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Perceptions Of Intimate Partner Violence Among Heterosexual, Gay, And Lesbian Couples

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PERCEPTIONS OF INTIMATE PARTNER VIOLENCE AMONG
HETEROSEXUAL, GAY, AND LESBIAN COUPLES

being

A Thesis Presented to the Graduate Faculty
of the Fort Hays State University in
Partial Fulfillment of the Requirements for
the Degree of Master of Science

by

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ABSTRACT

The current study examined the perceptions of intimate partner violence. Data were gathered from Fort Hays State University undergraduate participants enrolled on campus and virtually. Participants were assigned to a four-level independent variable (scenario type). Participants were grouped according to their career goal, a two-level independent variable (helping profession and non-helping profession). This study suggests there are differences in perceptions among participants with differing career goals as they pertain to myth acceptance of IPV and homosexuality, and the type of punishment needed for aggressors of IPV. Helping professionals endorsed lower myth acceptance of IPV. There was no significant effect of scenario type. However, a significant difference was found between the FTF and FTM scenario type. No interaction existed between scenario type and myth acceptance of IPV. Helping professionals endorsed lower myth acceptance of homosexuality. There was no significant effect of scenario type and no interaction existed between scenario type and career goal. A significant relationship between career goal and perceptions of punishment for aggressors was found, suggesting participants with helping profession career goals are more likely to endorse higher levels of punishment for aggressors. A significant relationship between career goal and perceptions of severity was not found, suggesting perceptions of severity are fairly consistent among career goals. Limitations and future research are also discussed.

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INTRODUCTION

Acts of violence occur all around the world each day. Violence is a broad term that takes numerous forms incorporating murder, rape, neglect, and abuse. Abuse also occurs in several forms, such as sexual, psychological, economical, and physical. A variety of terms such as domestic battery and domestic abuse are used to describe abuse and violence toward men, women, and children. However, most research suggests violence occurs against women a majority of the time (World Health Organization & Pan American Health Organization, 2012). Regardless of how the violence is defined, it is a widely recognized social and health issue that results in harm toward other human beings (Department of Justice, 2014).

There are a number of ways to describe domestic violence. The Department of Justice (2014) refers to domestic violence as a pattern where one person tries to control, achieve, threaten, or sustain power over a spouse, partner, family member, or someone in which they are involved in a relationship. Domestic violence is typically thought of as physical, emotional, sexual, or verbal in nature. Victims may find themselves isolated or stranded, financially dependent, coerced, threatened, intimidated, or emotionally abused (Peterman & Dixon, 2003). Domestic violence is a tremendous problem within the United States and around the world. Although not every form of abuse occurs in every relationship, abuse often presents itself in a variety of behaviors.

Another term recognized as abuse or violence of one person toward another is intimate partner violence (IPV). Similar to domestic violence, IPV encompasses several different types of aspects like physical, sexual, psychological, and economical abuse elicited by one person toward another (Centers for Disease Control & Prevention [CDC],

2014). IPV is a term used to describe the violence or harm between two people involved in an intimate relationship including those in domestic partnerships, marriages, or any other commitment type, regardless of state or local recognition. It further includes any relationship that involves a level of intimacy with an emotional tie but does not need to be sexual in nature, and is differentiated from elder or child abuse. Domestic violence is a broader term to include family members while IPV narrows it to a spouse, boyfriend/girlfriend (both ex- and current partner), or any other type of intimate relationship (Department of Health & Human Services, 2015).

Both IPV and domestic violence have been defined so similarly they are at times used interchangeably. For the purpose of this discussion, the terms are defined separately. Domestic violence includes any form of abuse toward family members or anyone else living at the same residence. IPV includes any form of abuse toward individuals with which the perpetrators and the victims have intimate relationships, regardless of the couple's living arrangements or their sexual relationship. Given the interrelatedness of the terms, research and its terminology can be used interchangeably. For the purpose of this research, domestic violence and IPV each refer to violence and abuse between intimate partners.

Previous Research on Intimate Partner Violence

Global & National Violence

Over 50 years ago, domestic violence was referred to as domestic abuse or “wife abuse” (Baker, Buick, Kim, Moniz, & Nava, 2013). Domestic violence was often thought of as an action or behavior of husbands toward wives, or only something that men did to women. Over time, the issue of domestic violence became a recognized issue of human

rights and was considered to be a significant hazard to women's well-being and health (Ellsberg & Heise, 2005). This led to the organization of women's groups at a local and international level beginning in the 1980s (Alhabib, Nur & Jones, 2010). These groups helped to gain attention of the many forms and wide spread impact of abuse toward women. There is a lack of research surrounding men as victims of abuse making it difficult to determine when men were formally recognized as victims (Drijber, Reijnders, & Ceelen, 2013).

IPV is a major global problem (World Health Organization [WHO], 2013). The WHO estimates that between 6% and 59% of women report forced sexual intercourse, or attempts at it, by intimate partners in their lifetime. Additionally, between 13% and 61% of women 15-49 years old report that intimate partners have physically abused them at least once in their lifetime. These statistics often have a wide range and only paint part of the picture for the implications of severity because not every victim of IPV makes a report.

Approximately 1.5 million women and over 834,000 men are physically assaulted and/or raped by intimate partners each year in the United States (CDC, 2014). Others estimate that between two and four million women are abused by spouses or partners each year in the United States (Peterman & Dixon, 2003). Estimates of lifetime prevalence by most researchers are found to be between 25-33%, while other estimates range beyond 50% (Seelau, Seelau, & Poorman, 2003). According to the National Violence Against Women Survey, 8% of males and 25% of females have reported being victims of IPV in their lifetime (Cho & Wilke, 2010). In 2008 in the United States, approximately 70% of homicides were females killed by males involved in intimate

relationships (Policastro & Payne, 2013). The violence occurring in these relationships was reported approximately half of the time to law enforcement further showing the seriousness of the issue.

These numbers portray the difficulty in determining incidence rates, and why the estimates among heterosexual couples vary. This variability within the research exists due to lack of reporting by victims or third parties (such as other household or family members, bystanders/witnesses, or other victims). Lack of reporting occurs for several reasons including fear that aggressors will retaliate, a need to protect aggressors from getting into trouble, or the belief law enforcement will not adequately protect victims (National Institute of Justice, 2007). According to the 2014 National Crime Victim Survey, abuse is considered to be a private matter or thought to be an insignificant problem (Bureau of Justice Statistics, 2015).

No matter how violence against other people is defined, domestic violence and IPV are critical health issues which need to be addressed. There are millions of victims affected by IPV each year and there will be many more individuals who become victims of abuse in the future. This factor alone creates a dire need to inform the public about warning signs of unhealthy relationships and why it should be reported. To eliminate or lower the prevalence of IPV, it is important to understand how or why violence occurs within relationships. Many theoretical viewpoints exist to explain IPV including evolutionary, sociocultural, and childhood developmental perspectives.

Evolutionary Perspectives

Evolutionary perspectives of IPV are complex as there are several adaptive problems to consider. Evolution by natural selection (Darwin, 1859) provides a basic

understanding of how species transitioned and survived. Evolution by natural selection has three fundamental ideas: 1) species are constantly changing; 2) there is a common ancestry among species; and 3) change is gradual and slow. Darwin is widely known for his theory of evolution by natural selection, which suggests human beings exist today due to variation, inheritance, population growth, and differential survival and reproduction. In its simplest form, natural selection provides reasoning for adaptive changes and issues, including an explanation for why IPV may occur within relationships.

Adaptive issues may provoke threats to the commitment of intimate relationships which may result in two things: jealousy and mate guarding. Jealousy and mate guarding may have served an evolutionary purpose of adapting to infidelity in order to ensure reproductive success. In intimate relationships, threats may include paternity uncertainty or access to resources. For instance, the human species relies on internal female fertilization leaving females 100% certain the resulting offspring is her own (Buss, Larsen, Westen, & Semmelroth, 1992). Fathers, however, cannot be totally certain the offspring are their own (aside from using modern-day paternity testing).

This poses a risk to males in relationships as they cannot be certain that their resources are being directed toward females carrying their offspring. In order to be certain of paternity, males may have adapted to these threats by displaying certain emotions (such as jealousy) or behaviors (such as mate guarding). Jealousy is a reaction to the possible threat that mates have defected or that offspring may not be genetically related (Buss, 2012). These are threats because offspring require extensive resource investment. Therefore, males are averse to investing their own resources into raising another male's offspring.

Research suggests there are certain behaviors used to fend off rivals. Buss (2007) notes that these strategies range from being watchful or constantly aware of where partners are or who they are with (vigilance) to physical altercations against rivals (violence). Both mate guarding and jealousy can be present at the same time in relationships by either sex. It is possible that mate guarding and jealousy are linked to similar outcomes and both could result in IPV.

When individuals are unfaithful or cheat on partners, this poses a cost to the partners' fitness. Infidelity causes partners to put up defenses to keep it from happening again, possibly in the form of jealousy (Buss, 2007). When such valuable relationships are threatened, jealousy can become activated as a solution to preserve partnerships. Some threats may be from outside relationships (mate poachers), a result of loss of resources to rivals (e.g., emotional, sexual, or financial), or from within due to partners wanting to abandon partnerships. Shackelford, Buss, and Weekes-Shackelford (2003) found that wives become victims of violence in an effort by men to keep their wives from leaving relationships or committing adultery. The Department of Justice (2014) has indicated women are at a higher risk for being murdered by an intimate partner. Although death of intimate partners is an extreme result of IPV, it is still considered a consequence of a mate retention tactic stemming from jealousy.

Although jealousy can occur separately, it can be observed overtly as another mate retention tactic known as mate guarding. Mate guarding is the effort dedicated to keep mates (Buss, 2007). These tactics are useful in fending off mate poachers and other effective mating tasks that require successfully resolving adaptation issues such as being advantaged in comparison to other males. In the short-term, disadvantaged males are

typically financially, competitively, or sexually inadequate in comparison to other males who use a more impressive mate guarding behavior with the females (Buss & Duntley, 2011). Shackelford, Voracek, Schmitt, Buss, Weekes-Shackelford, and Michalski (2004) found that sexual infidelity of a partner was more distressing for young men, whereas emotional infidelity was more distressing for young women. These findings are important as they further support evolutionary perspectives that sex differences exist in survival and fitness. These differences would impact access to the resources needed to successfully reproduce, as well as the mate retention tactics (such as mate guarding) used within the relationship.

Superior mates have higher mate value and that value has an importance to mate guarding. The definition of mate value differs according to the source but it is frequently referred to as the physical attractiveness, available resources, and the personality of individuals that defines the value of mates (Graham-Kevan & Archer, 2009). Men who are less socially competent, sexually inadequate, poorer in finances, and competitively disadvantaged will be a greater risk of cuckoldry and typically use more mate guarding behaviors with potential female mates.

Aggressors in relationships may use many control tactics to keep victims from leaving the relationship, doing anything independently, or making choices on their own (Halket, Gormley, Mello, Rosenthal, & Mirkin, 2014). This control could become extreme and lead to one of the many possible forms of abuse such as psychological, financial, or physical in nature. Abuse may take the form of, but is not limited to, aggressors keeping sole possession of the checkbook, not allowing victims to get a job, keeping any and all sets of car keys, using minimization or denial to justify aggressors'

behavior, intimidation, or speaking to victims in a way making them feel worthless, helpless, or embarrassed.

Wilson and Daly (1992) have tied mate guarding to the negative proprietary male mindsets in which the main function is to maximize the certainty of paternity. This explanation of violence within relationships has been found to be an equal contributor to partner violence. In fact, the level of testosterone found in males is suggested to be a good predictor of their levels of aggression and violence (Booth & Osgood, 1993). These levels are also good predictors of dominance ranks. Since females invest in mates with the resources to successfully reproduce and care for their offspring, it seems likely the mates of choice would be someone with rank who could invest in child-rearing. Males with higher rank and/or financial resources may attract females but they may not have parenting resources (Kanazawa, 2008). This tradeoff could possibly leave a risk of violence or abuse if males do not have the personality characteristics needed for child-rearing and, by extension, increasing the risk that could lead to IPV. It is also possible that factors making males competitive, driven, and powerful individuals (i.e., testosterone) make them competitive, driven and powerful individuals in all types of relationships (including intimate relationships). Depending how the dominance is expressed with the rank, this may also be predictive of violence and abuse, and possibly IPV.

Sociocultural Perspectives

There are social perspectives to consider when searching for an explanation of why IPV occurs within relationships. Sociocultural perspectives serve a tremendous purpose of bringing awareness to current behaviors and how these behaviors affect

society. The feminist model, the feminist viewpoint, and the power theory all shed light on the sensitive topic of IPV. They point to key factors in an attempt to explain why IPV exists and how it has negatively affected millions of people around the world.

The feminist model suggests IPV is the outcome of women living under oppression by men within a patriarchal society (Dobash & Dobash, 1977; McPhail, Busch, Kulkarni, & Rice, 2007) in which women are typically viewed as victims and men are typically viewed as offenders (Dobash & Dobash, 1979). This model posits that women are considered inferior to men and relationship violence is the product of this invariance of power. This social construct is detrimental as it places a higher value on men (specifically white men) over females and any other minority (e.g., African-American, homosexual). Society defines the social constructs and gender roles by teaching and socializing men from childhood and putting them into powerful positions over women typically known as male entitlement (Bell & Naugle, 2008). This difference of power is used to manipulate or control women through psychological, economical, and physical abuse and techniques such as secluding or threatening victims.

Although the feminist model proposes that male socialization is being driven by male entitlement, the feminist perspective disputes the idea as it considers other explanations of IPV beyond gender-based oppression (McPhail, Busch, Kulkarni, & Rice, 2007). Without violating the core values of the feminist model, the feminist perspective seeks to find an explanation of IPV by including alternative theories of why IPV occurs in relationships. According to this model, public solutions such as the creation of services and programs for women are an important aspect to address a high level of need. However, the feminist perspective also addresses the fact that women are not always

victims, women are capable of being an aggressor, same-sex IPV occurs, and there may be gendered differences when it comes to overt aggression that may or may not lead to IPV.

George and Smith (2014) discuss the feminist perspective as an evolved and more integrated version of the feminist model. Unlike the feminist model which focuses on the patriarchal structure of society as *the* reason for IPV (McPhail, Busch, Kulkarni, & Rice, 2007), the intersectional feminist perspective seeks to gain a better understanding by advocating for social justice and nonviolence regardless of the sex of the perpetrator. George and Smith also note that there is a need for society to recognize and stop the use of binary terms (e.g., “Black/White,” “Gay/Straight,” “Women/Men”). These binaries create a “this or that” connotation which reinforces the way society looks at issues, including IPV. These binaries could cause police officers to respond to a situation of IPV with the mindset that males are the aggressors and females are victims. Consideration of other factors leading to IPV such as substance abuse, psychological disorders, and attachment concerns may need addressed as well. Although the feminist model and the integrated feminist viewpoint both take the stance that IPV is a major health concern for people all over the world, they are vastly different in the perceptions of what causes IPV.

The power theory also considers a different explanation of what causes violence within relationships stating it comes from a cultural structure, as well as within a family structure (Straus, 1976). The power theory postulates that an interaction of conflict within the family, inequality of gender, and society’s acceptance of violence all lead to violence within relationships (Bell & Naugle, 2008). It is thought that conflict is developed in childhood either through experience or witnessing physical violence (Straus, 1977). Witt

(1987) adds that stressors are heightened for families struggling financially, and this leads to a higher risk for physical violence to occur. This tension is believed to increase with the power differential between husbands and their wives creating a greater chance for IPV.

The sociocultural perspectives do not come without imitations. The feminist model, the feminist viewpoint, and the power theory all come with mixed empirical support (Bell & Naugle, 2008). For example, some empirical support is thought to be inadequate due to the complex nature of IPV. There is also a lack of a “theoretically-derived strategy” that can predict instances of IPV using specific variables. Each couple comes with endless combinations of factors such as gender, cultural background, life experiences (e.g., previous abusive relationships, rape, divorce), and many other factors of which may affect how an individual behaves in an intimate relationship.

Childhood Exposure & Developmental Effects

It is important to mention effects of IPV on children when their primary caregivers within the home become physically, emotionally, or sexually abusive to each other in the presence of, or toward, a minor. Childhood exposure to domestic violence also becomes challenging to define as it could be described using various terms such as observers, witnesses, or victims (Evans, Davies, & DiLillo, 2008). The notion that emotional abuse in children’s lives as having negative outcomes or affecting their developmental stages comes with limited research (Berzenski & Yates, 2010). Even without much support or evidence of the relationship between children’s exposures to violence, ineffective coping styles that develop as a result of emotional abuse can have

negative effects on future intimate relationships and perpetuating the cycle of violence within the family.

The developmental psychopathology perspective asserts that the interaction between children's developmental functioning and their exposure to violent acts, such as IPV, are the determining factors of how violence affects children (Margolin, 2005). Much like the occurrence and reports of IPV, childhood exposure to IPV varies with researchers reporting as low as three million and upward of 18 million children and adolescents exposed each year to a minimum of one incident involving domestic violence (Evans, Davies, & DiLillo, 2008). This wide variation is due to a number of factors including the duration, frequency, and severity of the exposure. Other complex variables to consider include how to measure the adverse effects of the exposure and to what extent particular events have on individuals during their childhood that would later have effects in adulthood (Margolin, 2005). It becomes even more complicated as individuals may be exposed to a co-occurrence of violent behavior making it difficult to distinguish which act of violence may influence or affect individuals' various stages of development.

Another view of domestic violence suggests the act of abuse against partners is due to learned behavior (Straus & Gelles, 1990). The social learning theory (Bandura, 1971) focuses on childhood development. More specifically, the focus is on observational learning and direct experience based upon consequences perceived to be rewarding or punishing. It is possible for children to witness or become victims of domestic violence who will later translate the behavior(s) as a code of conduct. Though some researchers agree that children are at a higher risk for using similar and severe disciplinary strategies as their parents, there is much disagreement about how they are related (Simons, Wu,

Johnson, & Conger, 1995). This leads to issues of why individuals would use violence toward their partners (or anyone) because it is difficult to determine where the behavior was learned or at what point it was deemed an acceptable form of how to treat others.

The current developmental research suggests the risk increases for adverse outcomes due to early family relationships (Berzenski & Yates, 2010). However, current research fails to effectively predict which factors are leading to this increased risk. When considering the wide variety of terms used to describe childhood exposure to violence, it is clear that finding a neutral term is necessary. Developing a theory/theories and explanations of what causes the disruption to an individuals' growth are instrumental in the prevention and treatment of IPV.

Evolutionary, sociocultural, and childhood exposure/developmental perspectives offer a wide range of possibilities about why violence occurs within intimate relationships. Although each one has a unique viewpoint, each one serves to contribute to a better understanding of IPV. The knowledge gained from how and why IPV occurs may be able to further educate professionals who interact with aggressors and/or victims, inform the general public, and advocate for justice of those affected.

In general, violence causes damage to individuals' physiological and psychological health. Intimate partner violence can happen anywhere and to anyone regardless of their race, gender, sexual orientation, religion, or cultural background. It is necessary to continue efforts to bring awareness of this worldwide health issue to effectively lower the prevalence.

Prevalence, Arrests, Victims, and Myths of Intimate Partner Violence

The prevalence rates of IPV are often difficult to determine as it often takes place behind closed doors, victims are afraid to leave, threats have been made if the victim tells authorities, they may feel ashamed, and many other reasons (Alhabib et al., 2010; Drijber, Reijnders, & Ceelen, 2013). Even people who have been surveyed may be reluctant to acknowledge any abuse or violence even if it is anonymous. Millions of people are reported to have experienced IPV at least once in their lifetime. While these rates range widely, one thing can be agreed upon and that is that IPV does occur and it is a serious problem.

The Violence Against Women Act (United States Code, 1994) was passed to assist and protect victims of domestic abuse by providing resources and legal services (Seelau, Seelau, & Poorman, 2003). Legal services include mandatory arrest policies for local law enforcement agencies around the country. These arrests force officers to identify the aggressor in the situation, and it creates a type of “time out” for the couple. This “time out” decompresses the situation and often results in one person leaving the premise, generally to stay the night in jail. It also helps the victims by relieving them of responsibility of reporting the aggressor (Cormier & Woodworth, 2008).

As arrest rates have increased, so have the number of female arrests (Cormier & Woodworth, 2008). It is commonly thought that males are the aggressors in relationships but current research is putting that stereotype to rest. Women are being arrested for their actions if they are found to be the aggressor in IPV situations. There have always been male victims of IPV but they may not have reported it for a variety of reasons including

shame, feelings of weakness, and the cultural norms which implied abuse was something they should be able to deal with on their own.

Relationships involving any form of violence or abuse may be difficult for others to understand so it is important to explain some of the various reasons why victims stay in those relationships which could range from safety/danger issues to situational or psychological factors (Dunn, 2005). Some victims may have children with aggressors and fear they may lose custody in court or that aggressors will kidnap the children. Victims may not have financial security (or access to any financial accounts) leaving victims to feel they are stuck without anywhere to go. Perhaps they live in a rural community and finding alternative transportation is difficult or impossible. There may not be a “safe house” or shelter available in the community, or perhaps the victim cannot afford to stay in a hotel. There may be added pressure from friends and family to stay or leave, thus increasing victims’ emotional distress. Other difficulties in leaving abusive relationships might include failed attempts in the past, fear of getting caught or receiving retaliation from aggressors, or being unaware that help is available to them (Baker et al., 2013). It is beyond the scope of this paper to include all of the reasons why people stay in abusive relationships. Regardless of why they stay, ending relationships can become difficult. The trouble is further perpetuated by myths surrounding IPV.

Myths about domestic violence are any false beliefs, stereotypes, or misconceptions about intimate relationships, the victims, and the abusers (Policastro & Payne, 2013). Some of the myths include that victims provoked abusers, the victims did something to deserve the abuse, only when there is a physical altercation can it be

classified as domestic abuse, and victims could leave if they wanted to. The myths may be used to minimize the reports by victims or to justify explanations of abusers.

There are other consequences, as well, such as not being able to recognize oneself as a victim of IPV, feelings of shame or guilt, or believing the abuse is deserved/justified. Carlson and Worden (2005) conducted a study of 1,200 participants living in New York City. One third of participants believed domestic violence was a typical part of a relationship. Approximately 25% thought victims wanted to be abused, and two thirds reported that female victims had the ability to leave abusive relationships if they sincerely desired to.

Victim-blaming occurs when individuals believe that victims tolerate or provoke the abuse or violence that transpires (Policastro & Payne, 2013). If victims stay in relationships, they may be seen as responsible or consenting to any of the abuse. Failure to leave relationships may appear as though victims want to stay or do not desire to leave.

Victim-blaming attitudes are prevalent in today's society (Policastro & Payne, 2013). The emergence of these attitudes among professionals and students desiring to become professionals (e.g., law enforcement, social services, and medical field) is disconcerting as they are typically on the front lines of handling domestic violence or have privileged contact within hours or days with the individuals' involved in a situation of IPV. Victims may not seek help if they feel the abuse is their fault and the public may not provide any help if they view the victims as the reason the abuse occurred.

McMullan, Carlan, and Nored (2010) found that social work students were more likely than law enforcement and non-law-enforcement students to identify what was thought to be IPV. They identified domestic abuse as emotional or psychological, as

opposed to law enforcement that identified it more often as physical. This research supports the possibility that helping professionals may identify situations involving IPV as needing harsher punishment and being more severe when compared to individuals who are not helping professionals.

Homosexual Intimate Partner Violence

Domestic violence and IPV are highly researched fields yet researchers focus heavily on heterosexual couples. There is less research including homosexual couples due to small sample sizes, lack of reporting, and perceptions of the criminal justice system, medical field, and the general public. Rates of homosexual IPV are even more difficult to determine when compared to heterosexual IPV. While homosexual couples still experience the same issues as heterosexual couples in terms of why victims stay and why aggressors try to control victims, they have additional issues to consider.

These additional issues include public “outness,” societal or perceptual problems, their physical health (such as HIV/AIDS status), lack of shelter or support group availability, intolerance from others in society, and problems with the government not officially recognizing a relationship or marriage. Not all homosexual individuals are “out,” meaning they have not publicly announced or acknowledged their sexual orientation to friends, family, co-workers, etc. (Cormier & Woodworth, 2008). It is difficult for people who do not have a heterosexual orientation because they are often treated differently, more cruelly, or disregarded as human beings. Research indicates that perceptions of homosexuals are often very different than perceptions of heterosexuals, and similar perceptions are found when it comes to instances of IPV (Seelau, Seelau, & Poorman, 2003).

Another issue for gay male victims of IPV when considering why they stay in abusive relationships is their physical health. It has been reported that gay men experience high rates of domestic violence and that it is the third largest issue next to AIDS and substance abuse (Peterman & Dixon, 2003). This affects how they view themselves as individuals in relationships as they often play the role of primary caregiver and support system. Peterman and Dixon also note that if victims are sick, they may feel they have no other choices or anyone else they can turn to for help. If aggressors are sick, victims may feel obligated to stay because they know their partner may be experiencing the same problems. Additionally, they may find it too difficult to leave because they would struggle with dating or finding someone who would be understanding or supportive of their illness.

Gay men have had a difficult time finding a shelter to escape abusive relationships. In the past, shelters simply did not exist or they were given hotel vouchers (Peterman & Dixon, 2003). Even though shelters do exist, they are often for female victims only and usually do not accept male victims. If they are in a rural setting, shelters may not exist or may be too far to travel. Resources, in general, are difficult to find, especially for gay men. Lesbian women have also reported difficulties if other victims in the shelter become aware of the individuals' sexual orientation. Reports of discrimination by fellow victims and the shelter personnel make it difficult to seek shelter in times of need.

Support groups may be just as difficult to find for homosexual victims of IPV. Support groups may not exist or may not provide the assistance to, or understanding of, homosexual victims (Peterman & Dixon, 2003). The victims may be treated differently,

misunderstood, or taken less seriously than their heterosexual counterparts. It is also suggested that the support groups exclude gay men because it is believed they would have a negative effect on violence-prone men. Lack of support in the community often coincides with lack of tolerance for homosexuals. Homophobic thinking, hate groups, and general discrimination based upon sexual orientation exist even if it is struck down by local, state, or federal laws.

Laws are in place to help the general public and, as previously stated, there are laws that require mandatory arrests in IPV situations. Lower tolerance for homosexuality may contribute to homosexual victims staying in abusive relationships (Bartholomew, Regan, Oram, & White, 2008). Homosexual couples are often taken less seriously or disregarded in situations where they require assistance. Protective orders in place may not be acknowledged for homosexual couples. In many cases, protective orders are difficult to obtain in domestic terms as their relationship status may not be recognized in legal terms.

IPV may be a contemporary term but violence within relationships has been occurring for centuries. Violence is repeatedly found to be an attribute of people who use controlling behaviors in order to physically or emotionally control mates (Foran & O'Leary, 2008). Controlling behaviors have been established in both sexes, though much more often to be reported in males. It is possible this occurs because males often do not report violence instigated by females as it may deem them a weak individual.

Although it is important to focus on rates of IPV, it is also important to focus on the perspectives of people who are on the front lines of an IPV situation, as well as other helping professionals who have contact with victims and aggressors. First responders

typically include, but are not limited to, police officers, medical staff (e.g., paramedics, doctors, and nurses), and other professionals may include psychologists, counselors, social workers, lawyers, and judges. Because these professionals are often the first to come into contact with victims and aggressors of IPV, they are often able to recognize the complexities of the situation (DeJong, Burgess-Proctor, & Elis, 2008; Husso, Virkki, Notko, Holma, Laitila, & Mäntysaari, 2012). These helping professionals often have a duty or ethical obligation to ask questions about IPV (Jakobsson, von Borgstede, Krantz, Spak, & Hensing, 2013), so it is important evaluate their perceptions. Their beliefs, values, and biases could affect their ability to give the best care and treatment of victims of IPV, the response time to the scene, or other significant and timely factors such as arresting aggressors. Research has shown that response times are slower for homosexual couples involved in a situation of IPV, and are less likely to receive the same treatment as heterosexual victims (Bartholomew, Regan, Oram, & White, 2008).

If perceptions of first responders and other helping professionals can be looked at more closely, the beliefs and attitudes can be analyzed to see how they affect victims of IPV situations. This can provide beneficial information which could be used to train the first responders how to best handle IPV situations no matter the sexual orientation of couples. Knowing more about the people who have contact with victims of IPV can benefit society by creating a platform of discussion on ways we can neutralize and normalize responding to homosexual IPV situations, as well as educating the public about the seriousness of both heterosexual and homosexual IPV.

Rationale for the Proposed Study

The purpose of this project is to see if there are any significant differences in perceptions of a scenario depicting intimate partner violence between heterosexual or homosexual couples based upon the participant's career goal. According to the Centers for Disease Control and Prevention (2014), men who live with men experience more IPV and women who live with women experience less IPV, when compared to heterosexual couples. From a social perspective, this is important to study because the information gathered about perceptions can help society with development of more effective prevention and intervention measures to reduce the occurrence of IPV regardless of the couples' sexual orientations.

Most of the literature focuses on heterosexual couples and within that couple type, males commit domestic violence against former or current partners more often than their female counterparts (Drijber, Reijnders, & Ceelen, 2013; Department of Justice, 2015). Helping professionals could include mandated reporters (e.g., psychologists, teachers), first responders (e.g., police officers, paramedics), medical professionals (e.g., doctors, nurses), or other professionals who would have contact with victims, aggressors, or situations involving IPV (e.g., social workers, victim advocates). Participants with a helping profession career goal (e.g., police officer, paramedic, psychologist) may be more likely to have exposure to other people dealing with traumatic events in their life such as IPV. For example, justice studies majors may graduate and work in court services, become law enforcement officers, or work with victim advocacy groups. Psychology majors may graduate and work as a case manager in a mental health facility. They might also continue on to graduate school to become therapists or psychologists where they

may see victims or aggressors of IPV in therapy sessions. Participant's choosing a career goal unrelated to a helping profession (e.g., mathematics professor, English teacher, accountant) are not as likely to have contact with situations of IPV due to the nature of the training and education. This could lead to differences in perceptions between the participants.

It is possible that participants with helping profession career goals will be better prepared to identify situations involving IPV due to their training and education regarding human services. Individuals with a helping profession career goal may have the training to serve a role as interventionists or practitioners for programs to help aggressors or victims of IPV (Juodis, Starzomski, Porter, & Woodworth, 2014). Participants with a helping profession career goal may be more attuned to notice verbal abuse between couples and identify it as IPV. Individuals, such as police officers, are under legal obligation to enforce the law (Barner & Carney, 2011). It is their duty to protect and serve the community. It is hypothesized that participant's with a helping profession career goal will perceive the situation of IPV as more severe, regardless of sexual orientation, when compared to participants without a helping profession career goal. Participants with a helping profession career goal are further predicted to view situations of male toward female IPV as more severe than the other scenarios.

Punishment varies from place to place around the world. Convictions of rape in one country may constitute punishment by death whereas punishment in another country for the same crime may result in years in prison. The laws differ and so do the perceptions between people. The punishment type for IPV is ultimately subjective. Participants with helping profession career goals may also find aggressors deserving

more severe punishment, regardless of sexual orientation, when compared to participants without helping profession career goals. Severity and punishment could vary based upon the sexual orientation of the couple, regardless of the participants' career goal. The interaction between career goal and vignette type will also be evaluated.

These differences could be due to the level of myth acceptance of domestic violence or homosexuality. The exposure participants have personally had to violence or abuse, or to homosexuality may have an influence on how they act around or treat others. There are a number of ways individuals learn about IPV whether it is through personal experience or through someone they know, hearing about it on the news, or seeing it acted out in a movie just as there are many ways people learn about the similarities and differences between heterosexual and homosexual relationships. People form beliefs and opinions about a situation of IPV regardless of how little or how much they know. People also form beliefs and opinions about homosexuality whether it is religious or otherwise. These beliefs and opinions may perpetuate the myths surrounding IPV and homosexuality.

In the United States, college students' perceptions of IPV were significantly influenced by the acceptance of traditional gender roles. Haj-Yahia and Schiff (2007) found that those who followed the more traditional gender roles increased the likelihood to assault their partner physically, and they viewed the victim in a more negative way. Haj-Yahia and Schiff also found that those who believed in the traditional gender roles also had an increased beliefs that wives would benefit from abuse and that females are less likely than males to blame the victims. Halket et al., (2014) note that IPV is often negatively attributed to female victims. This supports the possibility that gendered

differences exist in situations of IPV which supports the idea that myths are not universal. Therefore it is hypothesized that participants without helping profession career goals will have a higher myth acceptance of domestic violence and homosexuality, regardless of scenario, when compared to participants with helping profession career goals. The results of these responses could shed some light on any significant differences and help to improve resources for victims, lower the rate of IPV, and bring awareness to the general public. Additionally, results could help develop or modify current best practices in how to handle situations involving IPV.

Method

Participants

Participants were 221 undergraduate students attending Fort Hays State University, both on campus and virtually, between the ages of 18 and 56. There were 165 females and 56 males. The participants' demographics were consistent with undergraduate students attending a Midwestern university (Age: $M = 25.42$, $SD = 8.94$). Fifty-eight percent of participants were on-campus students and 42 percent were virtual students. Seventy-three percent of participants identified as Caucasian, 12 percent identified as Mixed (more than one race), 11 percent identified as Hispanic or Latino, 3 percent identified as African American, and 1 percent identified as Native American. No other ethnicities were represented in this study. Ninety-two percent of participants identified as having a Heterosexual sexual orientation, 5 percent as Bisexual, 2 percent as Lesbian, 1 percent as Transgender, and 1 percent as Other (Pansexual). Fifty-eight percent of participants reported a helping profession career goal and 42 percent of participants reported a non-helping profession career goal.

Some students who participated received extra credit or course credit if their professor offered it. IRB approval was received prior to collecting data (see Appendix K).

Materials

Vignettes. Participants read one of four vignettes regarding an IPV situation. The randomly assigned vignette was a fictitious scenario about two individuals involved in a relationship. One person alleges to a police officer they have been pushed and slapped in the face resulting in a swollen eye and redness on the side of his/her face. The other person shares his/her perspective and is arrested at the scene. The vignettes included four relationship combinations including a heterosexual relationship with male toward female violence (MTF), a heterosexual relationship with female toward male violence (FTM), a female same-sex relationship with female toward female violence (FTF), and a male same-sex relationship with male toward male violence (MTM).

The vignettes were adapted from Yamawaki, Ochoa-Shipp, Pulsipher, Harlos, and Swindler (2012). Changes included establishing the reader as a neighbor to the couple in the vignette, the relationship was defined as “significant other” rather than “husband/boyfriend,” the length of the relationship was three years rather than four, the victim goes elsewhere by using a vague description rather than a specific location, and the aggressor gave an incriminating statement. To view all four vignettes, see Appendix A.

Vignette Evaluation. The participants took a short survey in which they were asked several questions such as identifying the aggressor and the victim of the scenario they read. The survey asked Likert scale questions about perceptions of whether the aggressor should receive punishment, and if so, what type of punishment. Answers

included 1 = No, 2 = Minimum consequences (such as a verbal warning from police, or a “cool down” period), 3 = Moderate consequences (such as a citation or fines for disturbance of the peace or domestic battery, or short-term stay in jail), and 4 = Maximum consequences (such as extended jail time or prison, and fines). Finally, participants were asked how severe they perceived the situation to be and were given four choices to choose from including 1 = Not severe, 2 = Minimum severity, 3 = Moderate severity, and 4 = Maximum severity. To view the complete survey, see Appendix B.

Domestic Violence Myth Acceptance Scale. The Domestic Violence Myth Acceptance Scale (DVMAS; Peters, 2008) was administered to all participants. The DVMAS was used to measure the level of acceptance of the myths surrounding domestic violence. The DVMAS consisted of 18 items, each on a Likert scale ranging from 1 (Strongly Agree) to 4 (Neutral) to 7 (Strongly Disagree). The scores were summed and divided by 18 to give the mean as the total score. Total scores ranged from 1 to 4.72.

The DVMAS has fairly sound psychometric properties (Peters, 2008). It has very good reliability ($\alpha = .88$), good content and face validity, and good indications of convergent and construct validity. There was no support found in the development of the DVMAS for divergent validity with other scales due to small sample sizes. To view the DVMAS, see Appendix C.

Homosexuality Attitude Scale. The Homosexuality Attitude Scale (HAS; Kite & Deaux, 1986) was administered to all participants. The HAS was used to measure individuals’ anxieties, stereotypes, and misconceptions about homosexuals. It assessed for a factor to represent approving or disapproving appraisal of homosexuals. The HAS consisted of 21 items, each on a Likert scale ranging from 1 (Strongly Agree) to 3

(Neutral) to 5 (Strongly Disagree). There are 11 reverse-scored items. Total scores ranged from 35 to 105.

The HAS has satisfactory psychometric properties (Kite & Deaux, 1986). It has been found to have good test-retest reliability ($r = .71$), and great internal consistency ($\alpha > .92$) and shows equal reliability for both lesbian and gay male targets. To view the HAS, see Appendix D.

Demographics. Participants filled out a demographics form asking de-identified personal information about their age, sex, grade level in school, race/ethnicity, relationship status, sexual orientation, on-campus/virtual student status, career goal, and whether or not they have personally been a victim or know someone who is a victim of violence committed by an intimate partner or significant other. To view the demographics form, see Appendix E.

Procedure

Participants were recruited by first emailing their professors for permission (see “Recruitment Email” in Appendix F). If professors agreed, the professors emailed their students (or posted the message onto Blackboard) with one of the four vignettes and a set of instructions provided by the researcher (see “Student Email” in Appendix G). After viewing the email, participants clicked on the survey link taking them to the survey website SurveyMonkey.com. Participants then had access to the materials for the proposed study. Participants first read an informed consent document (see “Informed Consent” in Appendix H) and had the option to print it for their information. If they agreed, they clicked “Continue.”

The order in which the vignette, vignette evaluation, and scales were presented was the same for each of the four surveys. Each of the four available surveys was the same with the exception of the survey links. Each survey link took the participant to a survey with only one of four vignettes available to them. Next, participants were asked to read one of four randomly assigned vignettes followed by questions in a vignette evaluation regarding what they just read. The remaining scales were shown in the same order. The participants took the Domestic Violence Myth Acceptance Scale to evaluate their acceptance of domestic violence myths. Next, participants took the Homosexuality Attitude Scale to assess their attitudes toward homosexuality. Lastly, participants filled out a form about their demographic information. This took approximately 10-15 minutes.

Following the surveys, participants read a debriefing about the study (see “Debriefing” in Appendix I). After reading the debriefing, they were able to print the debriefing form for future reference. After reading/printing the debriefing form, the participants clicked “Next” and it took them to a page they could print (see “Confirmation Document” in Appendix J) to turn in to professors as proof of survey completion.

Results

Prior to analysis, all variables were analyzed using various statistical techniques to determine if missing data, errors in data entry, and/or violations of the assumptions of the statistical tests occurred. Frequencies for each variable were examined for their maximum and minimum values. One participant was classified as a graduate student; this case was removed from the data set as all participants were required to be undergraduate

students. All other data values were within the appropriate ranges and the means and standard deviations of each variable were appropriate (Table 1).

Table 1

Demographics

	Helping Profession				Non-Helping Profession			
	Male		Female		Male		Female	
	n	%	n	%	n	%	n	%
Age (years)								
18-30	11	52.4	82	75.9	31	88.6	48	84.2
31-43	6	28.6	19	17.6	3	8.5	7	12.3
44-56	4	19.0	7	6.5	1	2.9	2	3.5
Ethnicity								
Caucasian	11	52.4	76	70.4	29	82.9	46	80.7
Hispanic/Latino	4	19.0	13	12.0	3	8.6	5	8.8
African-American	2	9.5	2	1.9	2	5.7	1	1.8
Native American	0	-	1	0.9	0	-	0	-
Mixed/Other	4	19.0	16	14.8	1	2.9	5	8.8
Grade								
Freshman	4	19.0	20	18.5	11	31.4	30	52.6
Sophomore	5	23.8	15	13.9	8	22.9	5	8.8
Junior	8	38.1	33	30.6	6	17.1	10	17.5
Senior	4	19.0	40	37.0	10	28.6	12	21.1
Relationship								
Single	6	28.6	36	33.3	18	51.4	18	31.6
Relationship	5	23.8	46	42.6	12	34.3	24	42.1
Married	10	47.6	21	19.4	4	11.4	13	22.8
Divorced/Widow	0	-	5	4.6	1	2.9	2	3.5
Sexual Orientation								
Straight	18	85.7	99	91.7	34	97.1	52	91.2
Bisexual	3	14.3	6	5.6	1	2.9	2	3.5
Lesbian	0	-	1	0.9	0	-	3	5.3
Transgender	0	-	1	0.9	0	-	0	-
Other	0	-	1	0.9	0	-	0	-
Enrollment								
On campus	8	38.1	56	51.9	28	80.0	37	64.9
Virtual	13	61.9	52	48.1	7	20.0	20	35.1

A frequency analysis was conducted and results showed that the distribution of the career goal (e.g., helping professional and non-helping professional) was positively

skewed and leptokurtic. The distribution of the scenario type (e.g., MTF, FTM, FTF, and MTM) was minimally positively skewed and leptokurtic. The distribution of DVMAS scores was positively skewed and leptokurtic. The distribution of HAS scores was negatively skewed and leptokurtic. The data were not transformed as doing so did not have a substantial impact on the variables' distributions.

Additionally, data were screened for possible outliers. Results from the analysis revealed that there were no outliers in the original data set. To assess homoscedasticity, the variables were plotted against each other. The Levene statistic suggested there was no concern regarding homoscedasticity for the DVMAS or the HAS as an assumption of equal variances was not violated, $F(7, 213) = 1.09, p = .37$ and $F(7, 213) = 1.37, p = .22$, respectively. Following these screening procedures, the analysis was able to proceed.

Main Analysis

It was hypothesized that participants without helping profession career goals would have higher myth acceptance of domestic violence, regardless of scenario, when compared to participants with helping profession career goals. A 2 (Profession Goal) x 4 (Scenario Type) Factorial ANOVA was performed on the data using domestic violence myth acceptance (DVMAS score) as the dependent variable. Higher scores indicated a higher level of myth acceptance. There was a significant main effect of domestic violence myth acceptance with non-helping professionals ($M = 2.98, SD = .09$) endorsing a higher level of myth acceptance related to domestic violence than helping professionals ($M = 2.58, SD = .08$), $F(1, 213) = 10.89, p = .001$, partial $\eta^2 = .05$. There was also a significant main effect for condition, $F(3, 213) = 2.80, p = .014$, partial $\eta^2 = .05$. Bonferroni post hoc analyses indicated that the mean score for FTF ($M = 3.02, SD = .12$) was significantly

higher than the mean score of FTM ($M = 2.52, SD = .12$). However, no other pairwise comparisons showed a significant difference, MTF ($M = 2.92, SD = .12$), MTM ($M = 2.67, SD = .13$). Additionally, there was no interaction between the career goal and the scenario type for domestic violence myth acceptance, $F(3, 213) = 0.45, p = .72$, partial $\eta^2 = .01$.

It was hypothesized that participants without helping profession career goals will have higher myth acceptance of homosexuality, regardless of scenario, when compared to participants with helping profession career goals. A 2 x 4 Factorial ANOVA was performed on the data, using career goal and scenario type as the independent variables, and homosexuality myth acceptance (HAS score) as the dependent variable. There was a significant main effect of attitudes toward homosexuality, $F(1, 213) = 10.55, p = .001$, partial $\eta^2 = .05$, with helping professionals ($M = 89.75, SD = 1.48$) endorsing a lower level of myth acceptance related to homosexuality than non-helping professionals ($M = 82.33, SD = 1.74$), with higher scores on this measure indicating lower levels of myth acceptance. There was no main effect for the scenario type, $F(3, 213) = 0.92, p = .435$, partial $\eta^2 = .01$. Bonferroni post hoc analyses indicated no significant differences of means for any condition, with MTF ($M = 87.32, SD = 2.23$), FTM ($M = 83.16, SD = 2.23$), FTF ($M = 85.57, SD = 2.22$), and MTM ($M = 88.11, SD = 2.45$). There was also no interaction between the career goal and condition, $F(3, 213) = 1.09, p = .35$, partial $\eta^2 = .02$.

It was hypothesized that participants with helping profession career goals would perceive situations of IPV as more severe, regardless of sexual orientation of the scenario type, when compared to participants without helping profession career goals. A chi-

square test of independence was performed and no difference was found between career goals on perceptions of severity, $\chi^2 (9, N = 221) = 15.76, p = .07$.

It was also hypothesized that participants with helping profession career goals would find aggressors deserving more severe punishment, regardless of sexual orientation, when compared to participants without helping profession career goals. A chi-square test of independence was performed and a significant relationship was found between career goals and perceptions of punishment needed, $\chi^2 (3, N = 221) = 9.26, p = .03$. Participants with helping profession career goals were more likely to endorse a moderate level of punishment for the aggressor (62%) than participants with non-helping profession career goals (40%). Participants with helping profession career goals were more likely to endorse a maximum level of punishment for the aggressor (69%) than participants with non-helping profession career goals (31%). Participants with non-helping profession career goals were more likely to endorse a minimum level of punishment for the aggressor (63%) than participants with helping profession career goals (38%). Participants with non-helping profession career goals were more likely to endorse no punishment for the aggressor (75%) than participants with helping profession career goals (25%) (see Table 2).

Table 2.

Chi-square test of independence results for career goal and punishment of aggressor.

			1	2	3	4	Total
Career Goal	Helping Profession	Count	1	12	105	11	129
		%	25.0	37.5	62.1	68.8	58.4
	Non-Helping Profession	Count	3	20	64	5	92
		%	75.0	62.5	37.9	31.3	41.6
Total		Count	4	32	69	16	221

Discussion

The purpose of this project was to see if there were any significant differences in perceptions of a scenario depicting IPV between heterosexual or homosexual couples based upon the participants' career goal. Different analyses were used to look for significant relationships between variables such as career goal, domestic violence myth acceptance, homosexuality myth acceptance, severity of the IPV scenario, and level of punishment required for aggressors of the IPV scenario.

The hypothesis that participants without helping profession career goals would have higher myth acceptance of domestic violence, regardless of scenario, when compared to participants with helping profession career goals was supported. There was a significant difference between career goal types, with non-helping professionals endorsing a higher level of myth acceptance related to domestic violence than helping professionals. This suggests that helping professionals may be more understanding and empathetic of situations of IPV than non-helping professionals. This research supports previous research suggesting that helping professionals are able to identify IPV more easily than non-helping professions due to mandatory arrest policies (Seelau, Seelau, & Poorman, 2003), as well as training and education received for a particular career (i.e., social work) (McMullan, Carlan, & Nored, 2010). Helping professionals have a duty to serve the general public, regardless of their opinions or beliefs of any situation, and are obligated to enforce the law (Barner & Carney, 2011)

There was also a significant difference between the conditions, with domestic violence myth acceptance higher for the FTF violence scenario when compared to the

FTM scenario. This research is supported by previous research suggesting that myths are not universal and gendered differences exist in situations of IPV (Halket et al., 2014). Based upon trends within this study, conditions in which there was a female victim had higher means than conditions with male victims. This research is similar to prior research suggesting that perceptions of homosexuals differ from perceptions of heterosexuals, but similar perceptions are found when it comes to instances of IPV (Seelau, Seelau, & Poorman, 2003). However, this was not qualified by a statistically significant analysis. Therefore, this analysis should be interpreted with caution.

The hypothesis that participants without helping profession career goals would have higher myth acceptance of homosexuality, regardless of scenario, when compared to participants with helping profession career goals was supported. There was a significant difference in attitudes toward homosexuality, with helping professionals endorsing a lower level of myth acceptance related to homosexuality than non-helping professionals. High scores indicated lower levels of myth acceptance. This suggests that helping professionals may be more open to interacting with individuals identifying as homosexual. This research supports previous research suggesting that individuals in a public service (e.g., interventionists or practitioners for programs to help aggressors or victims of IPV) have more training and knowledge regarding IPV than non-helping professionals (Juodis, Starzomski, Porter, & Woodworth, 2014). Helping professionals may be accustomed to notice verbal and identify it as IPV. Helping professionals may also be more sensitive to and accepting of the issues of the general public, as these professionals help others for a living and they are usually under legal obligation to

enforce the law (Barner & Carney, 2011). These professionals may have more opportunities to meet others who do not identify as heterosexual.

The hypothesis that participants with helping profession career goals would perceive situations of IPV as more severe, regardless of sexual orientation, when compared to participants without helping profession career goals was not supported. There was no relationship found between career goals and perceptions of severity. This suggests the possibility that people generally view situations of IPV similarly. While helping professionals are under legal obligation to report IPV (Barner & Carney, 2011), this may not be sufficient evidence to support the hypothesis that participants with helping profession career goals will perceive a situation of IPV as more severe than non-helping professionals. It is possible that the population sampled may have limited interaction with any form of violence or that most people generally consider IPV to be wrong, illegal, or unnecessary. This was reflected in the responses to IPV myth acceptance as participants generally rated neutral or low on the DVMAS. A larger, more representative sample size of the current United States population may have more comprehensive results than the current study.

The hypothesis that participants with helping profession career goals would find aggressors deserving more severe punishment, regardless of sexual orientation, when compared to participants without helping profession career goals was supported. There was a significant relationship found between career goals and perceptions of punishment needed with helping professionals more likely to endorse moderate or maximum levels of punishment of aggressors. Non-helping professionals were more likely to endorse low levels or no punishment of aggressors. This suggests that helping professionals view

situations of IPV as needing stricter punishment of aggressors, such as longer jail time or prison sentences. This also suggests that non-helping professionals may view situations of IPV less seriously than those in the helping professions.

Limitations

There were limitations to this study that may need remedied prior to future research. The current study used an online survey format. Participants were told they could only take the survey one time. However, there was no tracking or any other information that could link the survey to particular participants. This made it possible for participants to take the survey more than once and the ability to falsify personal information. Data was collected via self-report, online surveys. This increased the risk of responses being rushed, or random answers given to complete the survey for class credit rather than honest answers to questions.

The full range of possible scores on the DVMAS was not present. Overall, the means were low as most participants scored neutral or low myth acceptance. This effects the interpretation of the measure as the entire range of myth acceptance was not represented.

Implications & Future Studies

This study contributes to the current body of research by showing there are differences in perceptions among participants with differing career goals as they pertain to myth acceptance of domestic violence and homosexuality, and the type of punishment needed for aggressors of IPV.

It also contributes to the current literature as it shows other areas worth examining in future research. It would be valuable to investigate different perceptions of individuals

within the various types of helping professions (e.g., law enforcement, paramedic, social worker). For instance, although psychologists are a helping professional, they are not typically on the front-line when police are dispatched to the scene of situations involving IPV. Psychologists may not meet with victims or aggressors of IPV until days, weeks, or months later. Helping professionals such as law enforcement officers or paramedics are dispatched immediately and may see the violence occur as they arrive on the scene. This may influence results of further research if helping professionals were compared to each other rather than placed into one general category.

There may be differences in how participants with and without helping profession career goals are trained which may have affected the results of this study. Participants who are exposed to classes covering topics of social issues are more likely to gain knowledge on how to identify or intervene appropriately when noticing situations of IPV. Coursework geared toward social issues may be a requirement for most degrees needed for helping profession careers. This exposure may have an effect as it may have primed the participants with helping profession career goals to access their knowledge of IPV.

Finding ways to reduce myth acceptance of IPV and homosexuality may impact future results. This could be done by bringing more awareness to the general public via students enrolled in a community awareness course on college campuses. Educating students who plan to become helping professionals serves multiple purposes as they learn about social issues (e.g., IPV and attitudes toward homosexuality), develop and refine skills related to best practices regarding situations of IPV as well as homosexuality, and help improve resources for victims (e.g., raising money for local shelters, developing shelters for homosexual victims), all while helping the local community. Lowering myth

acceptance of IPV and homosexuality could also be done by implementing mandatory coursework related to various social issues for all college students.

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APPENDIX A

Vignettes

Male toward Female Scenario:

A police officer was dispatched to your neighbor's house in the middle of the night. Upon arrival, you overhear your neighbor Samantha making a report stating she was assaulted by her significant other, Steven. During the questioning, you hear Samantha telling the officer she has been in a relationship with Steven for three years and they have been living together for most of that time. Samantha states she and Steven had an argument over Samantha seeing a movie with her friend which instigated the assault. Samantha states that Steven pushed her against a wall and slapped her open-handed across the face. You see the police officer pointing to Samantha's face where she has a swollen eye and redness on the left side of her face. The police officer takes several pictures for the report. Samantha was offered medical attention and accepted it. You also see a second police officer talking to Steven and overhear him state that Samantha is cheating on him and is lying about going to a movie with a friend. Steven states that it is Samantha's fault for making him so mad. During this investigation you also see Steven and Samantha getting angry and calling each other names. A police officer arrests Steven and you hear another officer discuss arrangements for Samantha to stay elsewhere for the night.

Within the week you learn that Samantha and Steven decide to work things out and continue to live together. Samantha dropped all charges against Steven.

Female toward Male Scenario:

A police officer was dispatched to your neighbor's house in the middle of the night. Upon arrival, you overhear your neighbor Steven making a report stating he was assaulted by his significant other, Samantha. During the questioning, you hear Steven telling the officer he has been in a relationship with Samantha for three years and they have been living together for most of that time. Steven states he and Samantha had an argument over Steven seeing a movie with his friend which instigated the assault. Steven states that Samantha pushed him against a wall and slapped him open-handed across the face. You see the police officer pointing to Steven's face where he has a swollen eye and redness on the left side of his face. The police officer takes several pictures for the report. Steven was offered medical attention and accepted it. You also see a second police officer talking to Samantha and overhear her state that Steven is cheating on her and is lying about going to a movie with a friend. Samantha states that it is Steven's fault for making her so mad. During this investigation you also see Samantha and Steven getting angry and calling each other names. A police officer arrests Samantha and you hear another officer discuss arrangements for Steven to stay elsewhere for the night.

Within the week you learn that Steven and Samantha decide to work things out and continue to live together. Steven dropped all charges against Samantha.

Female toward Female Scenario:

A police officer was dispatched to your neighbor's house in the middle of the night. Upon arrival, you overhear your neighbor Samantha making a report stating she was assaulted by her significant other, Amanda. During the questioning, you hear Samantha telling the officer she has been in a relationship with Amanda for three years and they have been living together for most of that time. Samantha states she and Amanda had an argument over Samantha seeing a movie with her friend which instigated the assault. Samantha states that Amanda pushed her against a wall and slapped her open-handed across the face. You see the police officer pointing to Samantha's face where she has a swollen eye and redness on the left side of her face. The police officer takes several pictures for the report. Samantha was offered medical attention and accepted it. You also see a second police officer talking to Amanda and overhear her state that Samantha is cheating on her and is lying about going to a movie with a friend. Amanda states that it is Samantha's fault for making her so mad. During this investigation you also see Amanda and Samantha getting angry and calling each other names. A police officer arrests Amanda and you hear another officer discuss arrangements for Samantha to stay elsewhere for the night.

Within the week you learn that Samantha and Amanda decide to work things out and continue to live together. Samantha dropped all charges against Amanda.

Male toward Male Scenario:

A police officer was dispatched to your neighbor's house in the middle of the night. Upon arrival, you overhear your neighbor Brandon making a report stating he was assaulted by his significant other, Steven. During the questioning, you hear Brandon telling the officer he has been in a relationship with Steven for three years and they have been living together for most of that time. Brandon states he and Steven had an argument over Brandon seeing a movie with his friend which instigated the assault. Brandon states that Steven pushed him against a wall and slapped him open-handed across the face. You see the police officer pointing to Brandon's face where he has a swollen eye and redness on the left side of his face. The police officer takes several pictures for the report. Brandon was offered medical attention and accepted it. You also see a second police officer talking to Steven and overhear him state that Brandon is cheating on him and is lying about going to a movie with a friend. Steven states that it is Brandon's fault for making him so mad. During this investigation you also see Steven and Brandon getting angry and calling each other names. A police officer arrests Steven and you hear another officer discuss arrangements for Brandon to stay elsewhere for the night.

Within the week you learn that Brandon and Steven decide to work things out and continue to live together. Brandon dropped all charges against Steven.

APPENDIX B
Vignette Evaluation

Directions: Choose one answer for each of the following questions that best represents your beliefs:

Who is the aggressor? (*The actual survey will have the names from the vignettes*)

1. Person #1
2. Person #2

Who is the victim?

1. Person #1
2. Person #2

Is this abuse?

1. No, clearly not abuse
2. Probably not abuse
3. Probably abuse
4. Yes, clearly abuse

Was anyone hurt?

1. No, no one was hurt
2. Unlikely anyone was hurt
3. Likely someone was hurt
4. Yes, clearly someone was hurt

Should the aggressor be punished?

1. No
2. Yes, with minimum consequences such as a verbal warning from police or a “cool down” period
3. Yes, with moderate set of consequences such as citation or fines for disturbance of the peace or domestic battery, or a short-term stay in jail
4. Yes, with maximum punishment allowed such as extended jail time or prison, and fines

Was medical attention needed?

1. Medical attention is not needed
2. Medical attention optional
3. Medical attention on-site only
4. Medical attention required at hospital or ER

Was law enforcement necessary?

1. Law enforcement should not be notified
2. Law enforcement should be notified at some point
3. Law enforcement should be notified immediately
4. Law enforcement should be notified immediately and intervene

How likely is the victim to leave?

1. The victim will definitely leave the relationship
2. The victim is likely to leave
3. The victim is unlikely to leave
4. The victim will definitely stay in the relationship

Harm can take various forms such as emotional or psychological. Was there any emotional or psychological harm inflicted upon anyone in this scenario?

1. No emotional and/or psychological harm was inflicted
2. It is unlikely that emotional and/or psychological harm was inflicted
3. It is likely that emotional and/or psychological harm was inflicted
4. There was definitely emotional and/or psychological harm inflicted

Directions: Please rate your answers on a scale for the following:

1 = No 2 = Probably not; Unlikely 3 = Probably; Likely 4 = Yes; Absolutely

Would you:

- 1. Go next door & knock to see if everyone is okay?
- 2. Ignore the situation?
- 3. Call the police?
- 4. Call someone else to tell them?

Taking into consideration all punishments, injury/harm, medical attention, and law enforcement involvement, how severe was this scenario?

1. Not severe
2. Minimum severity
3. Moderate severity
4. Maximum severity

APPENDIX C

Domestic Violence Myth Acceptance Scale

The questions below ask about common attitudes toward domestic violence. While we all know the politically or socially correct answer, please answer how you truly think and feel. To answer, put a number on the line before each question indicating how strongly you agree or disagree with each statement. 1 = Strongly Disagree, 4 = Neutral, and 7 = Strongly Agree.

1. Domestic violence does not affect many people.
2. When a man is violent it is because he lost control of his temper.
3. If a woman continues living with a man who beats her then it's her own fault if she is beaten again.
4. Making a man jealous is asking for it.
5. Some women unconsciously want their partners to control them.
6. A lot of domestic violence occurs because women keep on arguing about things with their partners.
7. If a woman doesn't like it, she can leave.
8. Most domestic violence involves mutual violence between the partners.
9. Abusive men lose control so much that they don't know what they're doing.
10. I hate to say it, but if a woman stays with the man who abused her, she basically deserves what she gets.
11. Domestic violence rarely happens in my neighborhood.
12. Women who flirt are asking for it.
13. Women can avoid physical abuse if they give in occasionally.
14. Many women have an unconscious wish to be dominated by their partners.
15. Domestic violence results from a momentary loss of temper.

16. I don't have much sympathy for a battered woman who keeps going back to the abuser.

17. Women instigate most family violence.

1 = Not at all, 4 = Neutral, and 7 = Entirely.

18. If a woman goes back to the abuser, how much is that due to something in her character?

DVMAS scoring. Add all items and divide by 18 for mean score.

APPENDIX D

Homosexuality Attitude Scale

Instructions: Please indicate your level of agreement with the items below using the following scale: 1 = Strongly Agree, 2 = Agree, 3 = Neutral, 4 = Disagree, and 5 = Strongly Disagree.

1. I would not mind having a homosexual friend.
2. Finding out that an artist was gay would have no effect on my appreciation of his/her work.
3. I won't associate with known homosexuals if I can help it.
4. I would look for a new place to live if I found out my roommate was gay.
5. Homosexuality is a mental illness.
6. I would not be afraid for my child to have a homosexual teacher.
7. Gays dislike members of the opposite sex.
8. I do not really find the thought of homosexual acts disgusting.
9. Homosexuals are more likely to commit deviant sexual acts, such as child molestation, rape, and voyeurism (Peeping Toms), than are heterosexuals.
10. Homosexuals should be kept separate from the rest of society (i.e., separate housing, restricted employment).
11. Two individual of the same sex holding hands or displaying affection in public is revolting.
12. The love between two males or two females is quite different from the love between two persons of the opposite sex.
13. I see the gay movement as a positive thing.
14. Homosexuality, as far as I'm concerned, is not sinful.

15. I would not mind being employed by a homosexual.
16. Homosexuals should be forced to have psychological treatment.
17. The increasing acceptance of homosexuality in our society is aiding in the deterioration of morals.
18. I would not decline membership in an organization just because it had homosexual members.
19. I would vote for a homosexual in an election for public office.
20. If I knew someone were gay, I would still go ahead and form a friendship with that individual.
21. If I were a parent, I could accept my son or daughter being gay.

HAS scoring. Items 1, 2, 6, 8, 13, 14, 15, 18, 19, 20, and 21 are reverse scored and then all items are totaled to give a final score.

APPENDIX E
Demographics

Directions: Please answer the following questions about yourself.

1. Your age: _____

2. Your sex: _____ Male _____ Female

3. Grade:

- _____ Freshmen
- _____ Sophomore
- _____ Junior
- _____ Senior
- _____ Graduate
- _____ Special Status

4. To which group(s) do you most identify with? (*check all that apply*):

- _____ Caucasian
- _____ African-American
- _____ Native-American or Pacific Islander
- _____ Latino/Latina or other Hispanic origin
- _____ Other (please specify) _____

5. Relationship Status:

- _____ Single
- _____ In a committed relationship (long-term or engaged)
- _____ Married
- _____ Divorced/Widowed
- _____ Other (please specify) _____

6. Sexual Orientation:

- _____ Straight
- _____ Bi-sexual
- _____ Gay
- _____ Lesbian
- _____ Transgender
- _____ Other (please specify) _____

7. On-campus or virtual student:

On-campus only

Virtual only

8. Your career goal: _____

Please remember that your answers cannot be traced back to you. Please answer the following question as honestly as possible.

9. Have you or someone you know been a victim of any form of violence committed by an intimate partner or significant other? (*check all that apply*)

Yes, I was a victim of physical violence

Yes, I was a victim of emotional violence

Yes, I was a victim of sexual violence

Yes, I know someone who is or was a victim of physical violence

Yes, I know someone who is or was a victim of emotional violence

Yes, I know someone who is or was a victim of sexual violence

No

APPENDIX F

Recruitment Email

Dear Professor [insert name],

I am a graduate student at FHSU working on thesis research about perceptions of intimate partner violence between students with a career goal to become a helping professional (e.g., law enforcement officer, social worker, psychologist) and students with all other career goals (e.g., mathematics instructor, English professor, accountant). I wanted to know if your [insert class] would be available to take an online survey. Should you agree, I would ask that you email your students directions that I will provide to you. Optional: You can post the instructions on Blackboard as well. Once they receive your email or Blackboard post, they will be able to click on a link taking them to a survey.

After clicking on the link provided, the students would have access to a consent form, a brief description of what my study is about, and a debriefing following the survey. The survey may only be taken once and must be completed in one sitting. The survey takes approximately 10-15 minutes to complete. If you plan to give any course credit, there will be a form following the survey (I can provide you with a copy of what it will look like). The students can print off the form (or take a screenshot) and hand-deliver or email it to you as proof of survey completion.

Please let me know at your earliest convenience if you agree to notify students of this research opportunity. If so, I will send the appropriate documents with all instructions. If you have any questions, please feel free to contact me at smstaab@mail.fhsu.edu.

Thank you,

Shelby Staab
Graduate Student
Clinical Psychology Program
Fort Hays State University
600 Park Street
Hays, KS 67601
smstaab@mail.fhsu.edu

APPENDIX G

Student Email

Hello,

My name is Shelby Staab and I am a graduate student at FHSU working on thesis research. I am conducting a study about perceptions of intimate partner violence.

You are not required to participate in this study. If you decide to participate in this study, you may stop at any time without penalty. You will not receive any compensation for participating (except course credit or extra credit if your instructor offers it).

I am looking for participants to take an online survey that will take approximately 10-15 minutes. If you are interested in participating, click on the link provided and it will take you to a consent form explaining more about the study. You will have a chance to ask questions prior to taking the survey.

To take the survey, click on this link: www.surveymonkey.com/abcdefg

Thank you,

Shelby Staab
Graduate Student
Clinical Psychology Program
Fort Hays State University
600 Park Street
Hays, KS 67601
smstaab@mail.fhsu.edu

APPENDIX H

Consent Form

CONSENT TO PARTICIPATE IN RESEARCH

Department of Psychology, Fort Hays State University

Study title:

Perceptions of Intimate Partner Violence among Heterosexual, Gay, & Lesbian Couples

Name of Researcher: Shelby Staab

Contact Information: smstaab@mail.fhsu.edu

Name of Faculty Supervisor & Contact Information, if student research:

Dr. Janett Naylor-Tincknell Email: jmnaylor@fhsu.edu Phone: 785-628-5857

You are being asked to participate in a research study. It is your choice whether or not to participate.

Your decision whether or not to participate will have no effect on benefits or services to your academic standing or performance in the course to which you are otherwise entitled. If you have any questions, stop the survey and contact the researcher or their advisor by email at: smstaab@mail.fhsu.edu or jmnaylor@fhsu.edu.

What is the purpose of this study?

Trigger Warning: This study involves a hypothetical situation of fictional characters involved in a situation of intimate partner violence. If the topic of intimate partner violence makes you uncomfortable, you are advised not to participate in this study. There is a chance this study may cause emotional distress.

The purpose of this project is to look at perceptions of a scenario depicting intimate partner violence (IPV) between a couple as well as attitudes and myth acceptance surrounding homosexuality and IPV. IPV affects millions of men and women worldwide with over 1.5 million women and over 834,000 men are physically assaulted/raped by an intimate partner each year in the United States (CDC, 2014).

What does this study involve?

If you decide to participate in this study, you will view a fictitious scenario and answer questions about the scenario and other perceptions. You will not be required to provide your name or any other identifying information. None of the procedures (or questionnaires) used in this study are experimental in nature. The

only experimental aspect of this study is the gathering of information for analysis. You will be asked to sign this consent form after you have had all your questions answered and understand what will happen to you. The length of time of your participation in this study will be approximately 10-15 minutes. Approximately 160 participants will be in this study.

Are there any benefits from participating in this study?

There will be benefits consisting of extra credit or course credit (if your instructor has chosen to do so) should you decide to participate in this study. Your participation will help us learn more about perceptions of intimate partner violence. The information gathered about these perceptions can help society with development of more effective prevention and intervention measures to reduce the occurrence of IPV.

Will you be paid or receive anything to participate in this study?

You will not receive financial compensation for your participation. However, you may receive partial course credit or extra credit as explained by the professor of your class if they have chosen to do so. You will not receive any compensation if the results of this research are used towards the development of a commercially available product.

What about the costs of this study?

There are no costs for participating in this study other than the time you will spend completing the survey.

What are the risks involved with being enrolled in this study?

There is a small chance that participation in this project will result in harm to participants. Due to the sensitive topic of intimate partner violence, participants are at risk for emotional or physiological distress. It is unlikely that you are at risk for legal, physical, or social harm, or any other risk that is more than minimal. However, should you feel distressed or become upset by participating, you may contact:

- * Kelly Center offers free, confidential counseling services to students/faculty/staff of FHSU. They are located in Picken Hall room 111, phone # 785-628-4401.
- * Options: Domestic and Sexual Violence Services is located at 2716 Plaza Ave in Hays, KS, phone # 785-625-4202. A campus advocate for Options is located in the Student Health Center of the Memorial Union on FHSU campus, phone # 785-628-4629.
- * The National Domestic Violence Hotline offers free and confidential support available 24/7 by calling 1-800-799-SAFE(7233) or online chat at www.thehotline.org.
- * Your local area mental health facility.

If you have any other questions regarding the risks of this study, you may contact:

- * Psychology Department Ethics Chair Dr. W. Trey Hill at 785-628-4404 or whill@fhsu.edu.
- * Thesis advisor Dr. Janett Naylor-Tincknell at 785-628-5857 or jmnaylor@fhsu.edu.
- * Primary researcher Shelby Staab at smstaab@mail.fhsu.edu.

You may withdrawal from this study at any time without penalty.

How will your privacy be protected?

The information collected as data for this study includes: Online survey responses. Efforts will be made to protect the identities of the participants and the confidentiality of the research data used in this study, such as: No names or identifying information will be asked. Responses to survey questions will be entered into a computer program and stored for at least 5 years on a flash drive. Only the student researcher and faculty advisor will have access to the password-protected database and flash drive which will be locked in an office. The information collected for this study will be used only for the purposes of conducting this study. What is found from this study may be presented at meetings or published in papers but your name will never be used in these presentations or papers.

Other important items you should know:

- **Withdrawal from the study:** You may choose to stop your participation in this study at any time. Your decision to stop your participation will have no effect on your academic standing.
- **Funding:** There is no outside funding for this research project.

Compensation for Injury

“I have been informed and I understand that Fort Hays State University is not required to provide medical treatment or other forms of reimbursement to persons injured as a result of or in connection with participation in research activities conducted by Fort Hays State University or its faculty, but that Fort Hays State University may provide such treatment or reimbursement at its discretion. If I believe that I have been injured as a result of participating in the research covered by this consent form, I should contact the Office of Scholarship and Sponsored Projects, Fort Hays State University at 785-628-4349.”

Whom should you call with questions about this study?

Questions about this study *or concerns about a research related injury* may be directed to the researcher in charge of this study: Shelby Staab at 785-628-4405

If you have questions, concerns, or suggestions about human research at FHSU, you may call the Office of Scholarship and Sponsored Projects at FHSU (785) 628-4349 during normal business hours.

CONSENT

By checking the circle below, you agree to participate in this study. You are aware that you can print this consent document for your own records and that it is also available to you through your instructor. If you have questions before taking the survey, exit now and take the survey at a later time. You may contact the research advisor at 785-628-4405 or jmnaylor@fhsu.edu, or the researcher at smstaab@mail.fhsu.edu. You understand that you can change your mind and withdraw your consent at any time. By checking the circle below, you understand that it is like signing this consent form. You understand that you are not giving up any legal rights. You are 18 years or older.

- Yes, I consent to take this research survey. I am 18 years or older.

APPENDIX I

Debriefing

Thank you for participating in this experiment. The purpose of this project is to see if there are any significant differences in perceptions of intimate partner violence (IPV) between heterosexual and homosexual couples. Participants with helping profession career goals (e.g., law enforcement, social worker, psychologist) and participants with all other career goals (e.g., mathematics teacher, English instructor, accountant) were compared by being divided into four groups within the study; one group read a scenario involving male toward female IPV, one group read a scenario involving female toward male IPV, one group read a scenario involving female toward female IPV, and one group read a scenario involving male toward male IPV. Your participation will help us learn more about perceptions of IPV. The information gathered about these perceptions may be able to help society with the development of more effective prevention and intervention measures to reduce the occurrence of IPV.

Due to the sensitive topic of intimate partner violence, participants are at risk for emotional or physiological distress. It is unlikely that you are at risk for legal, physical, or social harm, or any other risk that is more than minimal. However, should you feel distressed or become upset by participating; you may contact the Kelly Center at 785-628-4401, the Psychology Department Ethics Chair Dr. W. Trey Hill at 785-628-4404 or whill@fhsu.edu, or the researcher Shelby Staab at smstaab@mail.fhsu.edu.

If you or someone you know is experiencing intimate partner violence or any other form of abuse, there are people available to talk to you about your concerns.

* Kelly Center offers free, confidential counseling services to students/faculty/staff of FHSU. They are located in Picken Hall room 111, phone # 785-628-4401.

* Options: Domestic and Sexual Violence Services is located at 2716 Plaza Ave in Hays, KS, phone # 785-625-4202. A campus advocate for Options is located in the Student Health Center of the Memorial Union on FHSU campus, phone # 785-628-4629.

* The National Domestic Violence Hotline offers free and confidential support available 24/7 by calling 1-800-799-SAFE(7233) or online chat at www.thehotline.org.

* Your local area mental health facility.

If you have any questions or if any concerns arise about the experiment you participated in, please feel free to contact Shelby Staab by email at smstaab@mail.fhsu.edu or Dr. Janett Naylor-Tincknell by email at jmnaylor@fhsu.edu or by phone at 785.628.5857.

APPENDIX J
Confirmation Document

Survey is complete.

Please print or screenshot this for proof of survey completion and give it to your professor.

Thank you,
Shelby Staab

APPENDIX K
IRB Approval Letter



**FORT HAYS STATE
UNIVERSITY**

Forward thinking. World ready.

OFFICE OF SCHOLARSHIP AND SPONSORED PROJECTS

DATE: March 3, 2016

TO: Shelby Staab
FROM: Fort Hays State University IRB

STUDY TITLE: [832148-1] Perceptions of Intimate Partner Violence among Heterosexual, Gay, & Lesbian Couples

IRB REFERENCE #: 16-066

SUBMISSION TYPE: New Project

ACTION: APPROVED

APPROVAL DATE: March 3, 2016

EXPIRATION DATE: March 2, 2017

REVIEW TYPE: Full Committee Review

Thank you for your submission of New Project materials for this research study. Fort Hays State University IRB has APPROVED your submission. This approval is based on an appropriate risk/benefit ratio and a study design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

This submission has received Full Committee Review based on the applicable federal regulation.

Please remember that informed consent is a process beginning with a description of the study and insurance of participant understanding followed by a signed consent form unless documentation of consent has been waived by the IRB. Informed consent must continue throughout the study via a dialogue between the researcher and research participant. Federal regulations require each participant receive a copy of the signed consent document. The IRB-approved consent document must be used.

Please note that any revision to previously approved materials must be approved by this office prior to initiation. Please use the appropriate revision forms for this procedure.

All SERIOUS and UNEXPECTED adverse events must be reported to this office. Please use the appropriate adverse event forms for this procedure. All FDA and sponsor reporting requirements should also be followed.

Please report all NON-COMPLIANCE issues or COMPLAINTS regarding this study to this office.

Please note that all research records must be retained for a minimum of three years.

Based on the risks, this project requires Continuing Review by this office on an annual basis. Please use the appropriate renewal forms for this procedure.