | | | |
| Corrected Total | 219 | 621.38 | | | | |

| Source | df | Sequential | | Partial | |
|-------------------|----|------------|--------|---------|--------|
| | | F-value | PR>F | F-value | PR>F |
| BMAS | 1 | 3.48 | 0.0634 | 4.04 | 0.0457 |
| SRS | 1 | 1.22 | 0.2715 | 1.63 | 0.2026 |
| Severity | 1 | 52.88 | 0.0001 | 47.45 | 0.0001 |
| BMAS*Severity | 1 | 0.85 | 0.3580 | 0.20 | 0.6529 |
| SRS*Severity | 1 | 0.21 | 0.6445 | 0.22 | 0.6361 |
| BMAS*SRS*Severity | 2 | 0.08 | 0.9255 | 0.08 | 0.9255 |