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EXAMINING RELATIONSHIPS AMONG LEVELS OF VICTIMIZATION,
PERPETRATION, AND ATTITUDINAL ACCEPTANCE OF SAME-SEX INTIMATE
PARTNER VIOLENCE IN LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUEER
COLLEGE STUDENTS

by

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A dissertation submitted in partial fulfillment
of the requirements for the degree of Doctor of Philosophy
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Major Professor: Andrew P. Daire

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ABSTRACT

The Centers for Disease Control and Prevention (CDC; 2012) reported that intimate partner violence (IPV) affects approximately 4.8 million females and 2.8 million males in their intimate relationships each year. Past research (e.g., Fanslow, Robinson, Crengle, & Perese, 2010; Foshee et al., 1996; Foshee et al., 2009) on IPV solely evaluated prevalence rates and factors within opposite-sex relationships; however, IPV within lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals' relationships exists at equal, if not higher, rates compared to their heterosexual counterparts (Alexander, 2008; McKenry, Serovich, Mason, & Mosak, 2006). Subsequently, a gap in research existed on violence in LGBTQ individuals' same-sex relationships and the need existed for further exploration of IPV within same-sex couples (McKenry et al., 2006; Turell, 2000).

The purpose of this study was an examination of the relationships among victimization rates (Victimization in Dating Relationships [VDR] and Safe Dates-Psychological Abuse Victimization [SD-PAV]), perpetration rates (Perpetration in Dating Relationships [PDR] and Safe Dates-Psychological Abuse Perpetration [SD-PAP]), and attitudinal acceptance of IPV (Acceptance of Couple Violence [ACV]) among LGBTQ college students. The specific goals of the study were to (a) identify the IPV victimization rates and perpetration rates among LGBTQ college students, and (b) examine the attitudinal acceptance of IPV in LGBTQ college students. The statistical analyses used to examine the four research questions and seven subsequent hypotheses included (a) Multivariate Analysis of Variance (MANOVA) and (b) Multiple Linear Regression (MLR).

The results identified that significant mean differences ($p < .01$; $\eta^2_p = .16$) existed between females and males in their reported levels of victimization and perpetration, suggesting a large effect size with biological sex accounting for 16% of the variance across the four victimization and perpetration variables. Specifically, females self-reported higher levels of psychological and emotional victimization compared to males ($p < .01$; $\eta^2_p = .05$), suggesting that females in same-sex relationships reported greater psychological abuse from their female partners. In addition, results identified significant mean differences between males and females in their levels of attitudinal acceptance of IPV ($p < .01$; $\eta^2_p = .13$), suggesting a medium effect size that biological sex accounted for 13% of the variance in attitudinal acceptance of IPV scores. In considering gender expression, results from the study identified that in females and males, those self-identifying with greater amounts of masculinity reported an increased amount of victimization and perpetration ($p < .01$; $\eta^2_p = .15$). The results identified a large effect size in that 15% of the variance in victimization and perpetration rates were accounted for by the interaction of biological sex and gender expression. Furthermore, in females and males, those self-identifying with greater amounts of masculinity reported higher levels of attitudinal acceptance of IPV ($p < .01$; $\eta^2_p = .12$). The results identified a medium effect size in that 12% of the variance in attitudinal acceptance of IPV was accounted for by the interaction of biological sex and gender expression. In regards to a history of childhood abuse and witnessing parental IPV, participants with a history of child abuse and a history of witnessing parental IPV did *not* differ in their levels of victimization, perpetration, or attitudinal acceptance of IPV from those without a history of childhood abuse and witnessing parental IPV. Finally, variables such as (a) biological sex, (b) gender expression, (c) past childhood abuse, (d) witnessing parental IPV, (e)

VDR, (f) SD-PAV, (g) PDR, and (h) SD-PAP predicted attitudinal acceptance of IPV in this LGBTQ college student sample. The results identified that linear composite of these eight predictor variables predicted 93% ($R^2 = .93$) of the overall variance in participants' attitudinal acceptance of IPV total score ($p < .01$).

Overall, the results identified that females reported higher levels of psychological victimization meaning that a female LGBTQ college student potentially experiences more risk of becoming a victim in a relationship. In addition, results identified that LGBTQ college students identifying as masculine present a potentially greater risk for both victimization and perpetration in their same-sex relationships. Self-identifying masculine LGBTQ college students reported greater amounts of acceptance of same-sex IPV, which possibly explains the lack of IPV reports from these college students. Finally, the results identified that individual and family-of-origin factors do, in fact, predict LGBTQ college students' levels of attitudinal acceptance of IPV. In other words, an LGBTQ college students' biological sex, gender expression, past childhood experiences, victimization rates, and perpetration rates all relate to the prediction of their attitudes about IPV.

Implications for future research included the need to further examine college students engaging either in an opposite-sex or same-sex relationship, exploring the relationships between masculinity and femininity in their reported levels of victimization, perpetration, and attitudinal acceptance of IPV. The need to replicate this study exists in order to ensure inclusiveness of individuals across all sexual orientations and gender identities in college students. In addition, several significant findings from this study further substantiate the need for continued research in the area of same-sex IPV, especially utilizing a sample of LGBTQ college students, to inform (a)

clinical assessment in college counseling clinics and community agencies, (b) IPV protocol development, and (c) culturally sensitive, modified intervention based on the current findings.

I dedicate this dissertation, first and foremost, to the LGBTQ victims of intimate partner violence who continue to experience fear and abuse in their relationship. Additionally, I dedicate this work to my grandparents for their emotional and financial support: to the late Milton D. Jacobson (1918-2001) and Joan Jacobson, to Mike and Louise Webb, thank you all for knowing my capabilities beginning in childhood, for trusting my judgment, and for sharing my passion, your faith and love remain unwavering. To my parents, Ben and Elizabeth, the two individuals who gave me life, your trust and love remain unyielding. To my partner in life and best friend, Finley, your strength in taking risks and making sacrifices afforded me the ability to complete this journey. From all of you, I've learned to appreciate diversity by your leadership and by your example of unconditional love. Thank you all for your encouragement and for your loving support of the LGBTQ community.

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TABLE OF CONTENTS

LIST OF FIGURES	xiv
LIST OF TABLES	xv
CHAPTER ONE: INTRODUCTION.....	1
Introduction.....	1
Social Significance	2
Professional Significance.....	5
Purpose of the Study	7
Theoretical Framework Overview	8
Methods	10
Research Questions and Hypotheses	10
Research Design, Sampling, and Procedures.....	14
Instrumentation	15
Data Analyses	16
Definition of Terms	17
Potential Limitations of the Study	22
Summary.....	24
CHAPTER TWO: REVIEW OF LITERATURE.....	26
Introduction.....	26
Shift in Focus: Domestic Violence to Intimate Partner Violence.....	26
Incidence Rates of Intimate Partner Violence	28
Nature of Intimate Partner Violence	30
Theory of IPV	32
Power Theory	32
Feminist Theory	34
Social Learning Theory.....	37
Disempowerment Theory.....	41
Continuum of Conflict and Control	42
Victimization and IPV	44
Perpetration and IPV.....	52
Attitudes and IPV.....	59
Research on Attitudes of IPV in College Students	66
Research on Attitudes of IPV in LGBTQ Relationships	69
Individual and Family-of-Origin Factors of IPV	70
Assessment and Evaluation Overview.....	73
Assessing Victimization.....	74
Assessing Perpetration	76
Assessing Victimization and Perpetration in LGBTQ Individuals.....	77
Assessing Attitudes of IPV	78
Identity and Relational Development	81
Identity and Relational Development in College Students	81
Counselor Preparation and Professional Standards	84
Summary.....	86

CHAPTER THREE: METHODOLOGY	88
Introduction.....	88
Research Questions and Hypotheses	90
Research Question One and Hypotheses	90
Research Question Two and Hypotheses.....	90
Research Question Three and Hypotheses.....	91
Research Question Four and Hypotheses	92
Research Design	92
Instrumentation	98
Demographic Information Questionnaire	99
Victimization in Dating Relationships.....	101
Safe Dates – Psychological Abuse Victimization.....	103
Perpetration in Dating Relationships	103
Safe Dates – Psychological Abuse Perpetration	105
Acceptance of Couple Violence – Modified.....	106
Procedures.....	108
Population and Sampling Procedures	109
Data Analyses	114
Confidentiality and Data Management	118
Summary.....	119
CHAPTER FOUR: RESULTS	121
Introduction.....	121
Sample Demographics	122
Results of Analyses.....	127
Preliminary Analyses	127
Research Question One.....	132
Research Question Two	136
Research Question Three	145
Research Question Four.....	148
Instrument Reliability	151
Summary.....	151
CHAPTER FIVE: DISCUSSION.....	155
Introduction.....	155
Discussion of Sample Demographics	156
Research Question One and Hypotheses	157
Research Question Two and Hypotheses.....	160
Research Question Three and Hypotheses.....	163
Research Question Four and Hypotheses	166
Synthesis	167
Implications for Practice and Research	170
Theory Development in Future Research	172
Individual, Family-of-Origin, and Relational Factors of IPV.....	177
Limitations	182
Research Design.....	182

Instrumentation	184
Conclusion	185
APPENDIX A: CONSENT INFORMATION LETTER	188
APPENDIX B: DEMOGRAPHIC INFORMATION QUESTIONNAIRE	190
APPENDIX C: VICTIMIZATION IN DATING RELATIONSHIPS	194
APPENDIX D: SAFE DATES – PSYCHOLOGICAL ABUSE VICTIMIZATION	196
APPENDIX E: PERPETRATION IN DATING RELATIONSHIPS	198
APPENDIX F: SAFE DATES – PSYCHOLOGICAL ABUSE PERPETRATION.....	200
APPENDIX G: ACCEPTANCE OF COUPLE VIOLENCE – MODIFIED	202
APPENDIX H: IRB APPROVAL FORM.....	204
APPENDIX I: ORGANIZATION AND PARTICIPANT RECRUITMENT EMAILS	206
LIST OF REFERENCES	213

LIST OF FIGURES

Figure 1: Constructs and Variables of Interest	8
Figure 2: Research Question Constructs and Variables of Interest	89

LIST OF TABLES

Table 1: Research Questions and Hypotheses	13
Table 2: Research Questions, Hypotheses, and Analyses.....	17
Table 3: Random Selection of Universities	96
Table 4: Research Questions, Hypotheses, Analyses, and Variables	118
Table 5: Biological Sex.....	123
Table 6: Sexual Orientation	123
Table 7: Gender Identity	124
Table 8: Gender Expression.....	124
Table 9: Age.....	124
Table 10: Number of Years in Education	124
Table 11: Ethnicity/Race.....	125
Table 12: Relationship Status	125
Table 13: Living Status	125
Table 14: Homophobic Control – Threatened to Out	126
Table 15: Homophobic Control - Questioned Sexuality.....	126
Table 16: Childhood Physical/Sexual Abuse.....	126
Table 17: Childhood Psychological/Emotional Abuse	127
Table 18: Childhood Witnessing Parental IPV	127
Table 19: Means, Standard Deviations, and Internal Consistency Reliability	132
Table 20: Correlations.....	132
Table 21: Means and Standard Deviations by Biological Sex.....	133
Table 22: Null Hypothesis One - MANOVA Full Model	134
Table 23: Null Hypothesis One - Bonferroni Adjustment	134
Table 24: Null Hypothesis Two - MANOVA Full Model.....	135
Table 25: Null Hypothesis Two - Bonferroni Adjustment	135
Table 26: Null Hypothesis Three - MANOVA Full Model.....	137
Table 27: Null Hypothesis Three - Bonferroni Adjustment	138
Table 28: Null Hypothesis Four - MANOVA Full Model	141
Table 29: Null Hypothesis Four - Bonferroni Adjustment	142
Table 30: Null Hypothesis Five - MANOVA Full Model.....	146
Table 31: Null Hypothesis Five - Bonferroni Adjustment.....	146
Table 32: Null Hypothesis Six - MANOVA Full Model.....	147
Table 33: Null Hypothesis Six - Bonferroni	147
Table 34: Null Hypothesis Seven - MLR Correlations.....	149
Table 35: Null Hypothesis Seven - MLR Full Model.....	150
Table 36: Null Hypothesis Seven - MLR Full Model Summary	150
Table 37: Instrument Means, Standard Deviations, and Cronbach's Alphas	151
Table 38: Comparing Cronbach's Alpha.....	185

CHAPTER ONE: INTRODUCTION

Introduction

Victimization and perpetration of intimate partner violence (IPV) occurs in same-sex relationships at similar rates compared to opposite-sex relationships (Allen, Swan, & Raghavan, 2009; Eaton et al., 2008). Victimization in lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals' same-sex relationships occurs at rates of 32% for physical abuse, 82% for emotional abuse, and 52% in the form of threats (Eaton et al., 2008; McKenry Serovich, Mason, & Mosack, 2006; Turell, 2000). Furthermore, college students report IPV rates between 33% and 38% in their opposite-sex relationships (Allen, Swan, & Raghavan, 2009; Fass, Benson, & Leggett, 2008). On the other hand, perpetration in LGBTQ same-sex relationships occurs at rates of 31% to 40% depending on the type of abuse (Eaton et al.; 2008, McKenry et al., 2006; Turell, 2000). According to the Centers for Disease Control and Prevention (CDC, 2012), these high incidence rates pose a major societal concern as the health of many individuals stands at risk. In addition to IPV incidence rates, research studies (e.g., Eaton et al., 2008; Ernst et al., 2007; McKenry et al., 2006) on individual factors such as past childhood abuse, witnessing parental IPV, and gender expression found noteworthy influence of these individual factors on victimization and perpetration rates in LGBTQ individuals' same-sex relationships. Thus, this study examined the scope, nature, and attitudes of IPV in LGBTQ college students' same-sex relationships utilizing correlational research (Fraenkel, Wallen, & Hyun, 2012) with survey methods (Dillman, Smyth, & Christian, 2009). For the purpose of this study, the identified sample contains LGBTQ college students who engaged in at least one same-sex relationship; IPV assessment focused on same-sex victimization, perpetration, and attitudinal acceptance of

IPV in these LGBTQ college students. Therefore, the scope of the study focuses on LGBTQ college students' same-sex relationships.

This chapter introduces IPV in same-sex relationships, the scope of IPV, and the need for further research in this area, and it reviews the research and methodology of the current study. Beyond same-sex incidence rates and individual factors (e.g., biological sex, gender expression, history of childhood abuse) related to IPV, a paucity of research exists about attitudes of IPV in LGBTQ individuals. Historically, research focused on attitudes of same-sex IPV in helping professionals (Brown & Groscup, 2009; Gracia, García, & Lila, 2011; Sorenso & Thomas, 2009) rather than LGBTQ individuals. Therefore, this chapter provides an overview of attitudinal acceptance of IPV (Foshee, Bauman, Arriaga, Helms, Koch, & Linder, 1998), including (a) an operational definition, (b) past research, and (c) the perceived gap in research about IPV in LGBTQ college students.

Social Significance

The CDC (2012) defines IPV as any physical, sexual, or psychological harm from a past or current partner in both opposite-sex and same-sex relationships. IPV exists on a continuum that varies in levels of frequency, severity, and duration. Saltzman, Fanslow, McMahon, and Shelley (2002) described victimization as an experience of being a victim, a targeted person of abuse or harm. Saltzman and colleagues defined perpetration as the experience of a perpetrator inflicting abuse or harm on another. In reviewing IPV victimization and perpetration incidence rates, the CDC (2012) reported an estimated 4.8 million females and 2.8 million males encounter victimization in their intimate relationships each year. In conjunction with the CDC, the National Institute of Justice (2000) estimated that 25% of females and 7.6% of males experience some

form (e.g., sexual and physical) of IPV. The National Violence Against Women Survey (NVAWS) also found that 11% of women fell victim to abuse by a female intimate partner compared to 30.4% of females harmed by a male partner. Conversely, male on male violence accounts for 15% of male victimization, and around 7.7% of females perpetrated their male intimate partners.

Furthermore, victimization among college students exists at 32.5% (Fass, Benson, & Leggett, 2008). Allen, Swan, and Raghavan (2009) evaluated a general sample of college students and identified biological sex (i.e., gender) differences between male and female college students in their reported victimization and perpetration rates. Allen and colleagues found that approximately 47% of females became victims of their male partners and 37% of males became victims of their female partners. In addition, Allen and colleagues identified that approximately 55% of females self-reported perpetration toward males and 41% of males reported falling victim to their female intimate partners. Fass, Benson, and Leggett (2008) reported 38.1% females perpetrated their male partners compared to 33.8% males perpetrating their female partners. Thus, college student IPV incidence rates underscore the need to further examine victimization, perpetration, and attitudinal acceptance of IPV with this population.

Amongst IPV research, empirical studies focused on victimization, perpetration, and individual characteristics of violence within opposite sex relationships (Andrews, Foster, Capaldi, & Hops, 2000; Ernst et al., 2007; O'Leary, Malone, & Tyree, 1994). However, a growing body of literature (e.g., Alexander, 2008; McKenry et al., 2006; Turell, 2000) suggests that IPV within LGBTQ relationships exists at similar rates compared to heterosexual relationships. For example, Turell (2000) found that approximately 83% of LGBTQ individuals

suffered emotional abuse and coercion within their relationship in a general sample of LGBTQ adults. Furthermore, 32% reported some form of physical abuse and 52% experienced being threatened by their same-sex partner. Both victims and perpetrators in violent relationships often experience higher levels of stress compared to those in non-violent relationships (McKenry et al., 2006). Therefore, the high prevalence of IPV (i.e., victimization and perpetration) presents a major mental health concern at an individual and societal level, and counselors need to address IPV concerns when working with LGBTQ couples.

Levels of victimization negatively correlate with attitudinal acceptance of IPV, suggesting that as reported levels of victimization increase, attitudinal acceptance decreases. Levels of perpetration positively correlate with attitudinal acceptance of IPV, suggesting that as reported levels of perpetration increase, attitudinal acceptance increases (e.g., Fanslow, Robinson, Crengle, & Perese, 2010; Flood & Pease, 2009; Ingram, 2007); however, limited research identified the direction of the relationships among victimization, perpetration, and attitudinal acceptance of IPV in LGBTQ college students. Historically, a few studies (e.g., Foshee et al., 1996; Kaura & Lohman, 2009) defined attitudinal acceptance as the level of tolerance, justification, or beliefs about violence in relationships. Past research explored the attitudes and beliefs of helping professionals (e.g., Brown & Groscup, 2009; Gracia et al., 2011; Sorenson & Thomas, 2009) and heterosexual college students (e.g., Demir, 2010; Kaura & Lohman, 2009; Seelau & Seelau, 2005) about IPV. Conversely, limited published research exists on attitudes of IPV in LGBTQ individuals. Thus, the study examined attitudinal acceptance of IPV in addition to the levels of victimization, perpetration, and individual factors related to IPV in LGBTQ college students.

Lastly, research on individual factors related to IPV demonstrates that past childhood abuse and witnessing IPV in childhood positively correlate with both adult victimization and perpetration (Ernst et al., 2007; McKenry et al., 2006). Previous literature focused on individual factors such as gender expression (masculinity or femininity) related to perpetration and victimization in LGBTQ adults. For example, McKenry, Serovich, Mason, and Mosak (2006) examined disempowerment factors related to IPV within LGBTQ relationships. McKenry et al. found (a) higher reports of masculinity, (b) greater amounts of insecure attachment styles, and (c) significant experiences in childhood abuse as the most prevalent characteristics of perpetrators in LGBTQ relationships. On the other hand, characteristics of IPV victims were (a) decreased self-esteem, (b) increased alcohol use, and (c) exposure to parental domestic violence in childhood. Thus, this study also explores the individual factors of biological sex, gender expression, past childhood abuse histories, and history of witnessing parental IPV among LGBTQ individuals.

Professional Significance

High IPV incidence rates in LGBTQ relationships (Eaton et al., 2008; McKenry et al., 2006; Turell, 2000) and in college students' relationships (Allen et al., 2009) underscored the importance of IPV as a social and professional issue. For example, the elevated incidence rates might suggest that counselors work with victims and perpetrators of violence more often than realized. Therefore, counselors and counselor educators necessitate the understanding of IPV theory, assessment, and treatment as it relates to LGBTQ relationships considering the high prevalence of IPV (McKenry et al., 2006). Many LGBTQ individuals and couples seek help through counseling (Burckell & Goldfried, 2006), especially considering the high rates of IPV in same-sex couples. Nonetheless, the need exists to explore IPV in LGBTQ college students in

order to disseminate knowledge and information. Specifically, the necessity exists to address levels of victimization, perpetration, and attitudinal acceptance of IPV for counselors-in-training, professional counselors, and counselor educators and supervisors. In fact, many of the organizational standards and ethical guidelines of national counseling associations, such as the American Counseling Association (ACA), require counselors to learn about IPV in LGBTQ relationships for the purpose of effective counseling treatment and for the purpose of dispelling myths and misconceptions (Duke & Davidson, 2009).

As noted, Turell (2000) found that 83% of LGBTQ individuals reported suffering emotional abuse and coercion within their same-sex relationships. Turell also found that 32% of LGBTQ individuals reported some form of physical abuse and 52% experienced being threatened by their same-sex partner. In addition, 9% of LGBTQ individuals reported that a partner used a child against the victim for the purpose of control and manipulation. Eaton et al. (2008) also found that 39% of lesbians reported being physically abused, 50% experienced verbal abuse, and 33% experienced threats of physical violence. These rates are consistent with previous studies (e.g., McKenry et al., 2006; Turell, 2000) on LGBTQ relationships and IPV. Approximately 8% of victims reported a pet being used as a means for control as well (Eaton et al., 2008). Still, these studies focused on LGBTQ adults and did *not* include young, emerging adult participants in college. Considering the lack of research on IPV in LGBTQ college students, Duke and Davidson (2009) expressed the need for updated resources on assessing and treating IPV in same-sex relationships.

In IPV studies with college students (e.g., Allen et al., 2009; Fass, Benson, & Leggett, 2008) and with LGBTQ individuals and relationships (e.g., Balsam & Szymanski, 2005; Eaton et

al., 2008; McKenry et al., 2006), researchers found high incidence rates of IPV. Yet, a research gap subsists in investigating college students identifying as LGBTQ. Therefore, limited knowledge exists on the rates of IPV for the population despite the fact that many counselors working in counseling settings and college counseling environments offer services focused on improving LGBTQ college students' well-being (Burckell & Goldfried, 2006; Stevens, 2004; Westbrook, 2011). Counselors working in college counseling settings need to focus on healthy development of intimate partner relationships for LGBTQ college students (Demir, 2010; Erickson, 1982). Therefore, this study addressed the scope of IPV for the LGBTQ college student population to inform clinical practice of counselors working in various settings (e.g., university clinics, college services, private practices).

Purpose of the Study

The purpose of the study was to determine levels of victimization, perpetration, and attitudinal acceptance of IPV in LGBTQ college students. Kaura and Lohman (2009) found that young males and females reported similar rates of IPV in their dating relationships compared to older adults. Thus, the need existed to further explore IPV in LGBTQ college students. In addition, Seelau and Seelau (2005) found that college students often believe that violence towards women is more severe, in both same-sex and opposite-sex relationships, than violence directed towards a male. However, these studies utilized a sample of heterosexual college students. The need existed to explore attitudes of same-sex IPV within LGBTQ college students. The goal of the study was to contribute knowledge in better understanding levels of victimization, perpetration, attitudinal acceptance of IPV, and individual characteristics of victims and perpetrators in LGBTQ college students (Alexander, 2008; Duke & Davidson,

2009), as presented in Figure 1. To establish a framework, an overview of the major theoretical structures explains the nature and co-existing factors related to IPV.

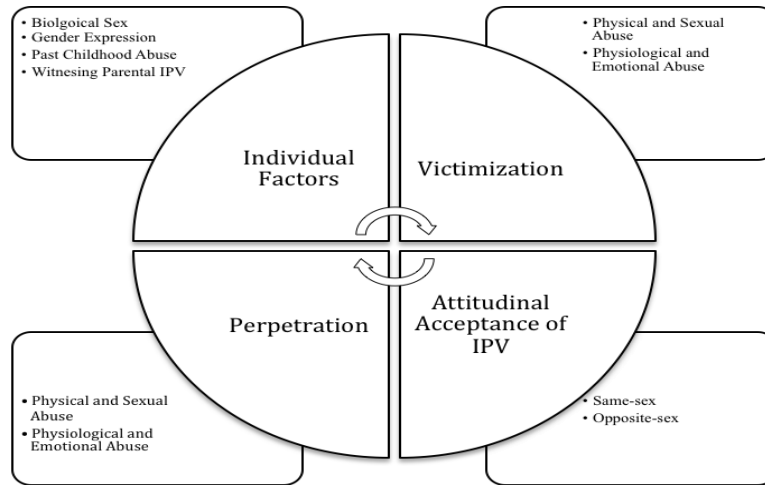


Figure 1: Constructs and Variables of Interest
Theoretical Framework Overview

Two theoretical frameworks guided this dissertation study: (a) disempowerment theory (McKenry et al., 2006) and (b) the continuum of conflict and control (CCC; Carlson & Jones, 2010). This section presents a brief overview of these frameworks. The disempowerment theory contributes to the proposal in explaining specific aspects of IPV, including gender expression, witnessing parental IPV, and past childhood abuse as predictors of IPV in LGBTQ college students. The continuum of conflict and control contributes to the proposal as it explains theoretical foundations of IPV across a spectrum, ranging from isolated incidences of violence to severe abuse.

McKenry and colleagues (2006) described disempowerment theory of IPV as having three overarching structures: (a) individual characteristics, (b) family-of-origin factors, and (c) intimate relationship characteristics. In particular, *individual characteristics* include gender expression, self-esteem, and levels of secure attachment. A *family-of-origin factor* (FOO)

includes childhood experiences that contribute to IPV, such as past abuse or witnessing parental IPV. Finally, *intimate relationship characteristics* include the degree of satisfaction in a relationship and level of stress (McKenry et al., 2006). Essentially, McKenry and colleagues pioneered a study in conceptualizing a theory to explain major influences of victimization and perpetration specific to LGBTQ relationships.

In addition to the disempowerment framework, Carlson and Jones (2010) discussed abuser typologies and integrated a continuum of conflict and control (CCC) to conceptualize IPV including (a) victim characteristics, (b) victimizer traits, and (c) nature of abuse. The CCC purports a continuum of conflict and control with three levels of violence: (a) situational conflict, (b) moderate violence, and (c) power and control in relationships. Conflict falls on one end of the spectrum with elements of IPV such as gender mutuality in which both males and females tend to perpetrate at equal rates. Furthermore, victims typically feel little fear and the perpetrators display minor psychopathology. Within the moderate violence level, victims feel fear and usually threaten to leave the relationship. On the other hand, perpetrators experience depression and/or anxiety. Control falls on the opposite end of the continuum with victim characteristics such as intense terror and fear. Perpetrator characteristics include the use violence to gain power and attempts to achieve control. Finally, research suggests that males typically perpetrate within the control category of the CCC (Gottman et al., 1995; Johnson, 2006; Johnson & Leone, 2005).

In regards to power and control, biological sex does *not* serve the same function or marker of abuse for LGBTQ relationships as it does in heterosexual relationships (Giorgio, 2002). For example, Carlson and Jones (2010) conceptualized that males mostly perpetrate on the power and control end of the CCC, providing counselors a biological sex marker when

working with couples. To illustrate further, biological sex does *not* provide the same identifying function and information when working with a lesbian couple, and characteristics such as gender expression may provide the greatest insight into typical IPV patterns. For example, when heterosexual and LGBTQ individuals believe that males cannot harm males and females cannot harm females (Duke & Davidson, 2009). Many individuals see same-sex violence as a mutual fight between partners, and as a result the IPV effects become minimized or denied (Duke & Davidson, 2009; Eaton et al., 2008). Nevertheless, the CCC model provides a helpful way to assess the severity of abuse based on historical research patterns of abusers and victims, and the spectrum informs counselors about which modality of treatment to use when working with IPV in LGBTQ relationships.

Methods

This study focused on identifying the levels of victimization, perpetration, and attitudinal acceptance of IPV in LGBTQ college students. To achieve this goal, I investigated relationships among levels of victimization (as measured by *Victimization in Dating Violence* [VDV; Foshee et al., 1996] and *Safe Dates - Psychological Abuse Victimization* [SD - PAV; Foshee et al., 1996]); perpetration (as measured by *Perpetration in Dating Relationships* [PDR; Foshee et al., 1996] and *Safe Dates - Psychological Abuse Perpetration* [SD - PAP; Foshee et al., 1996]); and attitudinal acceptance of intimate partner violence (as measured by *Acceptance of Couple Violence - Modified* [ACV-M; Foshee et al., 1998]) in LGBTQ college students. This study examined four research questions through analyses of seven hypotheses.

Research Questions and Hypotheses

The first research question (RQ1) investigated what differences exist between male and female LGBTQ college students, based on biological sex, in regards to their respective levels of

(a) *physical and sexual victimization* (VDR; Foshee et al., 1996), (b) *emotional and psychological victimization* (SD-PAV; Foshee et al., 1996), (c) *physical and sexual perpetration* (PDR; Foshee et al., 1996), (d) *emotional and psychological perpetration* (SD-PAP; Foshee et al., 1996), and (e) *attitudinal acceptance* of IPV (ACV-M; Foshee et al., 1998). I examined two null hypotheses. The first null hypothesis suggests that no differences will exist in levels of victimization (VDR and SD-PAV) and perpetration (PDR and SD-PAP) between male and female LGBTQ college students. The second null hypothesis suggests that no differences exist in their attitudinal acceptance of IPV (ACV-M) between male and female LGBTQ college students.

The second research question (RQ2) investigated what differences exist between gender expressions of masculine and feminine in LGBTQ college students, based on biological sex, in their levels of (a) *physical and sexual victimization* (VDR; Foshee et al., 1996), (b) *emotional and psychological victimization* (SD-PAV; Foshee et al., 1996), (c) *physical and sexual perpetration* (PDR; Foshee et al., 1996), (d) *emotional and psychological perpetration* (SD-PAP; Foshee et al., 1996), and (e) *attitudinal acceptance* of IPV (ACV-M; Foshee et al., 1998). I examined two null hypotheses. The third null hypothesis suggests that no differences will exist between feminine and masculine gender expressions, based on biological sex, in their levels of victimization (VDR and SD-PAV) and perpetration (PDR and SD-PAP). The fourth null hypothesis suggests that no differences will exist between feminine or masculine gender expressions, based on biological sex, in their attitudinal acceptance of IPV (ACV-M).

The third research question (RQ3) investigated what differences exist between a history of childhood abuse and witnessing parental IPV, based on biological sex, in LGBTQ college students' levels of (a) *physical and sexual victimization* (VDR; Foshee et al., 1996), (b)

emotional and psychological victimization (SD-PAV; Foshee et al., 1996), (c) *physical and sexual perpetration* (PDR; Foshee et al., 1996), (d) *emotional and psychological perpetration* (SD-PAP; Foshee et al., 1996), and (e) *attitudinal acceptance* of IPV (ACV-M; Foshee et al., 1998). I examined two null hypotheses to answer the third question. The fifth null hypothesis suggests that no differences will exist between a history of childhood abuse and witnessing parental IPV, based on biological sex, in LGBTQ college students' levels of victimization (VDR and SD-PAV) and perpetration (PDR and SD-PAP). The sixth null hypothesis suggests that no differences will exist between a history of childhood abuse and witnessing parental IPV, based on biological sex, in LGBTQ college students' attitudinal acceptance of IPV (ACV-M).

The fourth research question (RQ4) investigated if levels of (a) biological sex, (b) gender expressions (masculine or feminine), (c) a history of childhood abuse, (d) a history of witnessing parental IPV, (e) victimization (VDR and SD-PAV) and (f) perpetration (PDR and SD-PAP) predict attitudinal acceptance of IPV (ACV-M). I explored one null hypothesis examining the following eight predictor variables: (a) biological sex, (b) gender expressions (masculine or feminine), (c) a history of childhood abuse, (d) a history of witnessing parental IPV, (e) victimization (VDR and SD-PAV) and (f) perpetration (PDR and SD-PAP). Within the null hypothesis, I projected that these eight variables would *not* predict attitudinal acceptance of IPV (ACV-M). See Table 1 for a complete list of research questions and null hypotheses.

Table 1: Research Questions and Hypotheses

Research Questions	Hypotheses
RQ1: What differences exist between male and female LGBTQ college students in their respective levels of physical and sexual victimization (VDR), emotional and psychological victimization (SD-PAV), physical and sexual perpetration (PDR), emotional and psychological perpetration (SD-PAP), and attitudinal acceptance of IPV (ACV-M)?	H ₀ 1: There will be no differences between male and female LGBTQ college students in their levels of physical and sexual victimization (VDR), emotional and psychological victimization (SD-PAV), physical and sexual perpetration (PDR), and emotional and psychological perpetration (SD-PAP). H ₀ 2: There will be no differences between male and female LGBTQ college students in their attitudinal acceptance of IPV, as measured by Acceptance of Couple Violence-Modified (ACV-M).
RQ2: What differences exist between masculine and feminine LGBTQ college students, based on biological sex, in their respective levels of physical and sexual victimization (VDR), emotional and psychological victimization (SD-PAV), physical and sexual perpetration (PDR), emotional and psychological perpetration (SD-PAP), attitudinal acceptance of IPV (ACV-M)?	H ₀ 3: There will be no differences between gender expressions of LGBTQ college students, based on biological sex, in their levels of physical and sexual victimization (VDR), emotional and psychological victimization (SD-PAV), physical and sexual perpetration (PDR), and emotional and psychological perpetration (SD-PAP). H ₀ 4: There will be no differences between gender expressions of LGBTQ college students, based on biological sex, in their attitudinal acceptance of IPV (ACV-M).
RQ3: What differences exist between a childhood abuse history and witnessing parental IPV of LGBTQ college students, based on biological sex, in their respective levels of physical and sexual victimization (VDR), emotional and psychological victimization (SD-PAV), physical and sexual perpetration (PDR), emotional and psychological perpetration (SD-PAP), and attitudinal acceptance of IPV (ACV-M)?	H ₀ 5: There will be no differences between a history of childhood abuse and witnessing parental IPV of LGBTQ college students, based on biological sex, in their levels of physical and sexual victimization (VDR), emotional and psychological victimization (SD-PAV), physical and sexual perpetration (PDR), and emotional and psychological perpetration (SD-PAP). H ₀ 6: There will be no differences between a history of childhood abuse and witnessing parental IPV of LGBTQ college students, based on biological sex, in their attitudinal acceptance of IPV (ACV-M).
RQ4: Do biological sex, gender expression, a past childhood abuse history, witnessing parental IPV, levels of victimization (VDR and SD-PAV), and levels of perpetration (PDR and SD-PAP) predict attitudinal acceptance of IPV (ACV-M) in LGBTQ college students?	H ₀ 7: Biological sex, gender expression, a past childhood abuse history, witnessing parental IPV, levels of victimization (VDR and SD-PAV), and levels of perpetration (PDR and SD-PAP) will not predict attitudinal acceptance of IPV (ACV-M) in LGBTQ college students.

Research Design, Sampling, and Procedures

The study utilized a correlational research design combined with survey methodology (Dillman et al., 2009; Fraenkel et al., 2012) to achieve the goal of investigating relationships among levels of victimization, perpetration, and attitudinal acceptance of IPV. I employed correlational research with the Tailored Design Method (TDM; Dillman et al., 2009). Sorenson and Thomas (2009) suggested the need to evaluate attitudinal acceptance of IPV of LGBTQ adults from a large sample (e.g., university college students) in order to represent the greater population of LGBTQ individuals and relationships. Through partnerships with university LGBTQ organizations, I utilized purposive sampling to recruit LGBTQ college students. According to Cohen (1992), a sufficient sample size consists of 400 LGBTQ (beta, $\beta = .95$ and alpha, $\alpha = .05$) college students for the study based on a 95% confidence level, 5% margin of error. In addition, the TDM (Dillman et al., 2009) called for a sample size of at least 240 to obtain a 95% confidence level with 5% margin of error (i.e., confidence interval). Lastly, calculations using G*POWER 3.1 (Faul, Erdfelder, Lang, Buchner, 2009) performed with target power (beta, $\beta = .80$ and alpha, $\alpha = .05$) and a large effect size yielded a sample range from at least 42 – 109 to meet the proposed target power and effect size requirements based on analyses appropriate for the research questions. Therefore, the sample size provided the ability to run the most rigorous and robust statistical analyses. I anticipated a 35% response rate based on similar research methodology and data collection (e.g., Greenlaw & Brown-Welty, 2009, McKenry et al., 2006; Turell, 2000).

Upon UCF IRB for human subjects research approval, I compiled a list of 156 LGBTQ university organizations from the Consortium for LGBT Professionals in Higher Education.

Based on the U.S. Census Bureau (2013), I separated the 156 organizations into regional divisions. I then randomly selected a total of 40 university organizations across all four regions to provide a nationwide sample. Next, I contacted the advisors or leaders of LGBTQ student organizations at universities, both public and private, in the United States. I requested their help in disseminating study information to their organizations' members, and if interested, I sent them a document providing an overview of the study along with the sample email that would be forwarded to their student membership. The sample email included a link to the survey, which was hosted on SurveyMonkey.com. Organizations that agreed to participate were sent the study's recruitment email to send to their students. I followed up 7, 21, and 35 days after my initial recruitment email based on the research methodology of TDM (Dillman et al., 2009). It was recognized that students receiving the email could have share the study link with their friends; hence, the demographic questionnaire asked if the participant received study information from their LGBTQ organization or elsewhere. The study site on SurveyMonkey.com prompted those that provided research consent to complete the study instruments. Those that completed all assessments received a \$5.00 gift card as incentive to increase response rate suggested by researchers (e.g., Dillman et al., 2009).

Instrumentation

Participation involved voluntary participants completing a demographic questionnaire and six assessments: (a) *Demographic Information Questionnaire* (DIQ; Jacobson, 2012), (b) *Victimization in Dating Relationships* (VDR; Foshee et al., 1996), (c) *Safe Dates - Psychological Abuse Victimization* (SD-PAV; Foshee et al., 1996), (d) *Perpetration in Dating Relationships* (PDR; Foshee et al., 1996), (e) *Safe Dates - Psychological Abuse Perpetration* (SD-PAP; Foshee

et al., 1996), and (f) *Acceptance of Couple Violence - Modified* (ACV-M; Foshee et al., 1998; Foshee et al., 1992). I developed the *Demographic Informational Questionnaire* (DIQ; Jacobson, 2012) to collect relevant demographic information including (a) age, (b) biological sex (e.g., male or female), (c) gender identity, (d) gender expression (e.g., masculine or feminine), (e) educational information, (f) ethnicity, (g) relationship status, (h) living status, (i) history of childhood abuse, (j) history of witnessing parental IPV, and (k) homophobic control. Two assessments captured data related to victimization (VDR and SD-PAV), two captured perpetration (PDR and SD-PAP), and one measured acceptance of IPV (ACV-M). In order to maintain anonymity, when collecting assessments, the results were stored on a password-protected computer and in password-protected programs (e.g., SurveyMonkey, EXCEL). Additionally, data was entered into a secure, password-protected file on my computer for the purpose of data analysis (e.g., SPSS). Thus, participants were assured that any research published from the research project would *not* associate identifying information with the results submitted.

Data Analyses

This section provides a more thorough explanation of analyses beyond the previously reviewed information. Based on the research questions and hypotheses, a multiple linear regression (MLR; Tabachnick & Fidell, 2012) and multivariate analysis of variance (MANOVA; Tabachnick & Fidell, 2012) appeared most fitting for the correlational research design. A power analysis was conducted using G*POWER 3.1 (Faul et al., 2009) to assure that the proposed sample suffices in detecting statistically significant regression coefficients and analyses of variance. Additionally, as suggested by Cohen (1992), calculations were performed with the following standards: (a) target power (beta [$\beta = .80$]); (b) target alpha level [$\alpha = .05$]); (c) large

effect size for MANOVA ($ES = .15$) and large effect size for MLR ($ES = .15$). A MANOVA ($ES = .15$) with two factor levels and four dependent, continuous variables requires a minimum of 86 participants. A MANOVA ($ES = .15$) with two factor levels and five dependent, continuous variables requires a minimum of 92 participants. A MANOVA ($ES = .15$) with two factor levels by two factor levels and four, continuous dependent variables requires a minimum of 44 participants. A MANOVA ($ES = .15$) with two factor levels by two factor levels and five, continuous dependent variables requires a minimum of 48 participants. A MANOVA ($ES = .15$) with two factor levels by two factor levels by two factor levels and four dependent, continuous variables requires a minimum of 48 participants. A MANOVA ($ES = .15$) with two factor levels by two factor levels by two factor levels and five dependent, continuous variables requires a minimum of 48 participants. Lastly, an MLR ($ES = .15$) using eight independent, predictor variables requires 109 participants. This study answered four research questions through examination of seven null hypotheses. The following table (Table 2) presents the research questions, associated null hypotheses, and statistical analyses to investigate the hypotheses.

Table 2: Research Questions, Hypotheses, and Analyses

Research Questions	Hypotheses	Analyses
RQ1	H ₁ :	A1: One-way MANOVA
	H ₂ :	A2: One-way MANOVA
RQ2	H ₃ :	A3: Two-way MANOVA
	H ₄ :	A4: Two-way MANOVA
RQ3	H ₅ :	A6: Factorial MANOVA
	H ₆ :	A6: Factorial MANOVA
RQ4	H ₇ :	A7: Multiple Linear Regression

Definition of Terms

Most examples of emotional, sexual, and physical abuse relate to heterosexual and same-sex violence in relationships. These examples become helpful in identifying and responding to

IPV; however, there are unique differences among types of abuse that occur in LGBTQ relationships. For example, a partner threatens to *out* a victim of abuse to friends, family, and coworkers if the victim reports abuse (Duke & Davidson, 2009; Lobel, 1986). The Department of Crime Prevention (2010) indicated that the use of *outing* a partner establishes a unique way to control and gain power in a relationship. The partner also threatens to tell an ex-partner or the authorities that the victim identifies as LGBTQ, which could cause them to lose custody of a child (Duke & Davidson, 2009). Additionally, Lobel (1986) identified a specific form of emotional abuse in LGBTQ relationships, *homophobic control*, which includes threatening to disclose an individual's sexuality to family, friends, and employers. Furthermore, another form of homophobic control includes telling an LGBTQ individual that if they report the abuse then no one will believe them, insinuating that the LGBTQ partner will *not* receive help in a homophobic society, or telling an LGBTQ partner that they deserve the abuse because they are homosexual. Due to these unique examples of IPV, helping professionals have more difficulty in identifying and treating dating violence in same-sex relationships and LGBTQ individuals (Alexander, 2008; Brown & Groscup, 2009). Therefore, the need existed to define the constructs and variables investigated in the proposed study to better operationally define the terms and to understand the results of the study.

Attitudinal Acceptance: Attitudes (i.e., attitudinal acceptance) refer to the degree that a person accepts, tolerates, and endures violence in a relationship (Foshee et al., 1998). For the purpose of this study, I use *attitudes* and *attitudinal acceptance* interchangeably. In addition, attitudinal acceptance includes the degree to which an individual agrees or disagrees with, tolerates, or justifies IPV in a same-sex versus opposite-sex relationship.

Biological Sex: Biological sex includes categories, often assigned at birth, such as male or female (Bornstein, 1998). For the purpose of this study, biological sex refers to the assigned sex of male or female.

Emotional abuse: Emotional abuse includes threatening, criticizing and ridiculing, blaming, and isolating behaviors (Saltzman et al., 2002). Emotional abuse takes on various forms and patterns of abuse such as name-calling, yelling, blaming, humiliating, falsely accusing, isolating, threatening, and minimizing or ignoring a partner's feelings (Foshee et al., 1996; Lobel, 1986; Murphy-Milano, 1996). For the purpose of this study, emotional abuse includes name-calling, yelling, using homophobic control, manipulating, or coercing an intimate partner in a same-sex relationship.

Gender Expression: Gender expression refers to an individual's external expression about their gender identity, including (a) masculine, (b) feminine, (c) androgynous, (d) butch, and (e) femme (Bornstein, 1998). For the purpose of this study, gender expression refers to the identification of masculine or feminine characteristics.

Gender Identity: Gender identity includes the way an individual intrinsically feels about their gender, often influenced by biological sex. Both biological sex and gender tend to exist in a binary system (Bornstein, 1998). Gender identity categories include woman, man, boy, girl, genderqueer, cisgender, or transgender. For the purpose of this study, gender identity refers to the subjective experience of being bigender, genderless, genderqueer, cisgender, or transgender.

Intimate partner violence (IPV): IPV refers to physical force by an intimate partner with the purpose of harming their partner (Yllö & Bograd, 1988). A more in-depth definition includes any threat, emotional abuse, or physical abuse directed toward an intimate partner (e.g., spouse,

former spouse, cohabitating partner, dating partner) (CDC, 2012; Murphy-Milano, 1996). In addition, Walker (1979) described IPV (i.e., battering) as physical, sexual, financial, or social techniques used to coerce and manipulate. For the purpose of this study, IPV describes the broad definition of behaviors producing physical, sexual, or psychological harm from a past or current partner in a same-sex or opposite-sex relationship (Lobel, 1986).

Past History of Childhood Abuse: Past childhood abuse includes minor or severe psychological aggression, physical assault, sexual coercion, and injury experienced in childhood (Straus, 1977; Straus, Hamby, Boney-McCoy, & Sugarman, 1996). For the purpose of this study, past childhood abuse refers to any assault occurring in the form of psychological, physical, or sexual abuse in an individual's childhood.

Perpetration: Physical perpetration refers to any harmful behavior that a perpetrator directs towards an intimate partner in the form of physical, sexual, or emotional abuse. For example, perpetration includes slapping, pushing, kicking, twisting limbs, biting, pulling hair, shaking, hitting, forced sexual activity (i.e., rape), withholding sexual behavior, calling names, yelling, or withdrawing love (Foshee et al., 1996; Lobel, 1986; Murphy-Milano, 1996; Saltzman et al., 2002). Thus, perpetration often involves the use of guns, knives, or manipulation (Foshee et al., 1996; Lobel, 1986; Murphy-Milano, 1996). Minor perpetration involves slapping, pinching, name-calling, and pulling hair of a victim (Walker, 1979). Furthermore, severe perpetration involves a perpetrator directing punches, kicks, gunshots, or stabbings directed toward their victim (Walker, 1979). For the purpose of this study, perpetration exists when an individual uses power and control dynamics and targets a victim to inflict minor or severe

physical, psychological, emotional, or sexual abuse. The perpetration exists in the form of using a weapon or from the use of the perpetrator's body.

Physical abuse: Physical abuse refers to any harmful behavior that a perpetrator directs towards a partner, including slapping, pushing, kicking, twisting limbs, biting, pulling hair, shaking, and hitting the victim. Physical abuse includes hitting, pushing, biting, and kicking a partner (Saltzman et al., 2002). Additionally, physical abuse involves guns, knives, or other weapons (Foshee et al., 1996; Lobel, 1986; Murphy-Milano, 1996). For the purpose of this study, physical abuse refers to hitting, biting, kicking, using homophobic control, or physically injuring an intimate partner in a same-sex relationship.

Sexual abuse: Sexual abuse includes nonconsensual, forced sexual activity (i.e., rape) on a victim or withholding sexual behavior (Foshee et al., 1996; Lobel, 1986; Murphy-Milano, 1996). In other words, sexual abuse includes forcing a partner to have sex without consent (Saltzman et al., 2002). For the purpose of this study, sexual abuse includes forcing an intimate partner to engage in nonconsensual sexual activity in a same-sex relationship.

Victimization: Victimization refers to the broad incidences of abuse towards a victim, including physical, emotional, and sexual harm. For example, victimization includes slapping, pushing, kicking, twisting limbs, biting, pulling hair, shaking, hitting, forced sexual activity (i.e., rape), withholding sexual behavior, calling names, yelling, or withdrawing love (Foshee et al., 1996; Lobel, 1986; Murphy-Milano, 1996; Saltzman et al., 2002). Additionally, victimization often involves guns, knives, weapons, coercion, or manipulation (Foshee et al., 1996; Lobel, 1986; Murphy-Milano, 1996). Minor victimization entails slaps, pinches, and hair pulling directed at the victim (Walker, 1979). Severe victimization involves being the target of punches,

kicks, gunshot wounds, or stabbings, and the effects of severe victimization typically result in physical injuries (Walker, 1979). For the purpose of this study, victimization exists when a targeted person has less power and becomes the victim of minor or severe physical, psychological, emotional, or sexual abuse. The victimization results from the use of a weapon or from the use of the perpetrator's body.

Witnessing Parental IPV: Witnessing parental IPV refers to an individual bearing witness or perceiving violence between their parents during their childhood (Ernst et al., 2007). For the purpose of this study, witnessing parental IPV refers to seeing, hearing, or viewing violence between parents during an individual's childhood.

Potential Limitations of the Study

Several limitations existed with this study utilizing the correlational research design (Fraenkel et al., 2012) and survey methods (Dillman et al., 2009). Threats to validity using the correlational design included (a) mortality, (b) testing, and (c) population characteristics (Fraenkel et al., 2012). A mortality threat included the possibility of participants refusing to participate in the entire study contained certain characteristics (e.g., higher rates of victimization or perpetration) of the variable and constructs investigated (Fraenkle et al., 2012). To illustrate, the loss of these participants potentially decreased the strength of the relationships among victimization, perpetration, individual factors, and attitudinal acceptance of IPV in LGBTQ college students. A testing threat included the influential experience of responding to the first instrument and subsequent influences on responses to the rest of the instruments in the study (Fraenkel et al., 2012). For example, due to the fact that test items measuring victimization and perpetration contained similar questions, some participants may have seen the connection

between these instruments. Thus, due to concepts such as social desirability, the participants may have transitioned into answering the questions with their most preferred responses rather than responding with greater accuracy for fear of how they may appear. A population characteristics threat included the possibility of outside characteristics existing beyond those characteristics measured and controlled for in the study (Fraenkel et al., 2012). Using the correlational research design, a threat to external validity includes whether or not the sample was representative of the population and if the study was generalizable (Fraenkel et al., 2012).

Additionally, using survey research created the possibility of the following errors: (a) sampling error, (b) coverage error, (c) measurement error, and (d) non-response error (Dillman et al., 2009). A sampling error threat occurred considering that I only surveyed a small portion of a population. However, with the larger sample size of the study ($N = 290$) the threat does *not* present challenges to producing solid research. A threat to coverage error occurred with the possibility that inadequate survey coverage of an entire population existed (i.e., using SurveyMonkey on the Internet when some potential participants could not gain access to the web). Next, measurement error occurred when a respondent provided an inaccurate or imprecise response (Reynolds, Livinston, & Willson, 2009). Another potential threat, known as measurement error, stemmed from poor question wording in the DIQ items or flawed questionnaire construction. Therefore, I carefully constructed the DIQ questions and used the same Likert-scale as the instruments in order to provide consistency with the items. Lastly, a non-response error occurred when the entire sample did not respond to the survey. In other words, non-response error transpired when those who do not respond to the entire survey held different individual characteristics compared to those who responded to the survey. In order to

produce a solid study, I considered ways to reduce these types of errors in the survey administration and data collection.

Summary

This chapter provided an overview of the IPV issue in LGBTQ college students' relationships. A review of the scope of IPV (e.g., victimization and perpetration rates) and the nature of IPV (e.g., theory and characteristics) highlighted the existing need to further explore the relationships among levels of victimization, perpetration, and attitudinal acceptance of IPV in LGBTQ college students. The high incidence rates of IPV in LGBTQ relationships (Eaton et al., 2008, McKenry et al., 2006, Turell, 2000) indicated a social concern in public health and as a professional issue in counseling. For instance, victimization and perpetration occur at similar rates in LGBTQ relationships compared to opposite-sex relationships (Allen et al., 2009; Eaton et al., 2008). These high incidence rates pose a major societal problem because the health of many individuals stands at risk. Further, limited literature exists on attitudes of same-sex IPV (Foshee et al., 1998), which often influences abuse reports, attitudes, and help-seeking behaviors. Finally, a paucity of literature exists on LGBTQ individual factors contributing to IPV (Ernst et al., 2007; McKenry et al., 2006), including past childhood abuse and witnessing parental IPV in childhood. Finally, IPV research development in theoretical frameworks, assessments, and treatments for LGBTQ college student relationships remains scarce in scientific literature, especially in the field of counseling. Hence, based on past literature, the current study stands centered on the disempowerment framework (McKenry et al., 2006) and the CCC (Carlson & Jones, 2010).

Previous studies examined similar research questions and ran analogous analyses, but differences remained in their sampling procedures, sample characteristics, or research design. Additionally, a unique aspect of this current study is in the measurement of attitudinal acceptance of IPV in an LGBTQ sample because *no* other studies measured attitudes using a valid, reliable instrument. Thus, based on the presented research questions and associated null hypotheses, a correlational research design (Fraenkel et al., 2012) combined with survey methods (Dillman et al., 2009) was used. In order to examine these research questions, an MLR (Pallant, 2010) and MANOVA (Pallant, 2010; Tabachnick & Fidell, 2012) seemed appropriate to evaluate the relationships among (a) victimization, (b) perpetration, (c) individual factors, (d) and attitudinal acceptance of IPV in LGBTQ college students' same-sex relationships.

CHAPTER TWO: REVIEW OF LITERATURE

Introduction

This chapter presents a comprehensive review of IPV literature including: (a) historical trends of IPV, (b) incidence rates, (c) theoretical framework, (d) levels of victimization, (e) levels of perpetration, (f) attitudinal acceptance of IPV, and (g) individual factors and IPV. The chapter also introduces the history of IPV in LGBTQ individuals' same-sex relationships as operational definitions and conceptualization changed over time. Further, victimization and perpetration of IPV occurs in same-sex relationships at comparable rates in contrast to IPV in opposite-sex relationships (Allen, Swan, & Raghavan, 2009; Eaton et al., 2008). Beyond incidence rates and individual factors, a scarce amount of research focused on attitudes about IPV in LGBTQ individuals. Traditionally, research has focused on attitudes of same-sex IPV among helping professionals (Brown & Groscup, 2009; Gracia, García, & Lila, 2011; Sorenson & Thomas, 2009) and college students (Demir, 2010; Kaura and Lohman, 2009) while the attitudinal acceptance of LGBTQ individuals remains unclear. Thus, I also provide a thorough overview of attitudinal acceptance of IPV (Foshee et al., 1998) including: (a) an operational definition, (b) past research, and (c) the gap in research utilizing samples of LGBTQ college students. Lastly, the chapter concludes with an exploration of individual characteristics (e.g., age, gender, gender expression) that are related to levels of victimization and perpetration and attitudinal acceptance of IPV. The last portion of the literature review includes demographic variables and individual factors of IPV for the study.

Shift in Focus: Domestic Violence to Intimate Partner Violence

In the early 1970s, literature on *domestic violence (DV)* and *family violence* was presented at the forefront of scholarly journals in various professional fields including medicine,

psychology, and counseling (Straus, 1973; Straus, 1977). Early investigators examined incidence rates, the scope of DV, and the nature of DV. Subsequently, researchers began building theories around violence between family members, and some theorists later expanded their framework to include specific violence in intimate relationships, *intimate partner violence (IPV)*. The narrowing of focus from domestic violence to intimate partner violence occurred within the past 40 years of literature as theorists and researchers shifted their focus to (a) perpetrator and victim characteristics and (b) nature of the violence. The first change, *perpetrator and victim characteristics*, channeled the focus from domestic violence between any family members (e.g., Straus, 1973; Walker, 1979; Yllö & Bograd, 1988) to a narrower concentration on intimate partners (e.g., Johnson, 2006; Johnson & Leone, 2005). The second change, *nature of violence*, directed the focus in research from measuring violent behaviors (e.g., Straus, 1973; Walker, 1979) to a greater typology framework of power and control in intimate relationships (Gottman et al., 1995; Johnson, 2006; Johnson & Leone, 2005).

In the early 1980s, researchers (Kalmus, 1984; Mihalic & Elliott, 1997; O'Leary, Malone, & Tyree, 1994; Yllö & Bograd, 1988) recognized that classifying DV drastically varied from IPV, and subsequently terminology transitioned throughout the early 1990s. The first shift focused on the fact that DV encompasses all types of family violence whereas IPV refers to violence in an intimate partner relationship. The second shift in focus occurred when researchers (a) began operationally defining DV in terms of violence in familial relationships and (b) suggested that IPV definitions include elements of power and control within intimate relationships (Gottman et al., 1995; Johnson, 2006; Johnson & Leone, 2005). In other words, current definitions of IPV include a specific classification and need for power and control

between partners in the context of an intimate relationship. Johnson (2006) continued to elaborate on power and control suggesting that researchers must evaluate "...nonviolent, controlling behaviors to identify individuals who behave in a manner that indicates a general motive to control" (p. 1005). Johnson explained that the focus of IPV changed from measuring situational, occasional violence to that of identifying patterns of behaviors between partners within the intimate relationship.

Researchers differentiated IPV from DV, clarifying that DV concerned any type of abuse in a family system (e.g., child abuse, elder abuse, partner abuse) (Yllö & Bograd, 1988). On the other hand, IPV refers to physical force used by a partner or spouse with the purpose and intention of harming their intimate partner (Yllö & Bograd, 1988; Carlson; Johnson, 2006; Johnson & Leone, 2005). A more general definition includes any emotional abuse, physical abuse, or threat of abuse directed toward an intimate partner (e.g., spouse, former spouse, cohabitating partner, dating partner) (CDC, 2012; Murphy-Milano, 1996). Additionally, Walker (1979) described IPV as physical, sexual, financial, or social tactics used to coerce, manipulate, and control one's intimate partner. For the purpose of this study, IPV includes the broad definition of all behaviors producing physical, sexual, or psychological harm from a past or current partner in a same-sex relationship (Lobel, 1986). In addition, the study differentiates conflict from controlling behaviors in the assessments used (Johnson, 2006).

Incidence Rates of Intimate Partner Violence

The Centers for Disease Control (CDC) and the National Institute of Justice (2000) conducted a study which estimated approximately 25% of females ($n = 8,000$) and 7.6% of males ($n = 8,000$) experience some form of sexual or physical IPV in their lifetime. Further, the

CDC and the National Center for Injury Prevention and Control (2012) reported an estimated 4.8 million females and 2.8 million males experience victimization in their intimate relationships each year. Similarly, Ingram (2007) stated a lifetime incidence rate of 56% for males and females ($N = 12,309$), and within the past year, 16% of these participants experienced relational violence. These high incident rates of IPV need further exploration within same-sex couples because the studies focused on opposite-sex IPV.

The Bureau of Justice submitted a report indicating that females, ages 16 to 24, remain within the highest risk group of becoming a victim of IPV. Thus, younger females experience higher rates of IPV in their lifetime (Rennison, 2001). Therefore, college students in a similar age category may be at high risk of IPV. In fact, Fass, Benson, and Leggett (2008) found that 32.5% of college students fell victim to partner violence in their intimate relationships during college. In other words, one in three college students experienced IPV. The results also concluded that women reported higher rates of perpetration compared to men. Fass and colleagues noted that college student IPV exists at high rates due to the societal stigma that fosters violence in relationships and minimizes the effects of IPV. Allen, Swan, and Raghavan (2009) reported comparable results to the previously mentioned study (e.g., Fass, Benson, & Leggett, 2008) in that 55% of females perpetrated IPV towards their male partners. On the other hand, 47% females reported victimization. Further, 41% of males stated they used violence against their female partner and 37% reported victimization. As evidenced by the similar victimization and perpetration rates for male and female college students, gender symmetry in IPV exists, so there is a need for resources and IPV assessment on college campuses.

Intimate partner violence incidence rates in LGBTQ relationships occur at comparable rates in contrast to heterosexual relationship IPV. In fact, Tjaden and Thonnes (2000) in conjunction with the CDC reported results stemming from the National Violence Against Women Survey (NVAWS) and concluded that 11% of women fell victim to abuse by a female intimate partner compared to 30.4% of male-on-female IPV. On the contrary, male-on-male violence accounts for 15% of male victimization, and female-on-male violence accounts for around 7.7% male victimization. Turell (2000) added to the body of literature on IPV incidence rates by evaluating LGBTQ relationships and found 32% encountered physical abuse, 83% emotional abuse, and 52% were threatened. Years later, Eaton et al. (2008) found 39% of lesbians were physically abused, 50% experienced verbally abused, and 33% experienced threats of physical violence. Approximately 8% of victims reported a pet being used as a means for control as well (Eaton et al., 2008). These rates are consistent with previous studies (e.g., Ingram, 2007; Tjaden &Thonnes, 2000) on IPV and a thorough review of victimization and perpetration rates is provided in subsequent sections.

Nature of Intimate Partner Violence

The nature of IPV varies depending on theorists researching victimization and perpetration in the past. Nonetheless, several individual characteristics contribute to the nature of IPV. Specific to typological IPV research, Johnson (2006) developed four types of relationship violence as an expansion of feminist theory typologies: (a) *intimate terrorism*, (b) *violent resistance*, (c) *situational couple violence*, and (d) *mutual violence*. He researched the nature of IPV, developing victim and perpetrator characteristics to assist in IPV assessment and treatment. First, Johnson discussed intimate terrorism, consisting of a partner becoming violent and

controlling. Then, he examined violent resistance, including a partner exhibiting violent and controlling behavior and an individual expressing violence in reaction to the partner. Next, Johnson reviewed situational violence, which occurs when neither partner displays violent and controlling behavior on a consistent basis. During an episode, a couple learns how to de-escalate, change the interactional processes, consolidate, and integrate the changes. Lastly, mutual violence describes partners who both contain controlling, violent behaviors in the relationship.

Identified factors contributing to the nature of IPV in LGBTQ relationships include: (a) gender, (b) gender expression, (c) past childhood abuse, (d) witnessing parental IPV, (e) substance abuse, (f) attitudes, and (g) HIV/STI risk (Eaton et al., 2008; McKenry et al., 2006). The nature of IPV in LGBTQ relationships included influences from these constructs. Attitudinal acceptance (i.e., justification and normalization) of IPV, both within victims and perpetrators and professionals helping victims and perpetrators of IPV (Flood & Pease, 2009), remains as one of the most important factors influencing the nature of IPV.

Furthermore, Spitalnick and McNair (2005) pointed out that LGBTQ individuals often lack relationship role models, which results in same-sex couples developing their own normative behaviors in relationships. Thus, LGBTQ individuals and couples often need a place for advice, guidance, and support such as the counseling environment (Spitalnick & McNair, 2005). In fact, Burckell and Goldfried (2006) reported that LGBTQ individuals seek help through counseling services at higher rates compared to their heterosexual counterparts. Moreover, Spitalnick and McNair pointed out the non-conforming sex-roles that LGBTQ couples take on because individuals in a same-sex relationship may take on similar sex-role types (e.g., femininity, masculinity) compared to opposite-sex couples. The authors suggested future research must

focus on an exploration of gender roles, especially in comparing negotiation tactics and conflict resolution based on the sex-roles. Considering the lack of relationship role models and non-conforming sex roles in LGBTQ relationships, the need exists to further examine LGBTQ relationships and factors related to IPV. However, because researchers (e.g., Ernst et al., 2007; McKenry et al., 2006) previously identified several factors contributing to the nature of IPV, this study explores similar factors such as (a) biological sex, (b) gender expression, (c) past childhood abuse histories, and (d) history of witnessing parental IPV among LGBTQ individuals

Theory of IPV

For the purpose of this study, an integration of disempowerment theory and the continuum of conflict and control best explains the *endogenous*, internal factors and *exogenous*, external influences, variables that create a greater risk of victimization and perpetration in IPV. More specifically, the integration of these two theories explains endogenous (e.g., gender expression, gender, biological sex) and exogenous (e.g., witnessing parental violence, past childhood abuse) factors that influence the transmission of violence into adulthood. Nonetheless, a review of major IPV theories stands pertinent in the literature review to sift through the strengths and limitations of these theoretical frameworks. The following review of IPV theories and models includes (a) power theory, (b) feminist theory, (c), social learning theory, (d) disempowerment theory, and (e) the continuum of conflict and control (CCC). While examining these theories, the purpose remains to describe and to evaluate the most appropriate combination of theoretical underpinning and constructs that explains IPV in LGBTQ college students.

Power Theory

Power theory reflects a broad, socio-cultural theoretical framework of IPV and asserts that violence stems from (a) experiencing family conflict and (b) learning violent behavior in

childhood (Bell & Naugler, 2008; Straus, 1973). For example, children who witness IPV in childhood learn these violent behaviors. In addition, children view the behavior as a normal process in relationships and internalize the learned behavior of violence. Straus (1973) stated, “socio-cultural theories of violence introduce the proposition of violent acts as possibly legitimate or normative forms of behavior as opposed to products of deranged individuals...” (p. 36). In other words, rather than evolving from individual pathology, violent behaviors become learned and normalized.

Additionally, Straus indicated, “...in certain subcultures there are norms and values which legitimize the use of violence by one family member on another.” (p. 39). So, particular subcultures normalize violence behavior (i.e., psychological or physical punishment) based on the overarching values of the culture. Consequently, society holds a paradoxical view about violence in relationships. On the periphery, relationships are viewed as loving and caring, yet social norms indicate the right to perpetrate one another, especially men perpetrating their female partners (Bell & Naugler, 2009; Straus, 1977). Throughout society, underlying beliefs exist that reinforce IPV in relationships. These beliefs became substantiated when laws changed and prevented women from suing their husbands for abuse. Subsequently, the husband’s right to beat his wife stood supported. Lastly, police officers’ tendency to under report IPV further impeded these IPV beliefs in society (Straus, 1977; Walker, 1979).

While components of power theory explain IPV from a societal position, much of the power theory tenets do not address individual characteristics and phenomena, which contributes to IPV in the first place (Bell & Naugler, 2008; McKenry et al., 2006). In other words, the theory becomes limited in explaining IPV from an integrative, conceptual framework. Another power

theory limitation stems from the fact that the theoretical tenets focus mostly on heterosexual relationships (Straus, 1977), although recent research included a focus on gender symmetry (Straus, 2006; Straus, 2008). Lastly, IPV research evolved in the past years to include power and control components of violence in addition to situational violence (Johnson, 2006; Johnson & Leone, 2005). Conclusively, the limitations of applying power theory to college students, LGBTQ individuals, and same-sex relationships continue to pose a concern in using this theory.

Feminist Theory

According to Yllö and Bograd (1988), feminist theory coined the term *wife abuse* to distinguish male-on-female violence from other types of family violence. Other terms (i.e., spousal abuse, family abuse, IPV) present concerns in the literature as they minimize gender and status-related power influences in society (Mihalic & Elliot, 1997; Yllö & Bograd, 1988). For example, spousal abuse and family abuse terms "...collapse the distinctions between husband-to-wife violence, wife-to-husband violence, incest, child abuse, and elder abuse." (Yllö & Bograd, 1988, p. 13). Yllö and Bograd (1988) described four feminist perspectives of wife abuse: (a) explaining gender and power, (b) analyzing families situated in social institutions, (c) understanding women's experiences, and (d) employing scholarship for women. Similar to social learning theory (e.g., Kalmus, 1984; O'Leary, Malone, & Tyree, 1994) and power theory (Straus, 1973), feminists believe that individual factors, family-of-origin experiences, and psychopathology play a role in IPV. At the same time, feminist theoretical framework specifically focuses on patriarchal structures in society and how these structures promote wife abuse in a male-dominated society (Yllö & Bograd, 1988).

Feminist perspectives distinguished a major element of IPV as males abusing their female victims in order to gain power and dominance in the relationship (Walker, 1979; Yllö & Bograd, 1988). Feminist theory contains a number of positive features, such as the theorist's belief that a female responding to her husband's abuse does not constitute husband abuse. Therefore, the violent reaction must be labeled as self-defense, which decreases the chances of over-diagnosing IPV (O'Leary et al., 1994; Yllö & Bograd, 1988). Johnson and Leone (2005) described two types of relationship violence from a feminist theoretical framework; the first is *situational couple violence*, and the second is *intimate terrorism*. Situational couple violence occurs in arguments when violent partners inconsistently attempt to gain power and control. On the other hand, intimate terrorism consists of "...a general pattern of controlling behaviors, indicating that the perpetrator attempts to exert power and control over his partner" (p. 322). As mentioned before, Johnson (2006) also expanded on feminist theory typologies and described the following examples of IPV: (a) intimate terrorism, (b) violent resistance, (c) situational couple violence, and (d) mutual violence.

Beyond the perpetration typologies, Walker (1979) developed seminal work in describing characteristics of a perpetrator and victim. Due to the influence of her research on the development of IPV theory, a substantial amount of review exists in this evaluation. Specifically, she mentioned that victims experience (a) low self-esteem, (b) increased stress levels, and (c) the belief of most myths about IPV. She further explained that perpetrators also experience (a) low self-esteem, (b) increased stress levels, and (c) increased misconceptions about IPV. Thus, victims and perpetrators often carry similar characteristics to one another. Walker mentioned that only a small amount of victims witness IPV in childhood or encounter childhood abuse though

when comparing their characteristics to perpetrators. Conversely, a large number of perpetrators witness parental IPV during their childhood and experience childhood abuse. These outcomes stand consistent with previous research (e.g., Bell & Naugler, 2008; McKenry et al., 2006) on factors influencing victimization and perpetration rates. According to Walker (1979), common myths and misconceptions exist about wife abuse. Walker delineated and dispelled myths like the following: (a) battered women syndrome affects a small amount of the population, (b) battered women deserve to be abused, (c) battered women achieve less education and economic status, and (d) battered women can always leave home. Walker discussed many other misconceptions about wife abuse, but only a few seem appropriate to discuss for the purpose of this study. Thus, possible misconceptions exist in LGBTQ individuals' beliefs about IPV occurring in same-sex relationships. For the most part, research from a feminist perspective remains outdated (e.g., Walker, 1979), although current research (e.g., Bell & Naugler, 2008; McKenry et al., 2006) explored similar feminist theory constructs such as individual characteristics and factors related to IPV in LGBTQ individuals and couples.

However, some limitations exist in the feminist theoretical framework for explaining IPV. Due to the patriarchal nature of the theory, much of the empirical support for feminist theory does not include research on both males and females as perpetrators and victims. Additionally, a significant research deficit on same-sex couples and IPV exists (Bell & Naugle, 2008; Straus, 2006). Straus (2006) mentioned that gender symmetry (i.e., equal rates of male and female perpetration) exists in IPV rates. Paradoxically, a sizeable deficit in empirical support for gender-inclusive IPV treatment interventions exists in the literature. The lack of research on

constructs such as gender symmetry and gender-inclusive intervention reinforces the feminist perspective and impedes treatment.

Social Learning Theory

Power theorists and feminist theorists propose a similar theoretical premise compared to social learning theory, which states that violent behaviors are normalized in the family system (Straus, 1973). More specifically, "...observations of how parents and significant others behave in intimate relationships provide an initial learning of behavioral alternatives which are 'appropriate' for these relationships" (Mihalic & Elliott, 1997, p. 21). Furthermore, social learning theory describes intergenerational transmission of family violence in literature (e.g., Bandura, 1973; Kalmuss, 1984; Mihalic & Elliott, 1997). Kalmuss (1984) suggested that those who experience family violence in childhood or witness violence were more prone to marital aggression in adulthood. In fact, the relationship between social learning theory and violent behavior dates back to early reports that children do, in reality, learn violent behaviors from adult role models and by imitating the modeled behaviors (Bandura, Ross, & Ross, 1961).

Further, Bandura, Ross, and Ross (1961) offered seminal work when they explored the validity of social learning theory in relation to violent and aggressive behavior. Bandura and colleagues evaluated female and male children ($N = 72$) to explore the influence of witnessing violent or nonviolent behaviors on their subsequent levels of aggression towards others. The researchers tested hypotheses that viewing violent behaviors would reinforce the use of aggressive behaviors; conversely, viewing nonviolent behaviors would minimize aggression. The researchers created six experimental groups; three watched an adult model display violent behaviors, and the other three watched an adult model exhibit nonviolent behavior. A control

group ($n = 24$) was not exposed to either types of adult modeling. In the *nonaggressive condition*, the model played quietly. In the *aggressive condition*, the model played for approximately one minute and then began acting out aggressive behaviors (e.g., yelling, name calling, punching) towards a play doll in the room. Additionally, research leaders exhibited specific physical and verbal behaviors to ensure that imitative behaviors occurred as a direct result of the observed model's behavior. Bandura and colleagues found that children who viewed violent acts were more likely to exhibit physical aggression compared to children who viewed models acting nonviolently ($\chi^2 r = 27.17, p < .001$). Further, children who witnessed violent behaviors acted out verbal aggressions more than the children who viewed nonviolent modeling ($\chi^2 r = 9.17, p = .004$). Lastly, in comparing males and females, boys tended to exhibit greater amounts of imitative violent behaviors compared to girls ($t = 2.50, p < .01$) (Bandura, Ross, & Ross, 1961). These results are consistent with IPV social learning theory (Kalmus, 1984) in that children witnessing violent behaviors will learn, through modeling, to imitate aggression towards others.

In addition, Kalmus (1984) evaluated the relationships among levels of childhood abuse, witnessing parental abuse, sex, and severe aggression in marriages ($N = 2,143$). Kalmus used the Conflict Tactics Scale (CTS; Strauss, 1987) to evaluate levels of severe aggression (e.g., hitting, kicking, using weapons). The study confirmed that witnessing violence between parents, compared to being hit by a parent, creates a greater likelihood of becoming a victim or perpetrator. However, the general model of the study indicated that both past childhood abuse and witnessing parental IPV positively correlate with severe marital aggression for male and female victims. Lastly, the authors discussed two types of intergenerational transmission of

family aggression as *general* and *specific*. General transmission of family aggression refers to the learned acceptability of violence in family systems. For example, an individual accepts and tolerates family violence due to violence in their family-of-origin. On the other hand, specific transmission of family aggression refers to the particular learned behaviors that an individual uses in future relationships. For example, witnessing a parent hit another parent influences a child's risk of perpetration and victimization in the future more than the experience of being hit by a parent.

Other studies on social learning theory (McKenry et al., 2006) and violence have concluded similar results to those of Bandura, Ross, and Ross (1961). For example, Mihalic and Elliott (1997) used data from the National Youth Survey ($N = 650$) to determine the relationships among victimization, perpetration, witnessing violence between parents, past childhood abuse, and adolescent violence involvement in male and female participants. In total, Mihalic and Elliott reviewed data collected from a nine-year longitudinal study. The researchers believed that higher rates of parental violence would be positively correlated with childhood abuse, alcohol abuse, and adolescent violent behaviors. Further, it was hypothesized that these variables would be mediated by stress and marital dissatisfaction, suggesting learned violent behavior increases amidst stress and conflict in current relationships (Mihalic & Elliott, 1997), which remains consistent for more current research literature (e.g., McKenry et al., 2006).

Further investigation (Mihalic & Elliott, 1997) found that, for female perpetrators, offending was correlated with witnessing parental violence ($r^2 = .16$), past child abuse ($r^2 = .16$), stress ($r^2 = .22$), and prior victimization ($r^2 = .16$). On the other hand, for male perpetrators, offending was correlated with past child abuse ($r^2 = .32$) and stress ($r^2 = .12$). Among female

victims, IPV was negatively correlated with marital satisfaction ($r^2 = -.49$). Among male victims, IPV was correlated with prior victimization ($r^2 = .18$). Altogether, the model confirmed social learning theory propositions that past experience of witnessing and being a victim of violence predict future victimization and perpetration in relationships.

Lastly, O'Leary, Malone, and Tyree (1994) also evaluated young adults ($N = 272$) in a longitudinal study across late adolescence into marriage in their young adulthood. In this study the mean ages for males ($M = 23.6$) and females ($M = 25.6$) are similar to the current proposed study. The researchers based their hypothesis on previous literature (e.g., Straus 1977; Walker, 1979), proposing that aggression would be lower pre-marriage and aggressive behavior would increase after marriage. The pre-relationship variables consisted of parent-to-parent aggression, parent-to-child abuse, and sibling aggression. The marriage variables included a measure of marital satisfaction, as measured by the self-report Short Marital Adjustment Test (SMAT; Locke & Wallace, 1979), and a self-report measure of nonphysical aggression. In addition, the study instruments evaluated physical aggression, as measured by the Spouse-Specific Aggression scale (SSA; O'Leary & Curley, 1986), and the Conflict Tactics Scale (CTS; Straus, 1987). O'Leary and colleagues found that those who were more aggressive in adolescence exhibited higher rates of relationship aggression. Additionally, psychological aggression at 18 months of marriage was predictive of physical aggression at 30 months of marriage. One of the greatest limitations to generalizability in this study was the purposive, rather than randomly selected, sampling method.

Disempowerment Theory

Few empirical studies exist on theory of IPV in LGBTQ relationships as most IPV theories discuss the nature, consequences, and implications of IPV in heterosexual relationships. In fact, McKenry et al. (2006) conducted the only study on IPV in same-sex relationships within a theoretical framework. McKenry and colleagues conducted one of the first large-scale studies about IPV in same-sex relationships. McKenry et al. explained disempowerment theory as a blend of socio-cultural theories (e.g., Mihalic & Elliot, 1997; Straus, 1977) and individual theories (Kalmus, 1984; Mihalic & Elliott, 1997) of IPV in relationships. McKenry et al. described that disempowerment theory of IPV contains three overarching structures: (a) individual characteristics, (b) family-of-origin factors, and (c) intimate relationship characteristics. Specifically, individual characteristics include self-esteem and levels of secure attachment. Family-of-origin (FOO) factors include childhood experiences that contribute to present communication patterns such as past abuse or witnessing parental IPV. Lastly, intimate relationship characteristics include the degree of satisfaction in a relationship (McKenry et al., 2006).

McKenry et al. (2006) utilized a purposive sample ($N = 77$) to evaluate IPV in lesbian women ($n = 37$) and gay men ($n = 40$). The researchers selected clinical populations (i.e., counseling offices and domestic violence shelters) to represent the findings. McKenry and colleagues collected data using several instruments to evaluate the participants on the three tenets of disempowerment theory such as (a) the Personal Attribute Questionnaire (PAQ; Spence, Helmreich, & Holahan, 1979) to evaluate gender role orientation (i.e., masculinity and femininity), (b) the Revised Conflict Tactics Scale (Straus et al., 1996) to determine levels of

childhood victimization, and (c) the Family Inventory of Life Events and Changes (FILE; McCubbin, Patterson, & Wilson, 1982) to determine levels of stress.

Consequently, results from the study confirmed aspects of the disempowerment theory. There was a significant main effect for gender role orientation and perpetration; perpetrators reported higher amounts of masculinity compared to non-perpetrators ($F = 8.9, p < .05$). Further, females were likely to report childhood victimization in their families compared to males ($F = 11.72, p < .001$). Lastly, within a 12-month time period, perpetrators experienced more stress than their non-perpetrator counterparts ($F = 4.56, p < .05$). A limitation of disempowerment theory exists due to the lack of research exploring the constructs of the theory. Therefore, based on the results of the past research (e.g., McKenry et al., 2006), this study extracted components of disempowerment theory to further explore gender role orientation (i.e., gender expression), past childhood abuse, and witnessing parental IPV in LGBTQ college students.

Continuum of Conflict and Control

Carlson and Jones (2010) integrated various IPV models (e.g. Gottman et al., 1997; Johnson, 2006; Simpson et al., 2007; Straus, 1979; Walker, 1989) into a continuum of intimate partner violence, referred to as the CCC. This model presented a conceptualization of IPV typologies that includes (a) victim characteristics, (b) victimizer traits, and (c) nature of abuse. The three levels of IPV in relationships range from *conflict* falling on one side of the spectrum to *control* on the other end (Carvalho, Lewis, Derlega, Winstead, & Viggiano, 2011; Eckstein, 2012; Friend, Cleary Bradley, Thatcher, & Gottman, 2011). First, on the conflict end of the spectrum, the victim characteristics include low fear and willingness to leave the relationship. The victimizer traits include lower levels of anger and little substance abuse. Additionally, the

nature of abuse typically presents as infrequent, less severe, gender mutual, and arising from conflict escalation. Next, Carlson and Jones (2010) described the second group residing toward the middle, in which the victim experiences some fear and symptoms of post-traumatic stress disorder (PTSD), and some victims make threats of leaving the relationships. The victimizer characteristics include moderate anger, substance abuse, anxiety, and depression. The nature of abuse at this level appears moderately severe and more frequent although violence remains limited to the intimate relationship. Lastly, Carlson and Jones (2010) synthesized that in the control group, the victim experiences PTSD, depression, self-defense, and lower chances of leaving a relationship. On the control end, the victimizer commits frequent and severe abuse in the context of power and control. The abuse usually occurs within intimate relationships and outside of the home. Further, males tend to victimize more than females in the final control group.

Altogether, the CCC suggests that some IPV exists beyond the context of power and control (Carlson & Jones, 2010). In addition, the continuum of abuse helps counselors in conceptualizing IPV in relationships and provides a way to assess the severity of abuse within a relationship. The continuum also provides information when choosing which modality of treatment will be most helpful for counselors working on IPV issues in relationships.

Scarce research explored the CCC to this date because Carlson and Jones (2010) were the first researchers to develop and conceptualize this integrative way of identifying and explaining IPV. Until recently, only a few studies (e.g., Carvalho et al., 2011; Friend et al., 2011) mentioned the CCC as a model for addressing IPV. In fact, only one empirical study (Eckstein, 2012) exists discussing the CCC model with empirical support of a heterosexual sample ($N = 345$), although

the article did not use the theory as a framework. For the purpose of this study, I used the CCC as an underlying theoretical framework to conceptualize IPV on a spectrum from conflict to control. The specific theoretical constructs included victim characteristics (e.g., biological sex gender expression), victimizer characteristics (e.g., biological sex and gender expression), and the nature of abuse (e.g., type, severity, and frequency).

Victimization and IPV

Victimization refers to an incident in which an individual harms or abuses a targeted victim (Saltzman, Fanslow, McMahon, & Shelley, 2002). Various research studies (e.g., Foshee et al., 1996; Lobel, 1986; Murphy-Milano, 1996; Saltzman et al., 2002) refer to victimization as cases of abuse including physical, emotional, and sexual harm. For example, victimization includes slapping, pushing, kicking, twisting limbs, biting, pulling hair, shaking, and hitting, forced sexual activity (i.e., rape), withholding sexual behavior, calling names, yelling, or withdrawing love (Foshee et al., 1996; Lobel, 1986; Murphy-Milano, 1996; Saltzman et al., 2002). Beyond the examples of victimization, the harmful acts often involve guns, knives, weapons, coercion, or manipulation (Foshee et al., 1996; Lobel, 1986; Murphy-Milano, 1996). Minor victimization entails an individual slapping, pinching, or even pulling the hair of a victim (Foshee et al., 1996; Johnson, 2006; Walker, 1979). Severe victimization involves an individual punching, kicking, shooting, or stabbing a victim and the term includes the severe effects such as physical injuries (Johnson, 2006; Walker, 1979). For the purpose of this study, victimization exists when a targeted person becomes the victim of either minor or severe physical or sexual abuse. The victimization results from the use of a weapon or from the use of the perpetrator's body. Johnson (2006) offered influential research in developing four types of relationship

violence, which discussed IPV in terms of severity, types of violence, victim characteristics, and perpetrator traits. Altogether, victimization occurs when an intimate partner falls victim in their relationship as their partner perpetrates them with the use of harmful, violent behaviors. Conclusively, victimization occurs (a) physically with physical or sexual violence and (b) emotionally by use of psychological fear and threats.

Physical victimization refers to incidences of abuse when a perpetrator directs harm towards a victim including, but not limited to, slapping, pushing, kicking, twisting limbs, biting, pulling hair, shaking, and hitting. Physical victimization also includes nonconsensual, forced sexual activity (i.e., rape) on a victim (Foshee et al., 1996; Lobel, 1986; Murphy-Milano, 1996). Additionally, physical victimization often involves guns, knives, or other weapons (Foshee et al., 1996; Lobel, 1986; Murphy-Milano, 1996). Walker (1989) suggested that identifying physical victimization in the form of sexual rape remains difficult for helping professionals and victims because some sexual activity in the relationship feels enjoyable. Therefore, sexual victimization occurs during the tension-building phase of the cycle of abuse in relationships. Victims experience difficulty foreseeing when rape will occur due to the unpredictability of the perpetrator and the sexual experience. The unpredictability reinforces the victimization in that a victim hopes for loving behaviors from the perpetrator (Johnson, 2006; Johnson & Leone, 2005; Walker, 1989). Physical abuse ranges from minor to severe. Minor victimization entails an individual slapping, pinching, and pulling the hair of a victim (Johnson, 2006; Walker, 1979). Severe victimization involves punching, kicking, shooting, or stabbing a victim to the point that severe physical injuries occur (Foshee et al., 1996; Walker, 1979).

Emotional victimization takes on various forms and patterns of abuse (Murphy-Milano, 1996). Murphy-Milano (1996) indicated that one of the sole purposes of emotional and psychological victimization includes the desire to control and manipulate a victim. Emotional victimization refers to incidences of abuse towards a victim including, but not limited to, name-calling, yelling, blaming, humiliating, falsely accusing, isolating, threatening, and minimizing or ignoring a partner's feelings. Emotional victimization also includes controlling finances or failing to assist with important tasks (e.g., giving medication, caring for children) (Foshee et al., 1996; Lobel, 1986; Murphy-Milano, 1996). Another type of emotional victimization includes those individuals who withhold sexual behavior and acts in their relationships for the purpose of controlling their partner (Foshee et al., 1996). More specifically, Lobel (1986) mentioned a specific form of emotional victimization in LGBTQ relationships, known as *homophobic control*. Lobel described an act of homophobic control as threatening to disclose an individual's sexuality to family, friends, and employers. Additionally, another form of homophobic control includes telling an LGBTQ individual that if they report the abuse then no one will believe them, insinuating that the LGBTQ partner will not receive help in a homophobic society, or telling an LGBTQ partner that they deserve the abuse because they are homosexual.

Among IPV incidence rates, it appears that most research (e.g., Allen, Swan, & Raghavan, 2009; Fass, Benson, & Leggett 2008; Foshee et al., 1998) focused on heterosexual adolescents and adults. However, only a few studies examined college students (e.g., Allen et al., 2009; Fass et al., 2008), and a scarce amount of research exists about IPV in same-sex couples (e.g., Balsam & Szymanski, 2005; Eaton et al., 2008; McKenry et al., 2006; Turell, 2000). The CDC and the National Institute of Justice (2000) conducted research ($N = 16,000$) estimating that

25% of females ($n = 8,000$) and 7.6% of males ($n = 8,000$) experience some form (e.g., sexual and physical) of IPV. Ingram (2007) stated a lifetime prevalence rate of IPV among heterosexual participants ($N = 12,309$) at 56%, and 16% experience relational violence in the past year. Additional studies reported victimization rates within various populations (e.g., youth, adults, college students, LGBTQ) on various types of IPV including physical, sexual, emotional, and financial abuse.

Among research on heterosexual adolescent IPV, Foshee et al. (1998) evaluated adolescents in eighth and ninth grade ($N = 1,886$) to determine the outcomes of levels of perpetration before and after treatment. Subsequent to attrition, 90% ($N = 1,700$) completed the questionnaires following a one-month treatment program. The researchers measured four victimization variables. The sample was divided into a treatment and control group receiving primary and secondary intervention. The primary intervention included a 10-session workshop and poster presentations in schools, and the secondary intervention included crisis center services and special services within the community. Foshee and colleagues evaluated the levels of victimization across four variables: (1) *psychological victimization*, (2) *nonsexual victimization*, (3) *sexual victimization*, and (4) *current victimization*. Results revealed that participants in the treatment group experienced less psychological abuse and victimization compared to the control group. She and colleagues found in their results that offering educational materials on the nature of IPV decreased levels of victimization as the adolescents transitioned into adulthood. Nevertheless, the results necessitated an IPV curriculum and early intervention for adolescents and young adults, and these pertain to the LGBTQ community as well.

Among research in heterosexual college student IPV, Fass, Benson, and Leggett (2008) conducted a study on two premises: (a) IPV occurs in college student relationships, and (b) college students tend to lack awareness of IPV in their relationships. Fass, Benson, and Leggett evaluated college students ($N = 244$) on a Midwestern university campus. Fass and colleagues used the Conflict Tactics Scale – Revised (CTS2; Straus et al., 1996) to measure five subscales: negotiation, psychological aggression, physical aggression, sexual coercion, and physical injury. Results from the study indicated 32.5% of college students were victims of IPV during college. In reviewing the awareness of IPV in their relationships, 22.6% of college students reported no victimization despite their responses of victimization reports on the CTS2. Based on the findings, the researchers suggested one out of three college students experience IPV, although around 20-30% of these students do not recognize the violence. Fass and colleagues attributed the lack of awareness to minimization and denial. Thus, they suggested that college students could deny experiences and assume IPV represents acceptable and appropriate behavior. Lastly, the researchers suggested an emphasis on education and evaluation of IPV in student orientations, college counseling clinics, and university health centers.

Shortly after, Allen, Swan, and Raghavan (2009) collected data and published results from college students ($N = 232$) about gender symmetry, sexism, and IPV. More specifically, females ($n = 140$) and males ($n = 92$) responded to questions on various instruments, including the Ambivalent Sexism Inventory (ASI) and the CTS2. The ASI consists of 22 items assessing levels of hostility and sexism. On the CTS2 scale, the researchers chose the items that evaluate minor aggression versus severe aggression due to time constraints. Allen and colleagues found that approximately 47% of females fell victim to males in their intimate relationships. On the

other hand, 37% of males fell victim to their female intimate partners. Conclusively, victimization did not vary across genders ($F [1, 219] = 1.29, p = .26$). These results confirm the need to evaluate IPV in college students, particularly within the LGBTQ college student population.

Within the LGBTQ community, scarce research exists examining victimization incidence rates. To this date, only four to five research studies exist that examine LGBTQ victimization rates. Among these studies, Turell (2000) explored the prevalence of IPV within past relationships of lesbian, gay, bisexual, and transgender ($N = 499$) individuals using a purposive sampling method. Turell contacted LGBTQ organizations and agencies to collect data and separated participants in gender groups of females ($n = 265$), males ($n = 227$), and transgender women ($n = 7$). The researcher also reported data in terms of sexual orientation of lesbians ($n = 193$), gay women ($n = 57$), gay males ($n = 213$), bisexual individuals ($n = 27$), and heterosexual individuals ($n = 8$). The researcher created a demographic questionnaire and a survey based on non-normed behavioral checklists from local shelters to evaluate domains of abuse, including (a) physical, (b) emotional, and (c) sexual.

Turell (2000) found that in past relationships, 32% of individuals experienced physical abuse, 83% encountered emotional abuse, and 52% experienced threats directed toward them. Furthermore, 9% of individuals reported that a partner used a child against the victim for the purpose of control and manipulation. Turell (2000) reported 9% physical abuse in current relationships, and at least 50% of the participants endorsed at least one item of physical victimization. In terms of biological sex, females experienced significantly higher amounts of physical abuse ($X^2[2, 499] = 6.57, p < .05$), coercion ($X^2[2, 499] = 14.83, p < .001$), threats ($X^2[2,$

499] = 7.18, $p < .05$), shame ($X^2[2, 499] = 12.70, p < .001$), and threatening to take children ($X^2[2, 499] = 11.08, p < .01$). Regarding sexual orientation, lesbians experienced greater coercion in relationships compared to gay women, gay males, bisexual individuals, and heterosexual individuals on ratings of coercion ($X^2[4, 499] = 17.22, p < .01$), shame ($X^2[4, 499] = 12.71, p < .05$), and the use of children to threaten a partner ($X^2[4, 499] = 18.48, p < .001$). To clarify, there is a differential between females identifying as lesbian or gay, women self-reported their sexual orientation either as lesbian, gay, or bisexual, which remains consistent with the present study. Conclusively, the study reported similar rates of IPV compared to studies on heterosexual individuals. The study confirmed the major concern of IPV within LGBTQ relationships and noted significant differences in gender and sexual orientation. These differences provide clarity of abusive behaviors used in same-sex relationships.

Balsam and Szymanski (2005) conducted preliminary research on IPV in lesbian ($N = 272$) relationships using a purposive sample. The sample included lesbian women ($n = 210$), bisexual women ($n = 50$), heterosexual women ($n = 1$), and other ($n = 11$). The researchers recruited participants from pride celebrations and through email listservs. Specifically, the researchers asked participants to complete the survey if they had ever engaged in a same-sex relationship, regardless of current identity, and the questionnaire assessed IPV only in same-sex relationships. Balsam and Szymanski evaluated the lesbians on multiple measures including (a) demographics, (b) outness, (c) internalized homophobia, (d) discrimination experiences, (e) sexual identity, (f) butch/femme identity, (g) relationship quality, and (h) domestic violence, as measured by the CTS2. “For the current study, items were added to assess LGBTQ-specific tactics of psychological aggression” (Balsam & Szymanski, 2005). These items built in questions

about outing a partner, forcing public affection, accusing that the partner was not a lesbian or bisexual, and suggesting they deserve to be hurt because they are lesbian or bisexual.

Balsam and Szymanski found that 44% of participants experienced some form of physical or sexual abuse. Approximately 31% of lesbians reported both perpetration and victimization of violence, while 10% reported victimization only. One of the strongest significant relationships existed between LGBTQ-specific violence and internalized homophobia ($r(270) = -.30, p < .001$), which suggests that less internalized homophobia correlates with less LGBTQ-specific IPV behaviors. Additionally, internalized homophobia positively correlated with IPV victimization ($r(270) = .22, p < .05$) in the past year. In conclusion, the researchers found high rates of IPV in lesbian relationships, and internalized homophobia appeared to significantly correlate with the construct of victimization.

Several years later, Eaton et al. (2008) explored a purposive sample ($N = 226$) to assess interpersonal factors co-existing with IPV. Eaton et al. measured constructs such as (a) IPV, (b) HIV/STI, (c) alcohol abuse, (d) IPV reporting, (d) attitudes about IPV, (e) power in relationships, and (f) demographic information. In particular, the researchers developed items to explore individuals' attitudes, help-seeking behaviors, and legitimacy of IPV. Eaton and colleagues developed items to address interpersonal violence in a same-sex relationship.

Eaton et al. (2008) found that 39% of lesbians reported physical abuse, 50% experienced verbal abuse, and 33% experienced threats of physical violence. Approximately 8% of victims reported harm to a pet as a means for control as well (Eaton et al., 2008). These rates appear consistent with previous studies (e.g., Balsam & Szymanski, 2005; Turell, 2000) about LGBTQ relationships and IPV. Furthermore, results concluded that participants with a history of IPV

tended to agree that "...domestic violence is the victim's fault..." (Eaton et al., 2008, p. 700). The responses indicated negative attitudes among victims, which could perpetuate further abuse. In addition, participants reporting IPV contained significantly less power in their relationships ($OR = 4.13, p < .001, 95\% CI[2.07, 8.23]$). In the multivariate model, participants reporting IPV contained less power in their relationship ($OR = 3.334, p < .01, 95\% CI[1.143, 7.866]$) and made fewer decisions about their sexuality activity in the same-sex relationship ($OR = 0.221, p < .05, 95\% CI[0.059, 0.823]$). Therefore, the researchers concluded that relationship power and decision-making decreases as IPV victimization increases.

The IPV research (e.g., Allen, Swan, & Raghavan, 2009; Fass, Benson, & Leggett 2008; Foshee et al., 1998) reviewed in this section highlights that previous research focused on heterosexual adolescents and adults. Accordingly, only a few studies examined college students (e.g., Allen et al., 2009; Fass et al., 2008), and a scarce amount of research exists about IPV in same-sex couples (e.g., Balsam & Szymanski, 2005; Eaton et al., 2008; Turell, 2000). While previous literature explored incidence rates of IPV in LGBTQ relationships (Alexander, 2008; Eaton et al., 2008; McKenry et al., 2006), few research studies focused on perpetration in LGBTQ college students. Therefore, a thorough review of literature from the few studies on perpetration that exist seems appropriate for the current chapter.

Perpetration and IPV

Perpetration includes an incident of being a perpetrator, defined as inflicting abuse or harm on another (Saltzman, Fanslow, McMahon, & Shelley, 2002). Multiple research studies (e.g., Foshee et al., 1996; Johnson, 2006; Lobel, 1986; McKenry et al., 2006; Murphy-Milano, 1996; Saltzman et al., 2002) refer to physical perpetration as any harmful behavior that a

perpetrator directs towards an intimate partner in the form of physical, sexual, or emotional abuse. Among typological research, Johnson (2006) offered seminal work in developing four types of relationship violence for conceptualizing IPV: (a) intimate terrorism, (b) violent resistance, (c) situational couple violence, and (d) mutual violence. Furthermore, perpetration includes slapping, pushing, kicking, twisting limbs, biting, pulling hair, shaking, hitting, forced sexual activity (i.e., rape), withholding sexual behavior, calling names, yelling, or withdrawing love (Foshee et al., 1996; Lobel, 1986; Murphy-Milano, 1996; Saltzman et al., 2002). Further, perpetration often involves the use of guns, knives, or manipulation (Foshee et al., 1996; Lobel, 1986; Murphy-Milano, 1996). Minor perpetration involves slapping, pinching, name calling, and pulling hair of a victim (Walker, 1979). Furthermore, severe perpetration involves a perpetrator directing punches, kicks, gunshots, or stabbings toward their victim (Walker, 1979). For the purpose of this study, perpetration exists when an individual targets a victim and inflicts minor or severe physical or sexual abuse. The perpetration exists in the form of using a weapon or from the use of the perpetrator's body. Altogether, perpetration occurs when an intimate partner inflicts harm upon a partner in a relationship with either (a) physical and sexual perpetration or (b) emotional and psychological perpetration.

Physical perpetration refers to any harmful behavior that a perpetrator directs towards a partner including slapping, pushing, kicking, twisting limbs, biting, pulling hair, shaking, and hitting their victim. Physical perpetration includes forcing a partner to engage in unwanted sexual activity (i.e., rape) or withholding sexual intimacy from a partner (Foshee et al., 1996; Lobel, 1986; Murphy-Milano, 1996). Thus, physical perpetration often involves the use of guns, knives, or other weapons (Foshee et al., 1996; Lobel, 1986; Murphy-Milano, 1996). Walker

(1989) suggested that perpetrators often use sexual victimization during the tension-building phase of the cycle of abuse to gain power and control. Physical perpetration ranges from minor to severe. Minor perpetration involves slapping, pinching, and pulling hair of a victim (Walker, 1979). Furthermore, severe perpetration involves a perpetrator directing punches, kicks, gunshots, or knife stabbings toward their victim (Walker, 1979). Perpetration reflects varying degrees of severity depending on the frequency, duration, and results in physical injury.

Emotional perpetration takes on various forms and patterns of abuse (Murphy-Milano, 1996). Emotional perpetration includes the perpetrator name-calling, yelling, blaming, humiliating, falsely accusing, isolating, threatening, minimizing, or ignoring an intimate partner. Emotional perpetration includes the perpetrator controlling finances or failing to contribute to important tasks (e.g., household chores, medical treatments) (Foshee et al., 1996; Lobel, 1986; McKenry et al., 2006; Murphy-Milano, 1996). As mentioned previously in the discussion of victimization, Lobel (1986) identified homophobic control as a specific method of emotional perpetration in LGBTQ relationships. Lobel described that homophobic control includes threatening to disclose a partner's sexuality to family, friends, etc. Additionally, homophobic control includes (a) threatening that no one would believe an abuse report because the partner identifies as LGBTQ, (b) reassuring that the LGBTQ partner will not receive help in a homophobic society, and (c) telling an LGBTQ partner that they deserve the abuse because of their sexuality. Thus, the purpose of this study focuses on exploring homophobic control by measuring the construct.

In a review of IPV research, it becomes apparent that research (e.g., Allen et al., 2009; Fass et al., 2008; Foshee et al., 1998) generally focused on heterosexual adolescent and adult

perpetrators. However, only a few studies examined college student perpetration (e.g., Allen et al., 2009; Fass et al., 2008), and scant research exists on IPV and LGBTQ perpetrators (e.g., Balsam & Szymanski, 2005; McKenry et al., 2006). In exploring adolescent perpetration, Foshee et al. (1998) evaluated eighth and ninth graders ($N = 1,886$) to determine the outcomes of levels of perpetration before and after treatment. Following attrition, 90% ($N = 1,700$) completed the questionnaires following a one-month treatment program. The researchers measured four perpetration variables. The sample was divided into a treatment and control group receiving primary and secondary intervention. The primary intervention consisted of a 10-session workshop and poster presentations in schools, and the secondary intervention included crisis center help and special services in the community. As mentioned beforehand, Foshee and colleagues evaluated perpetration and discovered that participants in the treatment group experienced less psychological abuse and perpetration in their dating relationships compared to the control group participants. These results also indicated that offering educational materials on the nature of IPV decreases levels of perpetration. Again, these results demand the need for early intervention and IPV curriculum for LGBTQ adolescents and young adults.

Among college student IPV perpetration, Fass, Benson, and Leggett (2008) conducted a study on two grounds: (a) IPV occurs in college student relationships and (b) college students tend to lack awareness of IPV in their relationships. Fass and colleagues evaluated college students ($N = 244$) at a Midwestern university campus. The researchers used the Conflict Tactics Scale – Revised (CTS2; Straus et al., 1996) to measure five subscales: negotiation, psychological aggression, physical aggression, sexual coercion, and physical injury. Fass et al. found 38.1% of females perpetrate an intimate partner compared to 33.8% of males perpetrating a partner.

However, men who reported perpetration were abusive more frequently. In reviewing the awareness of IPV in their relationships, 29.4% of college students reported no perpetration toward a partner despite their responses of perpetration on the CTS2. Based on the findings, the researchers suggested one out of three college students experience perpetration and IPV, although around 20 to 30% of these students do not recognize the behaviors as violent. Fass and colleagues mentioned that the lack of recognition and awareness about violent behavior stemmed from the college students' minimization and denial. Thus, the authors stated that college students could assume IPV represents acceptable and appropriate behavior through denial and minimization beliefs. Finally, the researchers suggested education and evaluation of IPV in student orientations, college counseling clinics, and university health centers. Therefore, the present study adds to the body of literature on college student IPV and specifically focuses on LGBTQ college students.

Later, Allen, Swan, and Raghavan (2009) gathered information from college students ($N = 232$) about gender symmetry, sexism, and IPV. More specifically, females ($n = 140$) and males ($n = 92$) responded to questions on multiple instruments, including the Ambivalent Sexism Inventory (ASI) and the CTS2. The ASI consists of 22 items assessing levels of hostility and sexism. On the CTS2 scale, the researchers chose the items on the CTS2 that evaluate minor aggression versus severe aggression due to time constraints. Allen and colleagues discovered that approximately 55% of females perpetrated males in their intimate relationships. On the other hand, 41% of males fell victim to their female intimate partners. Conclusively, women perpetrated at higher rates than men, ($F [1, 219] = 7.98, p < .01$). Again, this research focused on

heterosexual relationships, whereas the current study contributes to the research on same-sex IPV.

Most research studies on IPV in LGBTQ relationships evaluate victimization rates and individual factors related to the victims. However, some research (e.g., Balsam & Szymanski, 2005; McKenry et al., 2006) included perpetration in their samples to cover IPV at a broad level. As noted in the previous section on victimization, Balsam and Szymanski (2005) conducted research on IPV in lesbian ($N = 272$) relationships using a purposive sample. The sample included lesbian women ($n = 210$), bisexual women ($n = 50$), heterosexual women ($n = 1$), and other ($n = 11$). The researchers recruited participants from pride celebrations and through email listservs. Specifically, the researchers asked participants to complete the survey if they had ever engaged in a same-sex relationship, regardless of current identity, and the questionnaire assessed IPV, measured by the CTS2, only in same-sex relationships. Balsam and Szymanski evaluated the lesbians on multiple measures, including (a) demographics, (b) outness, (c) internalized homophobia, (d) discrimination experiences, (e) sexual identity, (f) butch/femme identity, (g) relationship quality, and (h) domestic violence. Balsam and Szymanski (2005) altered specific items on the CTS2, measuring domestic violence, and by doing so they added questions to assess LGBTQ-specific control tactics of psychological violence. These items included outing a partner, forcing public affection, accusing that the partner was not a lesbian or bisexual, and suggesting they deserve to be hurt because they are lesbian or bisexual. Balsam and Szymanski found that 40% of the participants reported perpetration and inflicted abusive behaviors towards an intimate partner. Paradoxically, 31% of lesbians reported both perpetration and victimization of violence, while 7% reported perpetration only. Additionally, internalized homophobia

positively correlated with IPV perpetration ($r(270) = .19, p < .05$) in the past year. The results showed high amounts of perpetration and a significant relationship between internalized homophobia and perpetrating in IPV. Thus, the need exists to compare these past perpetration rates and individual factors (e.g., gender expression) to current incidence rates and individual characteristics.

A year later, McKenry et al. (2006) published results from a purposive sample ($N = 77$) including males ($n = 40$) and females ($n = 37$) who identified as gay ($n = 34$) and lesbian ($n = 27$). The study examined the differences between perpetrating and non-perpetrating participants' in their responses within the disempowerment theoretical framework, which contains the three overarching structures: (a) individual characteristics, (b) family-of-origin factors, and (c) intimate relationship characteristics. Nonetheless, the researchers evaluated participants specifically on their (a) demographic variables, (b) gender role orientation, (c) self-esteem, (d) insecure attachment, (e) psychological symptoms, (f) family-of-origin abuse, (g) parental homophobia, (h) socioeconomic status, (i) relationship satisfaction, (j) relationship dominance, and (k) stress.

Overall, McKenry and colleagues found significant differences in gender role orientation. For example, perpetrators reported higher amounts of masculinity compared to non-perpetrators ($F[1, 75] = 8.09, p < .05$). Perpetrators reported less secure attachments compared to non-perpetrators ($F[1, 75] = 2.79, p < .10$). Male perpetrators indicated lower socioeconomic status during childhood ($F[1, 75] = 5.83, p < .02$). Finally, perpetrators experienced more stress than non-perpetrators ($F[1, 75] = 4.56, p < .05$). These results remain consistent with

disempowerment theory, and it becomes essential to compare these results with current research from a disempowerment perspective.

After reviewing IPV research, specifically perpetration rates, it appears that most research (e.g., Allen et al., 2009; Fass et al., 2008; Foshee et al., 1998) focused on heterosexual adolescents and adults. Conversely, only a few studies examined college students (e.g., Allen et al., 2009; Fass et al., 2008), and a scarce amount of research exists about IPV in same-sex couples (e.g., Balsam & Szymanski, 2005; McKenry et al., 2006). In other words, past research explored incidence rates of IPV in LGBTQ relationships (Alexander, 2008; Eaton et al., 2008; McKenry et al., 2006), but even fewer research studies focused on perpetration in LGBTQ college students. Furthermore, previous literature explored both victimization and perpetration of IPV in LGBTQ relationships (Alexander, 2008; Eaton et al., 2008; McKenry et al., 2006), yet few research studies evaluated attitudinal acceptance of IPV. Therefore, the need exists to better understand LGBTQ individuals' beliefs and attitudes about violence in relationships (McKenry et al., 2006) to further understand the possible misconceptions influencing high rates of IPV.

Attitudes and IPV

Attitudes (i.e., attitudinal acceptance) refer to the degree to which a person accepts, tolerates, and endures violence in a relationship (Foshee et al., 1998). For the purpose of this literature review and the overall study, *attitudes* and *attitudinal acceptance* are used interchangeably. According to past research (e.g., Fanslow, Robinson, Crengle, & Perese, 2010; Flood & Pease, 2009; Ingram, 2007), levels of victimization and perpetration correlate with attitudinal acceptance of IPV, although the direction of these relationships in LGBTQ college students remains unclear. Andrews, Foster, Capaldi and Hops (2000) found that women ($N =$

2,744) who reported IPV also expressed a lower tolerance of IPV. Thus, the purpose of this study is to further explore the relationship between victimization, perpetration, and attitudinal acceptance of IPV among LGBTQ college students to understand the possible misconceptions or reinforced social stigmas about same-sex IPV.

Attitudinal acceptance refers to the level of tolerance, justification, and beliefs about violence in intimate relationships (Foshee et al., 1996; Kaura & Lohman, 2009). Much of the pre-existing research explored the attitudes and beliefs about IPV in helping professionals (e.g., Gracia, García, & Lila, 2011; Sorenson & Thomas, 2009), police officers (e.g., Brown & Groscup, 2009), and heterosexual college students (e.g., Demir, 2010; Kaura & Lohman, 2009; Seelau & Seelau, 2005). However, scant research studies exist on attitudes of IPV in LGBTQ individuals. Thus, the purpose for this section includes a review of the literature on attitudinal acceptance of IPV in opposite-sex and same-sex relationships. Additionally, the section examines the attitudinal acceptance of IPV in relationship to the levels of victimization and perpetration.

In reviewing IPV research (e.g., Brown & Gossup, 2009; Demir, 2010; Kaura & Lohman, 2009; Fanslow et al., 2010; Flood & Pease, 2009; Foshee et al., 1996; Gracia et al., 2011; Ingram, 2007; Seelau & Seelau, 2005; Sorenson & Thomas, 2009) on attitudinal acceptance, limited research exists on LGBTQ adolescents and adults. Furthermore, only a few studies examined college students' attitudes (e.g., Demir, 2010; Kaura & Lohman, 2009; Seelau & Seelau, 2005). Even fewer research studies exist that have used an LGBTQ sample to measure attitudinal acceptance of IPV in opposite-sex versus same-sex relationships (e.g., Hardesty, Oswald, Khaw, & Fonseca, 2011). Foshee et al. (1998) evaluated eighth and ninth graders ($N =$

1, 886) to determine the outcomes of levels of acceptance of IPV pre- and post-treatment. Among the original sample, approximately 90% ($N = 1,700$) completed the questionnaires following the one-month treatment program. The researchers measured four perpetration and four victimization variables. In addition, they measured mediating variables, including attitudes of IPV. The sample was divided into a treatment group and a control group receiving primary and secondary intervention. The primary intervention consisted of a 10-session workshop and poster presentations in schools. The secondary intervention included crisis center help and special services in the community.

Foshee and colleagues evaluated the acceptance of IPV in students using the Acceptance of Couple Violence scale (ACV; Foshee et al., 1998), which consists of four constructs. The first, acceptance of *prescribed norms*, includes examples of accepting violence under specific circumstances. The second, acceptance of *proscribed norms*, includes examples of "...norms considering dating violence unacceptable under all circumstances" (Foshee et al, 1998, p. 47). The third and fourth constructs measure perceived *positive consequences* and perceived *negative consequences*. At the time of follow-up, the treatment group varied from the control group and indicated (a) decreased acceptance of prescribed norms, (b) increased support of prescribed norms (i.e., considering violence unacceptable), and (c) increased acknowledgment of negative consequences associated with IPV. These results indicated that offering educational materials on the nature of IPV decreases the tolerance and acceptance of IPV as well as gender stereotyping. When compared to the control group, the participants receiving primary intervention in schools also (a) supported proscribed norms (i.e., considered IPV unacceptable in all situations) and (b) perceived more negative consequences from IPV.

Various research studies (e.g., Foshee, Bauman, Ennett, Benefield, & Suchindran, 2005; Foshee, Bauman, & Linder, 2012; Foshee, Benefield, Ennett, Bauman, & Suchindran, 2004; Foshee, Linder, MacDougall, & Bangdiwala, 2001) examined attitudes as defined by ACV (Foshee et al., 1998). Foshee, Linder, MacDougall, and Bangdiwala (2001) originally explored attitudes of IPV and perpetration in adolescents ($N = 1,759$). Foshee and colleagues measured four attitudinal constructs addressing prescribed norms, perceived negative sanctions, IPV prevalence, and gender stereotypes. When comparing the attitudinal constructs to IPV rates, Foshee and colleagues found that higher amounts of attitudinal acceptance positively correlated with perpetration in both females and males; acceptance of prescribed norms was a predictor of male perpetration. Next, Foshee, Benefield, Ennett, Bauman, and Suchindran (2004) utilized a sample of adolescents ($N = 1,291$) exploring attitudes and IPV victimization. For males, predictors of victimization included gender stereotype beliefs and attitudinal acceptance of females using violence towards their dating partners. A year later, Foshee, Bauman, Ennett, Benefield, and Suchindran (2005) conducted experimental research exploring adolescent ($N = 1,566$) attitudes and IPV rates following a Safe Dates Program. Foshee and colleagues found that those participants in the experimental group contained less acceptance of IPV after the Safe Dates Program. Finally, Foshee, Bauman, and Linder (2012) evaluated adolescents' attitudes ($N = 1,405$) and found that female perpetrators accepted violence in relationships more so than their victim counterparts.

After a thorough review of research about attitudinal acceptance of IPV, I found multiple empirical studies (Brown & Groscup, 2009; Gracia, Garcia, & Lila, 2011; Sorenson & Thomas, 2009) evaluating levels of acceptance of IPV in helping professionals (e.g., counselors, social

workers, police officers) and community adults. Among the first, Sorenson and Thomas (2009) conducted a randomized selection of community adults ($N = 3,679$) to survey their attitudes and perceptions about IPV in opposite-sex versus same-sex relationships. Initially, Sorenson and Thomas created surveys based on review by seven expert panels. The researchers then administered surveys consisting of seven vignettes of IPV: four male-on-female, one female-on-male, one female-on-female, and one male-on-male. Sorenson and Thomas used a fractional factorial design using vignettes to describe an event and then concluding with follow-up questions. Each vignette contained variables, although they were not consistent across the six vignettes. In addition, each vignette contained randomly assigned variables about the victim, the perpetrator, and the incident of IPV. The vignettes included nine behaviors with varying forms of emotional, physical, and sexual abuse. The researchers coded the participant's judgment based on their responses. Overall, the vignettes were the unit of sample ($N = 14,737$). Statistical analyses resulted in differences in responses of IPV in same-sex versus opposite-sex relationships. For example, a higher percentage of participants rated the behavior as wrong when IPV occurred in lesbian and gay male relationships compared to heterosexual relationships. Additionally, multivariate analyses indicated that participants believed some victims were "...more worthy than others" (Sorenson & Thomason, 2009, p. 342). Participants rated heterosexual men as the least worthy of help ($p = .000476$). This study used vignettes to collect data on attitudes about same-sex IPV. In conclusion, the goal of the current study remains to measure attitudinal acceptance quantitatively by modifying the ACV instrument, which holds validity rather than using case examples or vignettes.

Brown and Groscup (2009) used a similar methodology to evaluate the perceptions of helping professionals ($N = 163$) about IPV in opposite-sex versus same-sex relationships. The researcher utilized a random selection sampling method to recruit crisis center staff for participation in the study. Similar to past research (Sorenson & Thomas, 2009), Brown and Groscup created a two-by-two between-groups factorial design, using four vignettes, including two opposite-sex examples and two same-sex examples. Follow-up questions explored constructs such as, but not limited to: (a) perceptions of the scenarios constituting IPV, (b) attitudes on legal consequences, (c) attitudes in decision-making about IPV, and (d) perceptions of the perpetrator and victim's responsibility in the situation. Brown and Groscup (2009) concluded that participants felt less confident about making decisions on implicating perpetrators versus victims when reviewing IPV in same-sex relationships ($F[3,115] = 5.17, p < .05$). Additionally, participants rated the seriousness of the situation as less serious for same-sex relationships ($F[3,115] = 4.92, p < .05$). Crisis center staff also reported that they were more likely to encourage the victim to leave in an opposite-sex relationship ($F[3,115] = 4.73, p < .05$). Conversely, participants were just as likely to consider an abusive incident as IPV in both same-sex and opposite-sex relationships. Altogether, Brown and Groscup indicated that same-sex relationships deserve to be taken just as seriously as opposite-sex couples when it comes to IPV and that future attitudinal research needs to focus on same-sex relationships.

Gracia, Garcia, and Lila (2011) evaluated police officers ($N = 378$) on the relationships among ambivalent sexism, policing partner violence, personal responsibility, and perceptions of IPV. Gracia et al. utilized purposive sampling based on the characteristics of the participants. The sample size allowed the researchers to detect a medium effect size ($ES = 0.25, \alpha = .05$) in an

F test with one degree of freedom (Gracia, Garcia, & Linda, 2011). Thus, the researchers determined two groups for analyses: (a) police willing to file a report if victim wanted to press charges (*conditional*), and (b) police willing to file a report even if victim did not want to press charges (*unconditional*).

Gracia, Garcia, and Lila (2011) found that police officers in the unconditional group were significantly less sexist ($F [1,376] = 9.70, p < .01$), more empathic ($F [1,376] = 9.49, p < .01$), had more sense of responsibility ($F [1,376] = 11.23, p < .01$), and had more severity in their perception of IPV ($F [1,376] = 6.91, p < .01$). To ensure consistency, the researchers ran the same statistical analyses to evaluate differences in three groups of police officers, the third consisting of a middle ground for willingness to file a report. The results showed that all variables remained significant except the levels of empathy, which were found to be insignificant ($F [2,375] = 2.55, p = .079$). Overall, these results signify the relationships among attitudes of IPV (i.e., IPV considered inappropriate and intolerable), sexism, empathy, responsibility, and participants believing IPV remains a concern. Although the current study does not measure the same variables, the fact that most attitudinal research about same-sex IPV focused on participants outside of the LGBTQ community created the need to further explore attitudes within the community.

In a thorough review of attitudinal acceptance IPV research, it becomes apparent that research (e.g., Brown & Groscup, 2009; Gracia et al., 2011; Sorenson & Thomas, 2009) has focused on heterosexual adolescents and adults. Thus, some studies examined college students' attitudinal acceptance of IPV (e.g., Demir, 2010; Kaura & Lohman, 2009; Seelau & Seelau, 2005). Limited research exists utilizing a sample of LGBTQ individuals in better understanding

their attitudes about IPV in same-sex couples versus opposite-sex couples (e.g., Hardesty et al., 2011). In fact, Hardesty et al. (2011) published one of the only studies evaluating attitudes about IPV in a sample of LGBTQ adults.

Research on Attitudes of IPV in College Students

Research on attitudinal acceptance of IPV focused on heterosexual adolescents and adults (e.g., Foshee et al., 1996; Johnson, 2006; Johnson & Leone, 2005), helping professionals (e.g., Brown & Groscup, 2009; Gracia et al., 2011; Sorenson & Thomas, 2009), and college students (e.g., Demir, 2010; Kaura & Lohman, 2009). Subsequently, it remains important to note that only one study (e.g., Seelau & Seelau, 2005) assessed attitudes about both same-sex and opposite-sex IPV.

Seelau and Seelau (2005) conducted one of the first studies on attitudinal acceptance of IPV in college students. Seelau and Seelau compared the results of college students' ($N = 192$) attitudes about same-sex and opposite-sex relationship violence using a purposive sampling method. The researchers created four scenarios (i.e., vignettes): male-on-female, female-on-male, male-on-male, and female-on-female. The participants then received a follow-up survey including 27 items about their perceptions of personal responsibility, seriousness of the violence, and situational responsibility for the violence. Accordingly, Seelau and Seelau (2005) conducted a an ANOVA design (sex of victim by sex of perpetrator by sex of participants), and results from the study concluded that women perceived violence as more serious when victims were women compared to men ($F [1, 184] = 8.20, p < .01$). Furthermore, a significant main effect existed in victim sex by perpetrator sex ($F [1, 184] = 6.80, p < .01$) when the perpetrator was male and the victim was female. In other words, study participants rated male-on-female and

female-on-female scenarios as more serious when compared to their responses about female-on-male and male-to-male scenarios.

As mentioned previously, Kaura and Lohman (2009) investigated relationship commitment, dating violence, relationship satisfaction, and acceptance of violence in a college student sample ($N = 572$). The acceptance of IPV in this study focused only on violence in opposite-sex relationships. Additionally, the researchers collected demographic information on the participants. Kaura and Lohman (2009) reported results from multivariate analysis of variance (MANOVA) tests that gender differences exist in relationship commitment, relationship satisfaction, and acceptance of violence. No differences existed between males and females in reporting victimization. More specifically, females reported higher commitment levels ($F [5, 567] = 23.69, p < .001$) and greater relationship satisfaction ($F [5, 567] = 27.24, p < .01$). Moreover, males reported higher rates of IPV acceptability in male-on-female violence ($F [5, 567] = 13.93, p < .001$) and female-on-male violence ($F [5, 567] = 10.87, p < .001$). Conclusively, results indicated that males tend to accept violence between intimate partners more than females.

Finally, Demir (2010) studied college students ($N = 216$) and their interpersonal relationships with friends, family, and romantic partners. Approximately half of the original sample ($n = 159$) was involved with a romantic partner. The participants' ages ranged from 18 to 28, and this age group remains comparative with the ages of college students. The researchers recruited college students at a major university. They used the Network of Relationship Inventory (NRI) to assess both relationship quality and relational conflict. Additionally, they used the Satisfaction With Life Scale (SWLS) and the Positive and Negative Affect Schedule

(PANAS) to assess happiness in the participants. Demir ran a hierarchical multiple regression to predict happiness using variables such as gender, relationship, relationship buffering, and cross-domain interactions. Among those emerging adults without partners, relationship quality with a mother and friends appeared predictive of happiness ($F [6, 144] = 5.030, p < .01$). Among those emerging adults with an intimate partner, only the relationship quality with a mother and intimate partner appeared predictive of happiness ($F [8, 147] = 7.181, p < .01$). Further, for those with a romantic partner, relationship quality and conflict with either father or friends did not appear significant. Relationship quality and conflict appeared important in mother-child relationships and intimate partner relationships. Another important result consisted of the buffering effect that intimate relationships play in emerging adulthood. For example, if an individual engages in an intimate relationship, then a conflict with friends tends to affect the individual less. Finally, the interpretation of these results indicated that romantic relationships remain most important in the lives of emerging adults (i.e., college students). Development of close, intimate relationships proves critical during young adulthood (Demir, 2010; Erickson, 1982). The researchers noted implications from the study include the need for college counseling centers to address both relationship satisfaction and conflict in order to improve overall relationship functioning.

As noted in the above review of literature, most of the research on attitudinal acceptance of IPV focused on heterosexual adolescents and adults (e.g., Foshee et al., 1996; Johnson, 2006; Johnson & Leone, 2005). Additionally, much of the literature focused on attitudes of helping professionals (e.g., Brown & Groscup, 2009; Gracia et al., 2011; Sorenson & Thomas, 2009). However, a few studies measured attitudes of same-sex versus opposite-sex IPV utilizing a

sample of college students (e.g., Demir, 2010; Kaura & Lohman, 2009; Seelau & Seelau, 2005), which emphasizes the importance of utilizing a college student sample for the purpose of the current study.

Research on Attitudes of IPV in LGBTQ Relationships

Although research exists on attitudes of IPV in helping professionals (e.g. Kaura & Lohman, 2009) and colleges students (e.g. Seelau & Seelau, 2005), scant research exists on attitudes about IPV within LGBTQ individuals. Moreover, scarce research exists using LGBTQ individuals as the sample in evaluating their views on opposite-sex versus same-sex IPV. Attitudinal acceptance often stems from societal minimization of violence in certain situations compared to others. For instance, societal views accepting violence when protecting oneself in self-defense versus initiating violence may influence views of IPV.

To date, one of the only studies (Hardesty, Oswald, Khaw & Fonseca, 2011) on attitudinal acceptance evolved in the past few years. More importantly, the operational definition of attitudinal acceptance of IPV from the study differs fundamentally from the definition used for the purpose of this study. Hardesty, Oswald, Khaw and Fonseca (2011) examined the process that lesbian and bisexual women ($N = 24$) utilize to seek help, which was considered attitudinal acceptance, after experiences of IPV. Hardesty et al. found that as severity and frequency of violence increased in relationships, the women were more likely to find support. Of these abuse reports, Hardesty and colleagues found that females who overtly sought help were more likely to hold the perception that lesbian and bisexual relationships are as equally violent compared to heterosexual couples. Alternatively, women who covertly sought help believed that lesbian and bisexual relationships are not capable of encountering IPV between two females. In other words,

the stereotypical belief that a woman cannot harm another woman significantly affected the victim's process to find support and report abuse. Due to the lack of research using a sample of LGBTQ individuals evaluating attitudinal acceptance of same-sex versus opposite-sex IPV, the proposed study contributes immensely to the body of literature about IPV.

Individual and Family-of-Origin Factors of IPV

Following a review of IPV literature (e.g., Johnson, 2006; McKenry et al., 2006; Walker, 1979) on individual characteristics and family-of-origin factors, theorists and researchers found that victims vary in their (a) age, (b) biological sex and gender identity, (c) gender expression, (d) past childhood abuse, and (e) history of witnessing parental IPV. In reviewing age, among the major studies on IPV in LGBTQ relationships (e.g., Balsam & Szymanski, 2005; Eaton et al., 2008; McKenry et al., 2006; Turell, 2000), the mean ages for the sample sizes ranged from 29 to 38. In addition, significant studies on college students and theories of young adult development necessitate the need to further evaluate the age group. For example, a few studies measured attitudes of same-sex versus opposite-sex IPV utilizing a sample of college students (e.g., Demir, 2010; Kaura & Lohman, 2009; Seelau & Seelau, 2005). Therefore, based on past literature, this study assessed a sample of LGBTQ college students.

After examining research on biological sex and gender identity, it became apparent that both biological sex (i.e., assigned sex) and gender tend to exist in a binary system (Bornstein, 1998). Biological sex includes categories, often assigned at birth, such as male or female. Gender identity includes the way an individual intrinsically feels about their gender, often influenced by biological sex. Gender identity categories include woman, man, boy, girl, genderqueer, or transgender (Bornstein, 1998). At birth, an individual may be classified as male or female in

regards to their biological sex. However, their gender identity development may result in their identification of a gender opposite from their biological sex, also known as transgender. For example, a biologically born female's gender identification as a man does not match in terms of his assigned sex and his gender. Further, the contextual differences in biological sex and gender identity pose concerns for identifying victimization and perpetration based on biological sex in LGBTQ college students. To better illustrate, past research (Johnson, 2006; Johnson & Leone, 2005) found that males tend to perpetrate severe violence compared to females, thus providing information to helping professionals when identifying IPV. However, when two females or two males experience IPV, biological sex does not serve the same function in identifying a possible perpetrator and victim. Thus, a need exists to further explore gender expression (e.g., feminine and masculine) considering that this construct may serve a similar function that biological sex once served in identifying IPV in heterosexual relationships.

Gender expression refers to an individual's external expression about their gender identity, including (a) masculine, (b) feminine, (c) androgynous, (d) butch, and (e) femme (Bornstein, 1998). Although high rates of IPV exist in LGBTQ relationships, same-sex couples appear reluctant to report these instances, and they experience barriers when seeking help due to a lack of social support, negative social beliefs, and misconceptions about same-sex IPV (Alexander, 2008; Brown & Groscup 2009; Seelau & Seelau, 2005). In regards to negative attitudes and social misconceptions, Brown and Groscup (2009) reported that heterosexual individuals found same-sex violence more difficult to identify and classify as abuse. To better explain the discrepancy between reports and non-reports, because biological sex and gender as a marker in identifying a perpetrator versus victim does not serve the same purpose in same-sex

relationships (Giorgio, 2002), then definitions of IPV do not capture the unique characteristics of LGBTQ relationships. For example, some believe that women cannot abuse other women and men cannot abuse other men (Duke & Davidson, 2009). Subsequently, further research must focus on exploring the reasons for a lack of IPV reports, the difficulties in identifying abuse among LGBTQ individuals and couples, and the possible misconceptions about IPV in same-sex relationships (Duke & Davidson, 2009; Walker, 1979). Finally, risk factors of IPV are similar for male and female victims and perpetrators (Straus, 2006). Therefore, the need exists to distinguish which factors (e.g., past childhood abuse, witnessing IPV) become associated with males and females across feminine and masculine gender expressions.

Walker (1979) stated that victims typically do not experience childhood abuse; however, perpetrators often come from abusive homes. McKenry et al. (2006) also evaluated perpetrators and found an increase of traumatic abuse in the past where the perpetrator was a once a victim in childhood. McKenry et al. suggested that socio-cultural influences (e.g., Mihalic & Elliot, 1997; Straus, 1977) and individual characteristics (Kalmus, 1984; Mihalic & Elliott, 1997) influence victimization and perpetration rates. McKenry et al. (2006) utilized a purposive sample ($N = 77$) to evaluate IPV in lesbian women ($n = 37$) and gay men ($n = 40$). The researchers selected clinical populations (i.e., counseling offices and domestic violence shelters) to represent the findings. McKenry and colleagues collected data using several instruments to evaluate the participants on the three tenets of disempowerment theory. For instance, they used (a) the Personal Attribute Questionnaire (PAQ; Spence, Helmreich, & Holahan, 1979) to evaluate gender role orientation (i.e., masculinity and femininity), (b) the Revised Conflict Tactics Scale (Straus et al., 1996) to determine levels of childhood victimization, and (c) the Family Inventory

of Life Events and Changes (FILE; McCubbin, Patterson, & Wilson, 1982) to determine levels of stress. The results concluded that perpetrators, in fact (a) tended to contain more masculinity, (b) reported greater amounts of childhood abuse, and (c) admitted to witnessing parental IPV. These results further suggest a need to explore these variables within LGBTQ college students.

Walker (1979) reported that male perpetrators often witnessed their fathers beating their mothers. Further, for those incidences that were not reported, the males internalized these experiences as normal and developed a lack of respect for women and children. The internalization of spoken and unspoken messages lead to learned behavior of IPV consistent with social learning theory (Kalmuss, 1984; Walker, 1979). As noted before, McKenry et al. (2006) found that perpetrators witness more IPV between their parents during childhood, thereby substantiating the need to explore this individual risk factor.

Assessment and Evaluation Overview

The Diagnostic and Statistical Manual, fourth edition (DSM-IV-TR, 2000) identifies clinical codes that are used when an individual experiences a “partner relational problem” (p. 737) and specific diagnostic criteria for those experiencing adult abuse. The *DSM-IV-TR* indicates that many individuals present to counseling for severe abuse (e.g., physical or sexual), and specific codes exist for use with perpetrators and victims. More specifically, the *DSM-IV-TR* notes, “this category should be used when the focus of clinical attention is physical abuse of an adult (e.g., spouse beating, abuse of elderly parent)” (p. 738). The manual delineates specific diagnosis codes for abuse by a partner when working with individuals. Counselors working with IPV in relationships must understand diagnostic requirements and further assess IPV in the relationship. Among the major assessments, the most widely used instruments include the (a)

Revised Conflict Tactics Scale (CTS2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996), (b) *Victimization in Dating Relationships* (VDR; Foshee et al., 1996), (c) *Safe Dates - Psychological Abuse Victimization* (SD - PAV; Foshee et al., 1996), (d) *Perpetration in Dating Relationships* (PDR; Foshee et al., 1996), and (e) *Safe Dates - Psychological Abuse Perpetration* (SD - PAP; Foshee et al., 1996). However, scarce assessments exist in measuring IPV in LGBTQ relationships, and the CDC (2012) suggested that researchers need to use current instruments of IPV with different norming populations, such as LGBTQ individuals and same-sex couples. In the previous victimization and perpetration sections of this study, a general review existed on instrumentation in assessing IPV. However, an expanded review of victimization, perpetration, and attitudinal acceptance of IPV instruments is presented in the following section.

Assessing Victimization

The Conflict Tactics Scale (CTS; Straus, 1979) remains one of the most widely used instruments in assessing IPV, especially victimization. The CTS measures behaviors used in relational conflict grounded in conflict theory. The measure begins by assessing minor disagreements and whether or not a couple argues. The CTS transitions into assessing a list of specific behaviors, including (a) discussing conflict in a calm manner, (b) participating in appropriate communication, (c) swearing or cursing at a partner, (d) exhibiting psychologically abusive behaviors, (e) throwing an object, and (f) displaying physical aggression. The instrument measures the participants' behaviors and contains symmetrical items to address their partners' behaviors.

The Revised Conflict Tactics Scale (CTS2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996) was revised years after the original CTS. Both the CTS and the CTS2 measure behaviors

used in relational conflict grounded in conflict theory. Conflict theory suggests that relational conflict happens inevitably, however, tactics during conflict remain the most concerning for researchers and clinicians (Straus et al., 1996). Neither the original nor the revised version measured attitudes or epidemiology of IPV. The CTS2 includes additional measures of sexual coercion and consequences (i.e., injury) from abuse. The CTS2 became validated through a sample of undergraduates ($N = 317$) due to the high amounts of violence this population experiences in relationships. The major scales produced at least moderate levels of internal reliability. For instance, consistency resulted in negotiation ($\alpha = .86$), psychological aggression ($\alpha = .79$), physical assault ($\alpha = .86$), sexual coercion ($\alpha = .87$), and injury ($\alpha = .95$).

Additionally, Callahan, Tollman, and Saunders (2003) evaluated adolescents ($N = 190$) and their levels of victimization in relation to their well-being using the CTS2. Callahan and colleagues found that females with higher levels of victimization tended to experience greater symptoms of dissociation and post-traumatic stress disorder (PTSD). Similarly, males tended to experience greater amounts of anxiety, depression, and PTSD associated with higher rates of victimization.

In addition to the adult measures, Foshee et al. (1996) developed an instrument to measure youth victimization and violence initially validated using a norming sample of youth, ages 14 to 18. The instrument, known as the Victimization in Dating Relationships scale (VDR; Foshee et al., 1996) consists of an 18-item self-report measure. The instrument assesses for physical and sexual victimization in dating relationships rated on a four-point scale. More specifically, the questionnaire includes a four-point Likert scale ranging from 0 to 3: never, 1-3 times, 4-9 times, and 10+ times. Foshee et al. did not report internal consistency for the measure. However, Dahlberg, Toal, Swahn, and Behrens (2005) reported an internal consistency score, (α

= .90). Next, the Safe Dates - Psychological Abuse Victimization (SD - PAV; Foshee et al., 1996) contains a 14-item self-report measure, rated on a four-point scale, which measures self-reported victimization of psychological abuse within dating relationships. The questionnaire contains a four-point Likert scale ranging from 0 to 3: never, seldom, sometimes, and very often. The instrument holds a moderately high internal consistency ($\alpha = .91$) (Foshee et al., 1996; Foshee et al., 1998).

Assessing Perpetration

As mentioned previously, the CTS scale (Straus, 1979) remains as one of the most widely used instruments in assessing IPV. The CTS assesses individuals on their levels of perpetration in relationships. Straus (1979) created a symmetrical instrument in which participants rate their own behaviors and their partner's behaviors. In addition, the instrument includes the parallel measure from victimization to perpetration. Further, the Revised Conflict Tactics Scale (CTS2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996) measures behaviors used in relational conflict grounded in conflict theory. Both the original and the revised version measure parallel structures of victimization and perpetration. The CTS2 includes additional measures of sexual coercion and consequences (i.e., injury) from abuse. The CTS2 became validated through a sample of undergraduates ($N = 317$) due to the high amounts of violence this population experiences in relationships. The major scales produced at least moderate levels of internal reliability. For instance, consistency resulted in negotiation ($\alpha = .86$), psychological aggression ($\alpha = .79$), physical assault ($\alpha = .86$), sexual coercion ($\alpha = .87$), and injury ($\alpha = .95$).

Additionally, Foshee et al. (1996) developed instruments to measure youth perpetration and violence. The Perpetration in Dating Relationships scale (PDR; Foshee et al., 1996) was

normed using a sample of youth, ages 14 to 18. The PDR scale contains 18 self-report items rated on a four-point scale, which measures self-reported perpetration of physical violence within dating relationships. The questionnaire consists of a four-point Likert scale ranging from 0 to 3: never, 1-3 times, 4-9 times, and 10+ times. Foshee et al. did not report internal consistency. However, Dahlberg, Toal, Swahn, and Behrens (2005) reported an internal consistency score ($\alpha = .93$). Following creation of the PDR, Foshee et al. (1996) developed the Safe Dates - Psychological Abuse Perpetration scale (SD - PAP), which consists of a 14-item self-report measure, rated on a four-point scale, which measures self-reported perpetration of psychological abuse within dating relationships. The questionnaire contains a four-point Likert scale ranging from 0 to 3: never, seldom, sometimes, and very often. Foshee et al. reported internal consistency for the paralleled perpetration measures ($\alpha = .88$). Further, Foshee et al., (1998) found that the instrument holds a moderately high internal consistency ($\alpha = .95$).

Assessing Victimization and Perpetration in LGBTQ Individuals

Assessing individual factors related to victimization and perpetration within LGBTQ individuals differs in some ways from assessing demographics of heterosexual individuals in IPV research. For example, demographic questionnaires including information about sexual orientation, gender identity, and gender expression become important when researching the LGBTQ population. Thus, this study incorporated important measurements and questions about sexual orientation, gender expression, gender identity, and homophobic control used in same-sex IPV. As mentioned previously, the CDC (2010) called research investigators to validate current IPV instruments with unique norming populations. To date, no instrument exists that measures IPV in LGBTQ relationships, although Balsam and Szymanski (2005) did modify the CTS2 with

LGBTQ-specific revisions to the items of the instrument. Therefore, the CDC (2012) encourages researchers to take advantage of the compendium of instruments to assess IPV and to validate these instruments with unique populations. In short, the CDC encourages researchers to revise preexisting IPV instruments to cater more specifically to the LGBTQ population and the different types of relationships existing within this community.

Assessing Attitudes of IPV

Foshee et al. (1998) measured validity and reliability of the Acceptance of Couple Violence scale (ACV) in a sample of eighth and ninth graders ($N = 1,886$). Approximately 90% ($N = 1,700$) of the participants completed the questionnaires following the one-month treatment program. Foshee and colleagues evaluated the acceptance of IPV in students using the ACV scale, which consisted of four constructs. The first, acceptance of *prescribed norms*, included examples of accepting violence under specific circumstances. The second, acceptance of *proscribed norms*, included examples of "...norms considering dating violence unacceptable under all circumstances" (Foshee et al, 1998, p. 47). The third and fourth constructs measured perceived *positive consequences* and perceived *negative consequences*. ACV consists of a Likert scale with options ranging from 0 (e.g., *strongly disagree*) to 3 (e.g., *strongly agree*). Cronbach's Alpha indicated the items measuring prescribed norms contain moderate reliability (8 items: $\alpha = .71$). On the other hand, items measuring positive consequences (3 items: $\alpha = .47$) and negative consequences (3 items: $\alpha = .57$) produced less reliability. Foshee, Fothergill, and Stuart (1992) originally found in their unpublished results that ACV holds a moderate internal consistency ($\alpha = .71, .73, .74$), although the instrument stands as one of the few measures of acceptance of IPV

today. Therefore, for the purpose of this study the ACV was modified in order to measure and compare acceptance of IPV in opposite-sex versus same-sex relationships.

Assessing Attitudes of IPV in College Students

A number of studies exist (e.g., Demir, 2010; Kaura & Lohman, 2009) utilizing a college student sample in assessing IPV attitudinal acceptance within opposite sex relationships. Among the few, Kaura and Lohman (2009) investigated relationship commitment, dating violence, relationship satisfaction, and acceptance of violence in a college student sample ($N = 572$). The researchers used the Relationship Commitment scale (RC; Rusbolt et al., 1996), Conflict Tactics Scale (CTS2; Straus et al., 1996), Relationship Assessment Scale (RAS; Hendrick, 1988), and the Acceptance of Couple Violence (ACV; Foshee et al., 1996). The acceptance of IPV in this study focused only on violence in opposite-sex relationships. Additionally, the researchers collected demographic information on the participants. Lastly, Demir (2010) explored college students ($N = 216$) and their interpersonal relationships with friends, family, and romantic partners. The researchers used the Network of Relationship Inventory (NRI) to assess both relationship quality and relational conflict. In addition, they used the Satisfaction With Life Scale (SWLS) and the Positive and Negative Affect Schedule (PANAS) to assess happiness in the participants. While each of these studies used instruments to measure the attitude construct, the limitation remains in the scarce research existing on assessing attitudinal acceptance in a college student sample.

Assessing Attitudes of IPV in LGBTQ Individuals

Few instruments (e.g., vignettes, questions specific to a research study) exist on measuring attitudes of IPV in same-sex versus opposite-sex relationships. Most instruments measured IPV attitudes based on the gender and sexual orientation of the victim and the

perpetrator. For instance, Hardesty et al. (2011) examined lesbian and bisexual women ($N = 24$) in regards to their process of seeking help after experiences of IPV, which constituted attitudinal acceptance. Hardesty et al. found that as severity and frequency of violence increased in relationships, the women were more likely to find support. Of these abuse reports, Hardesty and colleagues found that females who overtly sought help were more likely to hold the perception that lesbian and bisexual relationships are equally violent compared to heterosexual couples. Alternatively, women who covertly sought help believed that lesbian and bisexual relationships are not capable of encountering IPV between two females. In other words, the stereotypical belief that a woman cannot harm another woman significantly affected the victim's process to find support and report abuse.

Lastly, only a few studies (e.g., Brown & Goscup, 2011; Seelau & Seelau, 2005; Sorenson & Thomas, 2009) used vignettes or scenarios to evaluate heterosexual participants' attitudes and beliefs about IPV in same-sex relationships, but the researchers did not use a norm-reference instrument. Seelau and Seelau (2005) administered a scenario with male-on-male, male-on-female, female-on-male, and female-on-female IPV. Immediately following, the researchers evaluated perceptions and attitudes on a 27-item questionnaire ranging from 1 (*not at all*) to 7 (*extremely*). The questions included reference to constructs such as violence seriousness, injury seriousness, and relationship closeness. Seelau and Seelau wanted to understand stereotypes about same-sex IPV in a heterosexual sample. Next, Brown and Goscup (2011) created four vignettes that included two opposite-sex examples and two same-sex examples. Follow-up questions explored the following: (a) did the scenario constitute IPV, (b) which partner should be arrested, (c) how confident were the participants about their decisions, and (d)

how they perceived the perpetrator and victim's responsibility in the situation. Finally, Sorenson and Thomas (2009) created their own surveys based on a review board made up of seven expert panel members. The researchers administered surveys consisting of seven vignettes of IPV: four male-on-female, one female-on-male, one female-on-female, and one male-on-male. Participants rated their IPV perceptions through a series of questions (e.g., Do you think the behavior is wrong? Do you think the behavior is illegal?). Based on the literature review, ways of assessing IPV remain, but few attitudinal instruments exist. Additionally, an apparent need exists to use instruments that hold moderate reliability and validity when assessing IPV.

Identity and Relational Development

Identity and Relational Development in College Students

The development of intimate relationships in young adults (e.g., 18-25, college students) proves essential to healthy relationship development (Erikson, 1982). While Past research (e.g., Demir, 2010) mostly focused on heterosexual individuals, some literature evolved over time addressing identity and relational development in LGBTQ individuals (Bilodaeu & Renn,1999; Cass 1979; D'Augelli, 1994; Stevens, 2004).

First, Demir (2010) studied emerging adults ($N = 216$) and their interpersonal relationships with friends, family, and romantic partners. Approximately half of the participants from the original sample ($n = 159$) were involved with a romantic partner. The ages ranged from 18 to 28, and this age group remains comparative with the ages of college students. The researchers recruited college students at a major university. They used the Network of Relationship Inventory (NRI) to assess both relationship quality and relational conflict. Additionally, they used the Satisfaction With Life Scale (SWLS) and the Positive and Negative Affect Schedule (PANAS) to assess happiness in the participants.

In order to obtain results, Demir (2010) ran a hierarchical multiple regression to predict happiness. The variables included gender, relationship, relationship buffering, and cross-domain interactions. Among those emerging adults without partners, relationship quality with a mother and friends appeared predictive of happiness ($F [6, 144] = 5.030, p < .01$). Among those emerging adults with an intimate partner, only the relationship quality with a mother and intimate partner appeared predictive of happiness ($F [8, 147] = 7.181, p < .01$). Further, for those with a romantic partner, relationship quality and conflict with either father or friends did not appear significant. Relationship quality and conflict appeared important in mother-child relationships and intimate partner relationships. Another important result consisted of the buffering effect that intimate relationships play in emerging adulthood. For example, if an individual engages in an intimate relationship, then a conflict with friends tends to affect the individual less. Finally, the interpretation of these results indicated that romantic relationships remain most important in the lives of emerging adults (i.e., college students). Relationship development of close, intimate relationships proves critical during young adulthood (Demir, 2010; Erickson, 1982). The researchers noted implications from the study include the need for college counseling centers to address both relationship satisfaction and conflict in order to improve overall relationship functioning.

Next, for many LGBTQ college students, identity development occurs within the context of multiple identities including gender, race, religion, and sexuality (Stevens, 2004). In fact, Cass (1979) developed one of the first models of LGBTQ identity development. Cass created the stage developmental theory specific for LGBTQ individuals across the lifespan. The six stages include (a) identity confusion, (b) identity comparison, (c) identity tolerance, (d) identity acceptance, (e)

identity pride, and (f) identity synthesis. Additionally, Bilodaeu and Renn (1999) pointed out that the stages begin with the individual, consciously or subconsciously, using defense mechanisms and denying their LGBTQ identity. The stages transition into the individual's full acceptance and integration of their sexual identity. Her model discussed development of the LGBTQ identity in a linear fashion, and she focused the least on intimate relationship development. The linearity of the stages and the lack of addressing intimate relationship development present some limitations in her model, however. While the theory set the tone for exploring LGBTQ identity development, due to the small amount of research on the theory, a need for only a short review of theory exists for the purpose of this study.

D'Augelli (1994) broadened earlier LGBTQ development theories (e.g., Cass, 1979) and created a six stage model for LGBTQ identity development including (a) exiting heterosexual identity, (b) developing a personal LGBTQ identity, (c) developing an LGBTQ social status, (d) becoming an LGBTQ offspring, (e) establishing LGBTQ intimacy, and (f) developing LGBTQ community status. For the purpose of this study, particular attention focuses on the establishing LGBTQ intimacy phase in which more complex structures of relationship development exist when comparing same-sex versus opposite-sex relationships. Further, due to the lack of cultural and societal norms about roles in relationships, the LGBTQ couple develops couple-specific norms that translate into the greater LGBTQ community (D'Augelli, 1994).

More recently, Stevens (2004) explored gay identity development in college students ($N = 11$) using a grounded theory approach in qualitative research. Stevens recruited eleven male college students from a major university in the Mid-Atlantic. Results illustrated a “dynamic, ongoing process of gay identity development.” (Stevens, 2004, p. 191). More specifically,

Stevens created a developmental theory based on the themes surfacing in the data: (a) self-acceptance, (b) self-disclosure, (c) individual factors, (d) environmental factors, and (e) multiple identities exploration. A central theme, from which the themes listed manifested, included a sense of empowerment and the willingness to explore one's gay identity.

Counselor Preparation and Professional Standards

According to the Council for Accreditation of Counseling and Related Educational Program (CACREP, 2009) standards, counselors-in-training must acquire knowledge and skills to address IPV issues. Among the 22 CACREP standards specific to Marriage, Couple, and Family Counseling (MCFC), certain standards address student-learning outcomes (SLOs) about treating IPV in relationships. For example, Standard III.A.6 states that a counseling student “understands family development and the life cycle, sociology of the family, family phenomenology, contemporary families, family wellness, families and culture, aging and family issues, family violence, and related family concerns” (p. 35). Standard III.C.2 also says that a counseling student “recognizes specific problems (e.g., addictive behaviors, domestic violence, suicide risk, immigration) and interventions that can enhance family functioning” (p. 36). Further, CACREP MCFC assessment standards suggest the counseling student “applies skills in interviewing, assessment, and case management for working with individuals, couples, and families from a system's perspective” (Standard III.H.1, p. 37) and “uses systems assessment models and procedures to evaluate family functioning” (Standard III.H.2, p. 37). Further, the Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC; 2012) recently established competencies specific to working with LGBTQ clients based on the CACREP standards. The competencies state that counselors will “have knowledge of the gaps in

scholarship and program evaluations regarding understanding the experiences of LGBTQ individuals, families, and communities (e.g., research on couples may not include the experiences of LGBTQ partners or relationship configurations) (Standard H.3., p. 21). The purpose of this study stands to fill the gap of literature on LGBTQ college student relationships so that counselors-in-training and professional counselors can better understand pertinent information about LGBTQ IPV. In conclusion, CACREP MCFC and ALGBTIC standards address counselor training in treating violence in intimate relationships. More importantly though, in order to train counselors about LGBTQ IPV incidence rates, theory, and treatment, current research must exist in evaluating LGBTQ relationships.

Lastly, the International Association of Marriage and Family Counselors (IAMFC; Hendricks, Bradley, Southern, Oliver, Birdsall, 2011) encourages couples and family counselors to follow certain ethical codes in terms of promoting physical and emotional wellness as well as in assessing for IPV. For example, standard A.6 states, “couple and family counselors promote primary prevention. They advocate for the development of the client’s cognitive, moral, social, emotional, spiritual, physical, educational, relational, and vocational skills” (p. 218). In terms of assessing IPV, IAMFC standard E.3 says, “couple and family counselors use assessment methods that are reliable, valid, and relevant to the goals of the client...” (Hendricks et al., 2011, p. 221). Thus, the need exists to evaluate validity and reliability of IPV assessments with normative data of LGBTQ college students in future research.

In reviewing these standards, CACREP-accredited programs require counselor educators to teach relevant knowledge and skill development in IPV issues. The ALGBTIC and IAMFC standards specify that members of the association need to follow these guidelines related to IPV

as well. CACREP, ALGBTIC, and IAMFC standards seem to address IPV in the counselor training process and in the profession as a whole. Altogether, based on the standards of CACREP, ALGBTIC, and IAMFC, the need exists to further explore LGBTQ IPV in college students while remaining consistent with the mission and vision of these professional counseling standards and organizations.

Summary

The review of literature included a comprehensive examination of theoretical frameworks on IPV and a description of research on constructs and variables specific to the proposed study. After reviewing the major IPV theories, the present study includes two theoretical frameworks: (a) disempowerment theory (McKenry et al., 2006) and (b) the continuum of conflict and control (CCC) (Carlson & Jones, 2011). The need exists to further substantiate the disempowerment theory with a sample of LGBTQ individuals. Additionally, the CCC conceptualizes opposite-sex IPV and so it becomes essential that research validates this theory within the context of same-sex relationships.

Intimate partner violence theories typically cover individual factors, relationship dynamics, and the cycle of abuse in opposite-sex relationships. However, few theories discuss the implications of IPV in same-sex couples (i.e., uniqueness of IPV in same-sex relationships). In fact, feminist theory seems least appropriate in conceptualizing violence in LGBTQ relationships due to the patriarchal nature embedded in the theoretical constructs. Social learning theory and disempowerment theory seem to include individual factors and family-of-origin characteristics, which apply to traditional and nontraditional relationships. In addition, Carlson and Jones (2011) described a continuum of power and control by combining most IPV theories

on a spectrum in conceptualizing (a) victim characteristics, (b) perpetrator characteristics, and (c) nature of abuse.

Following a review of pertinent literature and empirical research on victimization and perpetrations in (a) adults, (b) college students, and (c) same-sex relationships, the need derived to further explore rates in LGBTQ college students considering the lack of research. Subsequently, scant research on attitudes about same-sex IPV in LGBTQ individuals highlighted the necessity of implementing this study. Moving deeper into the literature review, an investigation of specific individual and family-of-origin factors related to IPV emphasized the importance of exploring variables and constructs such as biological sex, gender identify, gender expression, past childhood abuse, and witnessing parental IPV. Gender expression serves as one of the unique constructs added to this study in the context of the CCC theory. Finally, the chapter concludes with a review of biopsychosocial and relational development theories. The section begins broadly and narrows the developmental theories to LGBTQ individuals, especially college students. Conclusively, the examination of literature highlights an identifiable gap in research of IPV in LGBTQ college students.

CHAPTER THREE: METHODOLOGY

Introduction

Approximately, 32% to 39% of LGBTQ individuals experience same-sex physical abuse in relationships. Furthermore, 50% to 83% of these individuals suffer emotional abuse and 52% of LGBTQ individuals experience threats of violence from a partner in relationships (Eaton et al., 2008; McKenry et al., 2006; Turell, 2000). On the other hand, perpetration in LGBTQ relationships occurs at rates of 31% to 40% depending on the type of perpetrating behavior (Eaton et al., 2008; McKenry et al., 2006; Turell, 2000). These high incidence rates pose a major societal concern (CDC, 2012). In relation to incidence rates of IPV, research studies (e.g., Eaton et al., 2008; Ernst et al., 2007; McKenry et al., 2006) found that individual factors (e.g., past childhood abuse, witnessing parental IPV, gender expression) correlated with higher rates of IPV. However, scarce amounts of research focused on attitudes about IPV in LGBTQ individuals. Traditionally, research focused on attitudes of same-sex IPV in helping professionals (Brown & Groscup, 2009; Gracia, García, & Lila, 2011; Sorenso & Thomas, 2009) rather than LGBTQ individuals. A need exists to examine of the scope of IPV, the nature of IPV, and attitudes about IPV (Foshee et al., 1998) in LGBTQ college students utilizing correlational research (Fraenkel et al., 2012) based on the research questions for this study. Furthermore, to increase the participant response rate, Dillman's *Tailored Design Method* was employed (Dillman et al., 2009). Therefore, the goal of the study focused on utilizing a correlational research design (Fraekel et al., 2012) combined with survey methodology (Dillman et al., 2009) to examine the relationships among levels of victimization (as measured by *Victimization in Dating Violence* [VDV; Foshee et al., 1996] and *Safe Dates - Psychological Abuse Victimization* [SD - PAV; Foshee et al., 1996]), perpetration (as measured by *Perpetration in Dating*

Relationships [PDR; Foshee et al., 1996] and *Safe Dates - Psychological Abuse Perpetration* [SD - PAP; Foshee et al., 1996]), and attitudinal acceptance of IPV (as measured by *Acceptance of Couple Violence - Modified* [ACV-M; Foshee et al., 1998]) in LGBTQ college students (Figure 2).

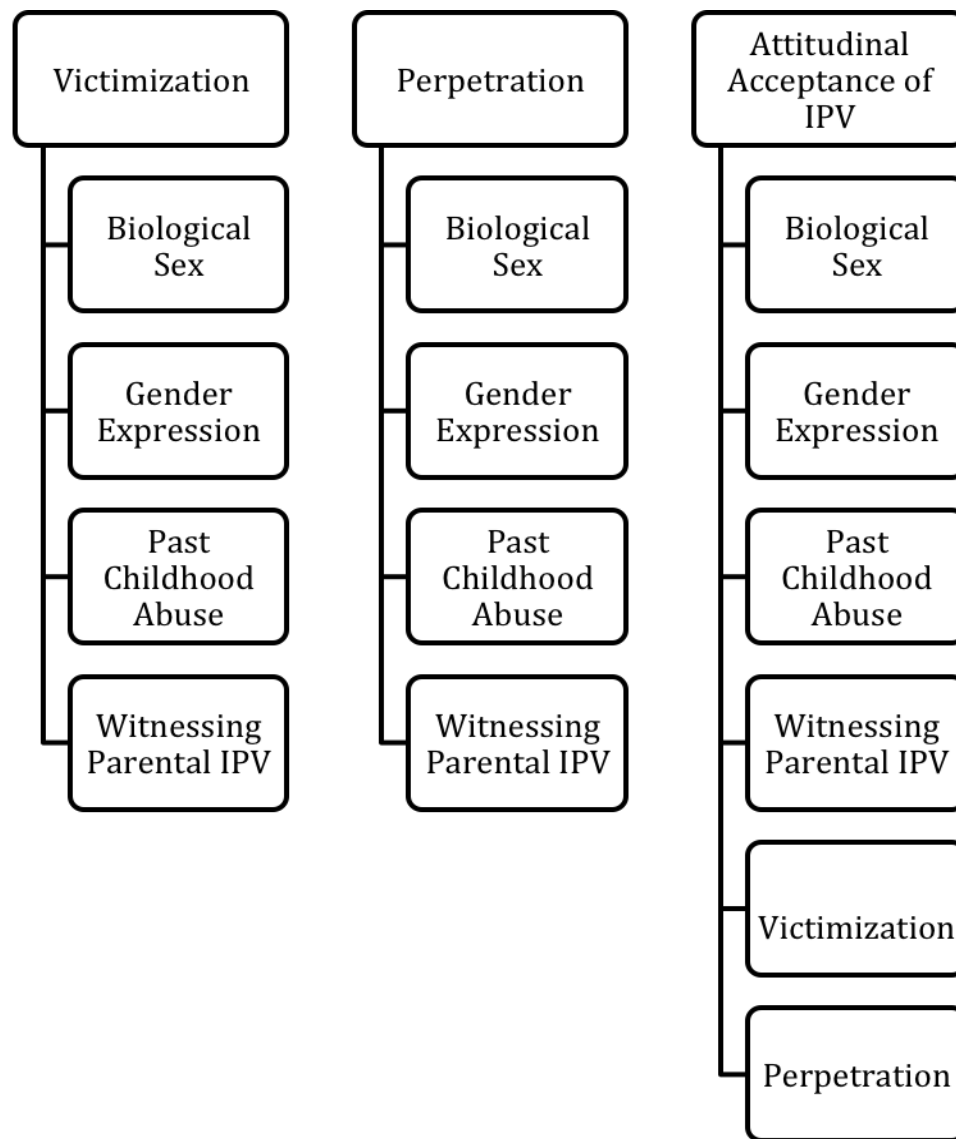


Figure 2: Research Question Constructs and Variables of Interest

Research Questions and Hypotheses

The purpose of the study included an investigation examining the relationships among levels of victimization, perpetration, and attitudinal acceptance of IPV in LGBTQ college students. To achieve the study's purpose, four research questions and seven null hypotheses guided the investigation using a sample of college students identifying as lesbian, gay, bisexual, transgender, and queer.

Research Question One and Hypotheses

The first research question (RQ1) investigated what differences exist between male and female LGBTQ college students in their respective levels of *physical* and *sexual victimization* (VDR; Foshee et al., 1996), *emotional* and *psychological victimization* (SD-PAV; Foshee et al., 1996), *physical* and *sexual perpetration* (PDR; Foshee et al., 1996), *emotional* and *psychological perpetration* (SD-PAP; Foshee et al., 1996), and *attitudinal acceptance* of IPV (ACV-M; Foshee et al., 1998). I examined two null hypotheses to answer this research question:

1. No differences will exist between male and female LGBTQ college students in their levels of victimization (VDR and SD-PAV) and perpetration (PDR and SD-PAP).
2. No differences will exist between male and female LGBTQ college students in their levels of attitudinal acceptance of IPV (ACV-M).

Research Question Two and Hypotheses

The second research question (RQ2) investigated what differences exist in gender expressions of LGBTQ college students, based on biological sex, in their levels of *physical* and *sexual victimization* (VDR; Foshee et al., 1996), *emotional* and *psychological victimization* (SD-PAV; Foshee et al., 1996), *physical* and *sexual perpetration* (PDR; Foshee et al., 1996),

emotional and psychological perpetration (SD-PAP; Foshee et al., 1996), and *attitudinal acceptance* of IPV (ACV-M; Foshee et al., 1998). I examined two null hypotheses to answer this research question:

3. No differences will exist between gender expressions of LGBTQ college students, based on biological sex, in their levels of victimization (VDR and SD-PAV) and perpetration (PDR and SD-PAP).
4. No differences will exist between gender expressions of LGBTQ college students, based on biological sex, in their levels of attitudinal acceptance of IPV (ACV-M).

Research Question Three and Hypotheses

The third research question (RQ3) investigated what differences exist between a history of childhood abuse and a history of witnessing parental IPV, based on biological sex, in LGBTQ college students' levels of *physical and sexual victimization* (VDR; Foshee et al., 1996), *emotional and psychological victimization* (SD-PAV; Foshee et al., 1996), *physical and sexual perpetration* (PDR; Foshee et al., 1996), *emotional and psychological perpetration* (SD-PAP; Foshee et al., 1996), and *attitudinal acceptance* of IPV (ACV-M; Foshee et al., 1998). I examined two null hypotheses to answer this research question:

5. No differences will exist between a history of childhood abuse and a history of witnessing parental IPV, based on biological sex, in LGBTQ college students in their levels of victimization (VDR and SD-PAV) and perpetration (PDR and SD-PAP).

6. No differences will exist between a history of childhood abuse and a history of witnessing parental IPV, based on biological sex, in LGBTQ college students in their levels of attitudinal acceptance of IPV (ACV-M).

Research Question Four and Hypotheses

The fourth research question (RQ4) investigated if biological sex, gender expressions of masculine and feminine, a history of childhood abuse, witnessing parental IPV, levels of victimization (VDR and SD-PAV), and levels of perpetration (PDR and SD-PAP) predict attitudinal acceptance of IPV (ACV-M). I examined one null hypothesis to answer this research question:

7. Biological sex, gender expressions of masculine and feminine, a history of childhood abuse, witnessing parental IPV, levels of victimization (VDR and SD-PAV), and levels of perpetration (PDR and SD- PAV) will not predict attitudinal acceptance of IPV (ACV-M).

Research Design

A correlational research design (Fraenkel et al., 2012) was employed to achieve this study's goal of examining relationships among levels of victimization, perpetration, and attitudinal acceptance of IPV. Sorenson and Thomas (2009) suggested the need to evaluate attitudinal acceptance of IPV of LGBTQ adults from a large sample (e.g., university college students) in order to represent the greater population of LGBTQ individuals and relationships. Through partnerships with university LGBTQ organizations, I utilized purposive sampling to recruit LGBTQ college students. According to Cohen (1992), a sufficient sample size consists of 400 LGBTQ college students for the study. In order to increase participant response rate, I used survey methodology, which researchers indicate requires a sample size of at least 240 to obtain a

95% confidence level with 5% margin of error (Dillman et al., 2009). Lastly, calculations using G*POWER 3.1 (Faul et al., 2009) were performed with target power (beta, $\beta = .80$ and alpha, $\alpha = .05$) and large effect sizes. The first was a MANOVA (ES = .15) with two factor levels and four dependent, continuous variables required a minimum of 86 participants. The second was a MANOVA (ES = .15) with two factor levels by two factor levels and four dependent, continuous variables required a minimum of 92 participants. The third was a MANOVA (ES = .15) with two factor levels by two factor levels and four dependent, continuous variables required a minimum of 44 participants. The fourth was a MANOVA (ES = .15) with two factor levels by two factor levels and five dependent, continuous variables required a minimum of 48 participants. The fifth was a MANOVA (ES = .15) with two factor levels by two factor levels by two factor levels and four dependent, continuous variables required a minimum of 48 participants. The sixth was a MANOVA (ES = .15) with two factor levels by two factor levels by two factor levels and five dependent, continuous variables required a minimum of 48 participants. The seventh was an MLR (ES = .15) using eight independent variables required a minimum of 109 participants. Nonetheless, the achieved sample size ($N = 278$) provided the ability to run rigorous and robust statistical analyses. I anticipated a 40% response rate based on similar research methodology and data collection (e.g., Greenlaw & Brown-Welty, 2009, Kaura & Lohman, 2009, McKenry et al., 2006; Turell, 2000); however, I achieved a 14.8% response rate.

Furthermore, I utilized the *Tailored Design Method* (TDM; Dillman, Smyth, & Christian, 2009), particularly using SurveyMoneky.com and email methods (Greenlaw & Brown-Welty, 2009). TDM promotes high quality and quantity responses using supportive, motivational principles. Originally, TDM blossomed out of social exchange theory of behavior, which

proclaims that the respondent's behavior remains motivated by the idea that their behavior will bring forth a reward. In general, TDM made three fundamental recommendations: (a) reduce the four types of survey error, (b) create a survey, which promotes all members of the population to participate, and (c) consider the nature of the population within the social exchange framework (Greenlaw & Brown-Welty, 2009; Hoddinott & Bass, 1986).

During the administration phase of the research study, I used an overall seven-contact format for recruiting potential participants, including (a) initial contact to designated organization leaders, (b) follow-up emails to organization leaders, (c) pre-notice and instruction email to organization leaders, (d) questionnaire emailing for participants, (e) thank you email for participants, (f) follow-up questionnaire for participants, and (g) final follow-up email for participants (Dillman et al. 2009; Greenlaw & Brown-Welty, 2009; Hoddinott & Bass, 1986)Initially, I contacted randomly selected organization advisors and leaders from to gauge their interest in promoting my study for recruitment of participants, as indicated in Table 3. Next, I sent a follow-up email to designated organization leaders to request their help in promoting my study. Then, I sent the *pre-notice and instruction email* a few days before the questionnaire to explain the specific instructions that organization leaders should follow in order to distribute the study emails. A few days later, I then sent the *questionnaire* with a "...detailed cover letter explaining why response is important..." (Dillman et al., 2009, p. 243). For the study, I used organization leaders' emails to contact and forward the study on SurveyMonkey.com and to potential participants. Additionally, the token incentive was a \$5.00 gift card for all completed surveys (Dillman et al., 2009). Further, I sent a *thank you email* one week following the questionnaire to express appreciation to the potential participants and to provide the

SurveyMonkey.com link once again. Approximately two weeks later, I forwarded a *follow-up questionnaire* as a reminder to complete the survey; this email needed to hold a sense of urgency to best motivate non-respondents. Lastly, I sent a *final follow-up letter* with the questionnaire about two weeks after the replacement questionnaire (Dillman et al., 2009). All of the follow-up contact was handled through emails to the organization leaders who forwarded the recruitment emails. I sent the follow-up emails and requested that advisors and designated organizational leaders forward the follow-up study emails. Originally, I modified the TDM to best meet the needs of the specific research study (Greenlaw & Brown-Welty, 2009; Hoddinott & Bass, 1986). Therefore, surveys via emails and SurveyMonkey.com were sent to advisors and designated organizational leaders at the committed LGBTQ organizations on university campuses in the seven-contact format for the purpose of the study.

Consistent with all research studies, several limitations existed with the study based on the correlational research design. One of the first limitations stemmed from the extraneous factors that influence participants. Further, the *Acceptance of Couple Violence – Modified* (ACV-M) was specifically modified for the purpose of this study, and internal consistency may differ using the proposed norming population compared to previous studies (Foshee et al., 1996; Foshee et al., 1998). All other assessments in the study were normed with other populations but not with the LGBTQ population, which poses a limitation. In addition, I attempted to reach private and public universities from urban and suburban areas across the United States to best represent the greater population through a random selection of universities (see Table 3).

Considering the fact that the results I obtained may not generalize to the greater LGBTQ college

student population, the purpose for random selecting universities was to increase the chances of generalizing results of the current to study to this population.

Table 3: Random Selection of Universities

Region 1: Northeast Universities Randomly Selected	Northeast Universities Committed
Connecticut College Lehigh University Rutgers University Trinity College University of Connecticut University of Massachusetts - Amherst University of New Hampshire University of Rhode Island University of Vermont Williams College	Lehigh University
Region 2: Midwest Universities Randomly Selected	Midwest Universities Committed
Eastern Michigan Michigan State University North Dakota State University Northern Illinois University The Ohio State University University of Cincinnati University of Illinois - Springfield University of Michigan - Ann Arbor University of Missouri - Kansas City University of Nebraska - Lincoln	Michigan State University University of Illinois - Springfield University of Missouri - Kansas City University of Nebraska - Lincoln
Region 3: South Universities Randomly Selected	South Universities Committed
American University East Carolina University Florida Atlantic University Florida International University The George Washington University University of Delaware University of Houston University of North Carolina - Charlotte University of North Florida Virginia Polytechnic Institute	American University Florida Atlantic University Florida International University University of North Florida Virginia Polytechnic Institute
Region 4: West Universities Randomly Selected	West Universities Committed
California State University - Long Beach Colorado State University Portland State University University of California - Los Angeles University of California - Santa Barbara University of New Mexico University of Northern Colorado University of Oregon University of San Francisco Utah State University	Portland State University University of New Mexico University of Northern Colorado

As mentioned, using survey research created the possibility of the following errors: (a) sampling error, (b) coverage error, (c) measurement error, and (d) non-response error (Dillman et al., 2009). A sampling error threat occurred considering that I only surveyed a small portion of the LGBTQ population. However, with the larger sample size of the study ($N = 290$) the threat did not present challenges in producing solid results that answer the research questions. In addition, because I randomly assigned 40 university organizations from a list of 156, as noted in Table 3, to use for my participant pool, this created a larger pool of potential participants. A threat to coverage error arose with the possibility that inadequate survey coverage of an entire population existed (i.e., using SurveyMonkey on the Internet when potential participants could *not* gain access to this web-based program). Next, measurement error occurred when a respondent provided an inaccurate or imprecise response (Reynolds, Livingston, & Willson, 2009). Another potential threat, known as measurement error, stemmed from poor question wording in the DIQ items or flawed questionnaire construction (Reynolds et al., 2009). Therefore, I carefully constructed the DIQ questions and used the same Likert-scale as the instruments in order to provide consistency with the items. Lastly, a non-response error occurred when the entire sample did *not* respond to the survey. In other words, non-response error transpired when those who do *not* respond to the entire survey held different individual characteristics compared to those who responded to the survey. Therefore, once I determined the number of university organizations interested in helping to promote the dissertation study, I utilized a four-contact system to decrease non-response error with participants. Also, I ensured that questions *cannot* be skipped in the questionnaire on SurveyMonkey.com. In order to produce a solid study, I considered ways to reduce these types of errors in the survey

administration and data collection. Due to the validity and reliability of the instruments, I decreased the chances of measurement error resulting from poor wording or flawed questions. In order to produce a solid study, I considered ways to reduce these types of error in the survey administration and data collection.

Other possible limitations included mortality, testing, population characteristics, and generalizability. A mortality threat included the possibility of participants refusing to participate in the study contained certain characteristics (e.g., higher acceptance levels of IPV) of the variable and constructs investigated (Fraenkel, Wallen, & Hyun, 2012). For example, the participants refusing to participate decreased the possibility of strong relationships existing among victimization, perpetration, and attitudinal acceptance of IPV in LGBTQ college students. Testing threats included the influential experience of responding to the first instrument and the influence on the second, third, fourth, etc. instrument responses (Fraenkel et al., 2012). For example, due to the number of test items measuring victimization and perpetration containing similar questions, some participants may have seen the connection between these instruments and the measured variables. Population characteristics included the possibility of outside characteristics existing beyond those characteristics measured and controlled for in the study (Fraenkel et al., 2012). A threat to external validity included the sample failing to represent the population and decreasing generalizability (Fraenkel et al., 2012).

Instrumentation

To achieve the goals of the study, a demographic questionnaire and five assessments, with a total of 106 questions, were administered online to the voluntary participants: (a) *Demographic Information Questionnaire* (DIQ; Jacobson, 2012), (b) *Victimization in Dating*

Relationships (VDR; Foshee et al., 1996), (c) *Safe Dates - Psychological Abuse Victimization* (SD - PAV; Foshee et al., 1996), (d) *Perpetration in Dating Relationships* (PDR; Foshee et al., 1996), (e) *Safe Dates - Psychological Abuse Perpetration* (SD - PAP; Foshee et al., 1996), and (f) *Acceptance of Couple Violence - Modified* (ACV-M; Foshee et al., 1998; Foshee, Fothergill, & Stuart, 1992). According to the Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTQTIC; 2012), research competency in the LGBTQ community needs to exist and researchers must do the following:

Recognize that there have been very limited attempts, to date, to develop LGBTQQA norm groups for counseling assessment instruments. This lack of norm groups should prompt significant caution regarding the interpretation of assessment results across any and all domains of functioning (e.g., cognitive, personality, aptitude, occupational/career, substance abuse, and couple/family relationships). (Standard G.11., p. 20)

Therefore, I used transparency in the consent information letter and recruitment materials in stating that the study intended to measure constructs and variables in participants identifying as lesbian, gay, or bisexual. I mentioned that the instruments tended to use due gender binary terms (e.g., male or female, man or woman) that may *not* be inclusive to some subpopulations of LGBTQ college students.

Demographic Information Questionnaire

I developed the demographic information questionnaire (DIQ; Jacobson, 2012) to collect relevant demographic information about participants using 15 self-report items, including: (a) age; (b) biological sex (e.g., male or female); (c) sexual orientation; (d) gender identity; (e) gender expression (e.g., masculine or feminine); (f) educational information; (g) ethnicity; (h)

relationship status; (i) living status; (j) homophobic control of outing a partner; (k) homophobic control of accusing a partner for *not* being a real gay, lesbian, or bisexual individual; (l) history of childhood physical and sexual abuse; (m) history of childhood psychological and emotional abuse; and (n) history of witnessing parental IPV. I addressed age as an open-ended question, and respondents were asked to enter a whole number for their age in order to obtain continuous data. I asked about biological sex on a categorical scale, and respondents answered whether they are (a) male or (b) female. I addressed sexual orientation on a categorical in which participants self-identified as (a) gay, (b) lesbian, or (c) bisexual. I asked about gender identity on a categorical scale, which requested that participants identify themselves as (a) cisgender, (b) transgender, (c) bigender, (d) genderless, (e) genderqueer, or (f) two-spirit. I inquired about gender expression and if the participants identified as feminine or masculine on a six-item Likert-scale ranging from (1) feminine to (6) masculine. I measured educational information as continuous data in which respondents answered in whole numbers the amount of completed years of education. In addition, participants had the option to answer that they were *not* currently in college. I asked about ethnicity on a categorical scale and participants had the opportunity to identify as (a) Asian, (b) Caucasian or White, (c) African American or Black, (d) Hispanic, (e) Native Hawaiian or Pacific Islander, (f) American Indian or Alaska Native, (g) Biracial, or (h) Other (Please be specific). I addressed relationship status on a categorical scale by asking the participants to identify one of the following: (a) single, (b) dating relationship, (c) serious, monogamous relationship, (d) serious, polygamous relationship, (e) married or civil union, or (f) divorced. I addressed living status on a categorical scale by asking the participants to identify one of the following: (a) living alone, (b) living with roommates, (c) cohabitating with a

romantic partner, or (d) living with family. I measured history of homophobic control in two different questions on a four-point Likert scale ranging from 0 to 3: never, 1-3 times, 4-9 times, and 10+ times. These questions (Have you ever had a same-sex partner threaten to “out” you? and Have you ever had a same-sex partner question if you were a “real” gay male, lesbian, or bisexual?) measured the unique form of control often used in the LGBTQ community on a Likert-scale. I also measured history of physical/sexual childhood abuse on a four-point Likert scale ranging from 0 to 3: never, 1-3 times, 4-9 times, and 10+ times. I measured history of psychological/emotional childhood abuse was asked on a four-point Likert scale ranging from 0 to 3: never, 1-3 times, 4-9 times, and 10+ times. I measured history of witnessing parental IPV on a four-point Likert scale ranging from 0 to 3: never, 1-3 times, 4-9 times, and 10+ times. More specifically, for these three questions the responses were labeled as 0 (Never), 1 (1 to 3 times), 2 (4 to 9 times), 3 (10 or more times). Lastly, a question in the DIQ asked if the participant currently attended a university among the 40 randomly assigned university LGBTQTQ organizations or if their university was *not* listed. The committee reviewed the questions to confirm clarity and readability. In addition, results from a pilot study using the DIQ informed the question structures and format to increase clarity.

Victimization in Dating Relationships

Foshee and colleagues (1996) developed and validated an instrument to measure youth victimization and violence using a norming sample of adolescents ages 14 through 18. The instrument, known as the *Victimization in Dating Relationships* scale (VDR; Foshee et al., 1996) consists of an 18-item self-report measure. The instrument assesses for physical and sexual victimization in dating relationships rated on a four-point Likert scale ranging from 0 to 3: never,

1-3 times, 4-9 times, and 10+ times. Specifically, the responses are labeled as 0 (Never), 1 (1 to 3 times), 2 (4 to 9 times), and 3 (10 or more times). Largely, the VDR scale author “...categorized four types of dating violence victimization: sexual violence and mild, moderate and severe non-sexual physical violence” (Foshee, 1996, p. 278). Foshee and colleagues did *not* report internal consistency for the VDR. However, Dahlberg, Toal, Swahn, and Behrens (2005) reported an internal consistency score ($\alpha = .90$). In terms of instrument validity, Foshee (1996) reported validity on the victimization scale in comparison with previous studies. She stated that because the self-report victimization scores fell in the moderate violence range, the participants were less likely to report their playful gestures as violent behaviors, and the participants’ responses indicated actual violence in their relationships.

Foshee et al. (1998) later evaluated adolescents ($N = 1,700$) on their levels of victimization; however, Foshee et al. did *not* report internal consistency of the VDR with these data. Foshee, Benefield, Ennett, Bauman, and Suchindran (2004) provided evidence for instrument construct validity considering that the outcomes for dating violence and baseline prevalence of serious physical forms of victimization remained consistent with previous studies. Foshee et al. reported valid results because both males and females reported similar rates of victimization, findings which stand consistent compared to past research. Within the same time frame, Foshee and colleagues (2004) published results of an experimental design utilizing a sample of adolescents ($N = 1,556$) in a violence prevention program. Foshee and colleagues compared the treatment and control groups to evaluate the effectiveness of the program in decreasing perpetration and victimization rates. Although the authors proposed certain threats to

validity, they found that the program helped decrease both perpetration and victimization as evidenced by IPV self-reports declining over time.

Safe Dates – Psychological Abuse Victimization

The *Safe Dates - Psychological Abuse Victimization* scale (SD-PAV; Foshee et al., 1996) contains a 14-item self-report measure, rated on a four-point scale, which measures self-reported victimization of psychological abuse within dating relationships. The SD-PAV contains a four-point Likert scale ranging from 0 to 3: never, seldom, sometimes, and very often. More specifically, the responses are labeled as 0 (Never), 1 (Seldom), 2 (Sometimes), and 3 (Very Often). Overall, SD-PAV contains "...four dimensions of psychological abuse victimization and perpetration were assessed: threatening behaviors, monitoring behaviors, personal insults and emotional manipulation" (Foshee, 1996, p. 279). The instrument holds a moderately high internal consistency ($\alpha = .91$; Foshee et al., 1996; Foshee et al., 1998). For example, Foshee et al. (1998) evaluated adolescents ($N = 1,886$) on their levels of victimization. Foshee and colleagues reported internal consistency ($\alpha = .91$) of the SD-PAV with these data. In addition, Foshee (1996) reported construct validity because the study held similar results of victimization rates to those from previous studies.

Perpetration in Dating Relationships

Foshee and colleagues (1996) developed instruments to measure youth perpetration and violence. The *Perpetration in Dating Relationships* scale was normed using a sample of youth, ages 14 to 18. The Perpetration in Dating Relationships scale (PDR; Foshee et al., 1996) contains 18 self-report items, rated on a four-point scale, which measure self-reported perpetration of physical violence within dating relationships. The questionnaire consists of a four-point Likert scale ranging from 0 to 3: never, 1-3 times, 4-9 times, and 10+ times. Specifically, the responses

are labeled as 0 (Never), 1 (1 to 3 times), 2 (4 to 9 times), and 3 (10 or more times). The PDR scale author "...categorized four types of dating violence victimization: sexual violence and mild, moderate and severe non-sexual physical violence" (Foshee, 1996, p. 278). Foshee and colleagues did *not* report internal consistency for the PDR. However, Dahlberg, Toal, Swahn, and Behrens (2005) reported an internal consistency score ($\alpha = .93$) with their data. In addition, Foshee, Bauman, Ennett, Benefield, and Suchindran (2005) explored adolescent perpetration ($N = 1,760$) using PDR and identified a high internal consistency ($\alpha = .97$). Furthermore, Foshee et al. (2009) evaluated perpetration in adolescents ($N = 788$) using PDR and found a high internal consistency ($\alpha = .95$). Consistent with similar instruments developed to measure victimization and perpetration (Foshee, 1996), PDR holds validity because the study held similar results of victimization rates to those from previous studies. Foshee, Linder, MacDougall, and Bangdiwala (2001) also reported validity when comparing results of an adolescent perpetration violence study to previous results of perpetration. Foshee and colleagues found that violence occurred in mild intensity and frequency, which remains consistent with previous research. Additionally, Foshee and colleagues (2005) noted that the PDR holds construct validity when comparing it to results from their study of adolescents ($N = 1,218$) self-reporting violent perpetration behaviors. Foshee et al. reported construct validity when correlating scores of the previously mentioned research (e.g., Foshee et al., 2001), which measured similar theoretical constructs.

Foshee, Bauman, Linder, Rice, and Wilcher (2007) explored perpetration in adolescents from a pool of participants ($N = 1,965$) in a previous Safe Dates study using the PDR scale. Foshee and colleagues conducted mixed-mode, qualitative and quantitative research for female ($n = 63$) and male ($n = 53$) perpetrators using the PDR scale to understand both the first time and

the worst time they had perpetrated one of the acts on the scale. Foshee et al. coded the responses of the male and female adolescents. The findings suggested that 32.5% of females reported a patriarchal terrorism response, in which the male partner attempted to control the female and she acted violent towards in response to his attempt for power and control. Approximately 25% of the females used the violent acts due to increased levels of anger. For males, 64% reported aggression prevention in which the male partner attempted to de-escalate their female partner and deter her from using violence. The study highlighted the contextual aspects of IPV for the adolescent perpetrators. Lasly, Foshee, Bauman, and Linder (2012) explained that few measures previously defined the construct of IPV, and through their research they developed the PDR measurement by (a) conducting psychometric analyses, (b) administering qualitative interviews, and (c) interpreting participants' meaning of IPV.

Safe Dates – Psychological Abuse Perpetration

The *Safe Dates - Psychological Abuse Perpetration* scale (SD-PAP; Foshee et al., 1996) consists of a 14-item self-report measure, rated on a four-point scale, which measures self-reported perpetration of psychological abuse within dating relationships. The SD-PAP contains a four-point Likert scale ranging from 0 to 3: never, seldom, sometimes, and very often. Specifically, the responses are labeled as 0 (Never), 1 (Seldom), 2 (Sometimes), and 3 (Very Often). Altogether, SD-PAP contains "...four dimensions of psychological abuse victimization and perpetration were assessed: threatening behaviors, monitoring behaviors, personal insults and emotional manipulation" (Foshee, 1996, p. 279). Foshee and colleagues reported internal consistency for the paralleled perpetration measures ($\alpha = .88$) with their data. Furthermore, Foshee et al., (1998) found that the SD-PAP held a high internal consistency ($\alpha = .95$).

Additionally, Foshee et al. (1998) evaluated adolescents ($N = 1,886$) on their levels of victimization. Foshee et al. reported internal consistency ($\alpha = .88$) for the SD-PAP, with their data. Lastly, Foshee et al. (2009) evaluated psychological perpetration in adolescents ($N = 788$) using SD-PAP and found a moderately high internal consistency ($\alpha = .87$). The SD-PAP holds validity considering that the study held similar results of perpetration rates to those from past research studies (Foshee, 1996).

Acceptance of Couple Violence – Modified

Foshee and colleagues (1998) measured validity and reliability of the Acceptance of Couple Violence scale (ACV) in a sample of eighth and ninth graders ($N = 1, 886$). Approximately 90% ($N = 1,700$) completed the questionnaires following the one-month treatment program. Foshee and colleagues evaluated the acceptance of IPV in students using the ACV scale, which consisted of four constructs. The first construct, acceptance of *prescribed norms*, included examples of accepting violence under specific circumstances. The second construct, acceptance of *proscribed norms*, included examples of "...norms considering dating violence unacceptable under all circumstances" (Foshee et al, 1998, p. 47). The third and fourth constructs measured perceived *positive consequences* and perceived *negative consequences*. ACV consists of a Likert scale with options ranging from 0 (e.g., strongly disagree) to 3 (e.g., strongly agree). More specifically, the responses are labeled as 1 (Strongly Disagree), 2 (Disagree), 3 (Agree), and 4 (Strongly Agree). Cronbach's Alpha indicated the items measuring proscribed norms contain moderate reliability (8 items: $\alpha = .71$). On the other hand, items measuring positive consequences (3 items: $\alpha = .47$) and negative consequences (3 items: $\alpha = .57$) produced less reliability. Foshee, Fothergill, and Stuart (1992) originally found ACV holds a

moderate internal consistency ($\alpha = .71, .73, .74$) in their unpublished results, yet the ACV remains one of the few measures of acceptance of IPV to this date.

Additionally, Kaura and Lohman (2009) used a purposive sampling approach with a target population ($N = 852$) that resulted in an overall 76% response rate. The sample consisted of males ($n = 155$) and females ($n = 417$) at a large Midwestern university. Kaura and Lohman investigated relationship commitment, violence, satisfaction, and acceptance of violence in college students ($N = 572$). The researchers used instruments similar to the ones employed in this study, including (a) *Relationship Commitment* scale (RC; Rusbolt et al., 1996), (b) *Conflict Tactics Scale* (CTS2; Straus et al., 1996), (c) *Relationship Assessment Scale* (RAS; Hendrick, 1988), and (d) *Acceptance of Couple Violence* (ACV; Foshee et al., 1996). However, the acceptance of IPV in the study focused only on violence in opposite-sex relationships, whereas the current study consisted of a modified ACV scale.

For the purpose of this study, the ACV remained modified in order to measure and compare acceptance of IPV in opposite-sex versus same-sex relationships. Specifically, six questions were added to measure participants' attitudes about same-sex IPV in addition to the current measurements of opposite-sex IPV and gender non-specific IPV. Three items measured attitudes about male-on-male violence; three items measured attitudes about female-on-female violence. The six statements included: (a) A man angry enough to hit his male partner must love him very much, (b) Men sometimes deserve to be hit by the men they date, (c) A man who makes his male partner jealous on purpose deserves to be hit, (d) Women sometimes deserve to be hit by the women they date, (e) A woman angry enough to hit her female partner must love her very much, and (f) A woman who makes her female partner jealous on purpose deserves to

be hit. The purpose for adding the additional questions stemmed from the lack of research in measuring LGBTQ participants' attitudes about opposite-sex versus same-sex IPV. In addition, any items on the instrument containing the terms *boyfriend* and *girlfriend* were modified to the terms *male partner* and *female partner*. Due to the modifications, the impact on the test psychometric properties included possible changes to internal consistency, which influenced measurement error known as content sampling error (Reynolds, Livingston, & Willson, 2009).

Procedures

Upon UCF IRB for human subjects research approval, I contacted the advisors and leaders of randomly assigned LGBTQ student organizations at small and large universities, public and private, in the United States. Upon making contact with the designated organization advisors and leaders, I asked about their interest in helping to promote this dissertation study. If the advisors and leaders appeared interested, I then sent an email letter to the organizations explaining the purpose of the study and specific instructions for helping me distribute the study. The next email included a link to the survey that the advisors and leaders could forward to their student members. I realized that due to the popularity of social media and email surveys, the advisors and leaders could decide to send the information email via methods that I have *not* accounted for in the proposed study. I attempted to control for this limitation in methodology in my initial contact with the leaders by mentioning that posting the study on social media harms the research methodology. Lastly, I followed up with the advisors at 7, 21, and 35 days after my initial invitation to participate via email. I offered a \$5.00 gift card to the participants who fully completed the study questionnaires, supporting the study response rate.

Population and Sampling Procedures

Sorenson and Thomas (2009) suggested the need to evaluate IPV attitudinal acceptance in LGBTQ adults from a large sample (e.g., universities, college students) in order to represent the greater population. Therefore, the targeted population included college students identifying as LGBTQ attending private or public universities, either small or large, in the United States. One other criterion for the sample was that these LGBTQ college students needed to report scores based on at least one past or current same-sex relationships. The targeted college student population most likely gained access to the Internet, which was appropriate because all survey data was collected online through SurveyMonkey.com. I utilized the TDM (Dillman et al., 2009), which required consistent follow-up with potential participants in order to achieve an appropriate sample size. According to Cohen (1992), an appropriate sample size consists of 400 college students for the proposed study. Additionally, Dillman et al. (2009) indicated a sample size of at least 240 to obtain a 95% confidence level with 5% margin of error. Therefore, the study's sample size ($N = 278$) met the industry standard to perform rigorous statistical analyses when exploring relationships. I used a two-fold sampling procedure using the following methods: (a) random selection and (b) purposive sampling to recruit LGBTQ college students. Lastly, I used G*POWER 3.1 (Faul et al., 2009) to produce calculations for (a) target power (beta, $\beta = .80$ and alpha, $\alpha = .05$), (b) large effect size, and (c) sample size, based on the analyses needed to answer the research questions. The computations resulted in an appropriate sample size for the study needed to range from 42 – 109 participants. I ran a one-way MANOVA ($ES = .15$) with two factor levels and four dependent variables, which required a minimum of 86 participants. I ran another one-way MANOVA ($ES = .15$) with two factor levels and five dependent variables,

which required a minimum of 92 participants. I ran a two-way MANOVA ($ES = .15$) with two factor levels by two factor levels and four dependent variables, which required a minimum of 44 participants to achieve power. I ran a second two-way MANOVA ($ES = .15$) with two factor levels by two factor levels and five dependent variables, which required a minimum of 48 participants. Next, I ran a factorial MANOVA ($ES = .15$) with two factor levels by two factor levels by two factor levels and four dependent variables, which required a minimum of 48 participants to achieve the desired power. I ran another factorial MANOVA ($ES = .15$) with two factor levels by two factor levels by two factor levels and five dependent variables, which required a minimum of 48 participants to achieve the appropriate power. Finally, I ran an MLR ($ES = .15$) calculation using eight independent variables, which required a minimum of 109 participants. Nevertheless, the sample size ($N = 278$) provided me with the ability to run rigorous and robust statistical analyses. I anticipated a 40% response rate based on similar research methodology and data collection (e.g., Greenlaw & Brown-Welty, 2009, Kaura & Lohman, 2009, McKenry et al., 2006; Turell, 2000); I achieved a 14.8% response rate. As noted, this correlational study resulted in 278 LGBTQ college students recruited from various universities for the sample.

Research conducted by Greenlaw and Brown-Welty (2009), Kaura and Lohman (2009), McKenry et al. (2006), and Turell (2000) provided guidance on an anticipated response rate of 40%. For example, Greenlaw and Brown-Welty (2009) used simple random sampling method to compare the response rates of educators ($N = 1,281$) responding to a survey sent through email, rather than surveys sent through postal service mail. Overall, Greenlaw and Brown-Welty received a 52% response rate ($n = 672$) for those responding to the emailed survey and a 42%

response rate ($n = 538$) for those responding the mailed survey. The researchers sent out web-based administration beginning with an initial email and follow-up through email addresses. Similarly, they sent out paper-based administration beginning with an initial announcement and follow-up mailings. Greenlaw and Brown-Welty (2009) pointed out that web-based surveys increased validity of statistical analyses due to the increased response rates. In addition, the researchers made the case that web-based surveys increased likelihood of response rates and they tended to cost less money. Greenlaw and Brown-Welty mentioned the expendable resources required to conduct paper-based surveys (e.g., postage, paper, envelopes), which add to the cost of a research study. On the other hand, web-based surveys consisted of expenses such as cost for online programs and time entering the survey online. Overall, the web-based surveys appeared more cost-effective and received greater response rates compared to paper-based surveys.

Next, Kaura and Lohman (2009) used a purposive sampling approach with a target population ($N = 852$) that resulted in an overall 76% response rate. The sample consisted of males ($n = 155$) and females ($n = 417$) at a large Midwestern university. Kaura and Lohman investigated relationship commitment, violence, satisfaction, and acceptance of violence in college students ($N = 572$). The researchers used similar instruments as used in the current study, including (a) *Relationship Commitment* scale (RC; Rusbolt et al., 1996), (b) *Conflict Tactics Scale* (CTS2; Straus et al., 1996), (c) *Relationship Assessment Scale* (RAS; Hendrick, 1988), and (d) *Acceptance of Couple Violence* (ACV; Foshee et al., 1996). However, the acceptance of IPV in the study focused only on violence in opposite-sex relationships, whereas for the current study, I modified the ACV scale to assess for attitudes about opposite-sex versus same-sex IPV.

In addition, McKenry et al. (2006) used a purposive sampling method of LGBTQ adults ($N = 77$) from a clinical sample. Specifically, the sample included participants identifying as either male ($n = 40$) or female ($n = 37$). Furthermore, the participants identified their sexual orientation as either gay ($n = 34$) or lesbian ($n = 27$). The sample consisted of a 20% response rate from referrals in the community. McKenry and colleagues recruited participants to examine (a) individual characteristics, (b) family-of-origin factors, and (c) intimate relationship characteristics related to IPV. In particular, the researchers evaluated participants specifically on their (a) demographic variables, (b) gender role orientation, (c) self-esteem, (d) insecure attachment, (e) psychological symptoms, (f) family-of-origin abuse, (g) parental homophobia, (h) socioeconomic status, (i) relationship satisfaction, (j) relationship dominance, and (k) stress. These variables appear similar to those in the current investigation.

Lastly, Turell (2000) explored incidences of IPV within past relationships of lesbian, gay, bisexual, and transgender individuals ($N = 499$) using a purposive sampling method. Turell contacted LGBTQ organization and agencies to collect data and separated participants in gender groups of females ($n = 265$), males ($n = 227$), and transgender women ($n = 7$). The researcher reported a 33% response rate. The researcher created a demographic questionnaire and a survey based on non-normed behavioral checklists from local shelters to evaluate domains of abuse including (a) physical, (b) emotional, and (c) sexual.

Based on a review of these studies (e.g., Greenlaw & Brown-Welty, 2009; Kaura & Lohman, 2009; McKenry et al., 2006; Turell, 2000), I anticipated a 40% response rate from the targeted population. From a list of 156 nation-wide university LGBTQ organizations, I randomly selected 40 organizations. Thus, I reached approximately 1,960 potential LGBTQ college

students to obtain the desired sample size. Further, a review of sampling procedures and responses rates needs exploration to describe how the researcher of the proposed study arrived at this information. The results of these previous studies provided an expected 40% response rate, and the fact that the college student population typically has access to the web and online applications proved helpful for the study. Moreover, the following information in this chapter reviewed various research studies using similar methods, instrumentation, and sample demographics to provide justification for the sampling procedures.

The sampling and data collection process occurred in three phases: (a) recruitment of university-based LGBTQ organization to help distribute the questionnaire, (b) email distribution of the study recruitment letter to the student membership of the LGBTQ organizations, and (c) data collection on SurveyMonkey.com. First, I contacted the advisors or designated leaders of the campus LGBTQ organizations via telephone to briefly explain the study and inquire regarding their willingness to send the study to their student membership. The organization leaders that agree to assist received an email with the study recruitment letter containing a link and URL to the study site on SurveyMonkey.com for electronic distribution to their membership. For email distribution, I utilized the TDM (Dillman et al., 2009), which required consistent follow-up with potential participants, to achieve an appropriate sample size. After the organization leader sent the email to their membership, I sent follow-up emails at 7, 21, and 35 days after the initial invitation email based on TDM (Dillman et al., 2009). Participants deciding to participate followed the link to the study's SurveyMonkey.com site. The first page contained the study consent request in the information consent letter. Upon consent, the subsequent pages contained the aforementioned demographic information questionnaire and the five study

assessments. Participants were reassured that their involvement in the study was voluntary and anonymous. As an anonymous study, participants were *not* asked to provide any identifying information. However, they needed to provide their email address if interested in receiving the incentive. That contact information was kept in a password-protected Microsoft Excel document on a password-protected computer for 45 days after distribution of incentives.

Data Analyses

I used a multiple linear regression (MLR; Tabachnick & Fidell, 2012) and multivariate analysis of variance (MANOVA; Tabachnick & Fidell, 2012) to investigate the differences between LGBTQ college students' levels of victimization, perpetration, and attitudinal acceptance of IPV in the research questions. The research questions, hypotheses, analyses, and variables are listed in Table 4. Research question one (RQ1) concerned the differences existing between male and female LGBTQ college students in their respective levels of *physical* and *sexual victimization* (VDR; Foshee et al., 1996), *emotional* and *psychological victimization* (SD-PAV; Foshee et al., 1996), *physical* and *sexual perpetration* (PDR; Foshee et al., 1996), *emotional* and *psychological perpetration* (SD-PAP; Foshee et al., 1996), and *attitudinal acceptance* of IPV (ACV-M; Foshee, 1998). The first null hypothesis, no differences will exist between male and female LGBTQ college students in their levels of victimization and perpetration required a global MANOVA for exploration. The two factor levels included identifying as male or female. The dependent variables include VDR, SD-PAV, PDR, and SD-PAP. The second null hypothesis, no differences will exist between male and female LGBTQ college students in their levels of attitudinal acceptance of IPV, required a global MANOVA.

The two factor levels included identifying as male or female. The dependent variable included four scores from the ACV-M.

The second research question (RQ2) investigated what differences exist between gender expression, based on biological sex, in LGBTQ college students' levels of *physical* and *sexual victimization* (VDR; Foshee et al., 1996), *emotional* and *psychological victimization* (SD-PAV; Foshee et al., 1996), *physical* and *sexual perpetration* (PDR; Foshee et al., 1996), and *emotional* and *psychological perpetration* (SD-PAP; Foshee et al., 1996), and *attitudinal acceptance* of IPV (ACV-M; Foshee et al., 1998). The third null hypothesis, no differences will exist in gender expressions, based on biological sex, of LGBTQ college students' in their levels of victimization and perpetration, required a global MANOVA. The factor levels were an identification of biological sex as male or female and gender expression as feminine or masculine. The dependent variables were VDR, SD-PAV, PDR, and SD-PAP. The fourth null hypothesis, no differences will exist in gender expressions, based on biological sex, of LGBTQ college students' in their levels of attitudinal acceptance of IPV, required a global MANOVA. The factor levels were an identification of biological sex as male or female and gender expression as feminine or masculine. The dependent variables included four scores of ACV-M.

The third research question (RQ3) investigated what differences exist between a history of childhood abuse and witnessing parental IPV, based on biological sex, in LGBTQ college students' levels of *physical* and *sexual victimization* (VDR; Foshee et al., 1996), *emotional* and *psychological victimization* (SD-PAV; Foshee et al., 1996), *physical* and *sexual perpetration* (PDR; Foshee et al., 1996), *emotional* and *psychological perpetration* (SD-PAP; Foshee et al., 1996), and *attitudinal acceptance* of IPV (ACV-M; Foshee et al., 1998). The fifth null

hypothesis, no differences will exist between a history of childhood abuse and witnessing parental IPV, based on biological sex, in LGBTQ college students in their levels of victimization (VDR and SD-PAV) and perpetration (PDR and SD-PAP), required a global MANOVA. The factor levels were an identification of biological sex as male or female, report of no childhood abuse or childhood abuse, and report of *not* witnessing parental IPV or witnessing parental IPV. The dependent variables were VDR, SD-PAV, PDR, and SD-PAP. The sixth null hypothesis, no differences will exist between histories of childhood abuse and witnessing parental IPV in LGBTQ college students in their levels of attitudinal acceptance of IPV (ACV-M), based on biological sex, required a global MANOVA. The factor levels were an identification of biological sex as male or female, report of no childhood abuse or childhood abuse, and report of *not* witnessing parental IPV or witnessing parental IPV. The dependent variables were four scores of ACV-M.

The fourth research question (RQ4) investigated if levels of victimization (VDR and SD-PAV), perpetration (PDR and SD-PAP), history of childhood abuse, history of witnessing parental IPV, gender expressions of masculine and feminine, and biological sex predict attitudinal acceptance of IPV (ACV-M). The seventh null hypothesis indicated that the predictor variables would *not* predict the outcome variable, attitudinal acceptance of IPV (ACV-M). The eight predictor variables included (a) levels of victimization (VDR), (b) levels of victimization (SD-PAV), (c) levels of perpetration (PDR), (d) levels of perpetration (SD-PAP), (e) history of childhood abuse, (f) history of witnessing parental IPV, (g) gender expressions of masculine and feminine, and (h) biological sex. Lastly, to evaluate internal consistency in the data collection instruments (Foshee et al., 1998), I obtained Cronbach's Alpha for all instruments used in the

study to ensure the reliability of the instrument stood consistent with past research (e.g., Dahlberg, Toal, Swahn, & Behrens, 2005) to reduce measurement error and sampling error (Reynolds, Livingston, & Willson, 2009).

Table 4: Research Questions, Hypotheses, Analyses, and Variables

Research Questions	Hypotheses	Analyses	Independent Variable(s)	Dependent Variable(s)
RQ1:	H ₁ :	One-way, between-subjects MANOVA	Biological Sex	VDR, SD-PAV, PDR, SD-PAP
	H ₂ :	One-way, between-subjects MANOVA	Biological Sex	5 ACV-M
RQ2:	H ₃ :	Two-way, between-subjects MANOVA	Biological Sex, Gender Expression	VDR, SD-PAV, PDR, SD-PAP
	H ₄ :	Two-way, between-subjects MANOVA	Biological Sex, Gender Expression	5 ACV-M
RQ3:	H ₅ :	Factorial, between-subjects MANOVA	Biological Sex, Childhood Abuse, Witnessing IPV	VDR, SD-PAV, PDR, SD-PAP
	H ₆ :	Factorial, between-subjects MANOVA	Biological Sex, Childhood Abuse, Witnessing IPV	5 ACV-M
RQ4:	H ₇ :	MLR	Biological Sex, Gender Expression, Childhood Abuse, Witnessing IPV, VDR, SD-PAV, PDR, SD-PAP	1 ACV-M

Confidentiality and Data Management

Participants' identities were kept confidential through coding in the statistical software (e.g., SPSS). Completed surveys were kept in a password-protected computer and in password-protected software (e.g., Survey Monkey). Participants had an option to submit their email address online to receive a participation incentive, and the email addresses were stored in a

Microsoft Excel document on a password-protected computer. The information obtained in this research project may be used in future research and published, and any data that results from this study will be reported in professional article publications. No names appear on any of the results. Participants' rights to confidentiality will be maintained, and no individuals will be identified within the data.

Summary

Intimate partner violence (IPV) in LGBTQ relationships occurs in 31% - 82% of LGBTQ relationships (Eaton et al., 2008; McKenry et al., 2006; Turell, 2000). These high incidence rates create a major societal concern (CDC, 2012). In addition to IPV incidence rates, several researchers found individual factors (e.g., past childhood abuse, witnessing parental IPV, gender expression) were associated with higher rates of IPV (Eaton et al., 2008; Ernst et al., 2007; McKenry et al., 2006). Conversely, scarce research focused on attitudes in LGBTQ college students about opposite-sex versus same-sex IPV. Conventionally, research focused on attitudes of same-sex IPV in helping professionals (Brown & Groscup, 2009; Gracia, García, & Lila, 2011; Sorenson & Thomas, 2009) rather than LGBTQ individuals. Thus, a need exists to examine of the scope of IPV, the nature of IPV, and attitudes about IPV (Foshee et al., 1998) in LGBTQ college students utilizing (a) correlational research (Fraenkel et al., 2012) and (b) the Tailored Design Method (TDM; Dillman et al., 2009). Subsequently, the study investigated the respective levels of victimization, perpetration, attitudinal acceptance of IPV, and individual demographic information in LGBTQ college students. In particular, the instrumentation included: (a) *Demographic Information Questionnaire* (DIQ; Jacobson, 2012), (b) *Victimization in Dating Relationships* (VDR; Foshee et al., 1996), (c) *Safe Dates - Psychological Abuse*

Victimization (SD-PAV; Foshee et al., 1996), (d) *Perpetration in Dating Relationships* (PDR; Foshee et al., 1996), (e) *Safe Dates - Psychological Abuse Perpetration* (SD- PAP; Foshee et al., 1996), and (f) *Acceptance of Couple Violence - Modified* (ACV-M; Foshee et al., 1998; Foshee et al., 1992). Based on a review of multiple studies (Greenlaw & Brown-Welty, 2009; Kaura & Lohman, 2009; McKenry et al., 2006; Turell, 2000), I achieved a 14.1% response rate from the targeted population. This chapter provided a description of the proposed research questions and hypotheses, instrumentation, data collection procedures, population and sampling procedures, data analyses, and data management.

CHAPTER FOUR: RESULTS

Introduction

Between September 27, 2012 and November 9, 2012, LGBTQ college student participants from 13 universities across the U.S. completed data obtained from distributing one demographic questionnaire and five instruments related to intimate partner violence (IPV). The demographic information questionnaire (DIQ) and five assessments measured IPV victimization, perpetration, attitudinal acceptance scores, and demographic information among LGBTQ college student participants. The *Victimization in Dating Relationships* (VDR; Foshee et al., 1996) and the *Safe Dates – Psychological Abuse Victimization* (SD-PAV; Foshee et al., 1996) scales measured self-reported physical, sexual, psychological, and emotional victimization. The *Perpetration in Dating Relationships* (PDR; Foshee et al., 1996) and the *Safe Dates – Psychological Abuse Perpetration* (SD-PAP; Foshee et al., 1996) scales measured self-reported physical, sexual, psychological, and emotional perpetration. The *Acceptance of Couple Violence - Modified* (ACV-M; Foshee et al., 1998; Foshee et al., 1992) instrument measured self-reported attitudinal acceptance of opposite-sex, same-sex, and general IPV. The ACV-M contains a series of IPV scenarios based on biological sex (i.e., gender) of perpetrator, biological sex (i.e., gender) of victim, and gender non-specific IPV. Participants reviewed informed consent information and continued into SurveyMonkey.com to complete the data collection instruments; this process indicated their consent to participate in the study. Out of the original 290 participants consenting to participation in this study, 278 LGBTQ college students completed all data instruments and variables. After removal of several outliers, analyses resulted in the use of 266 cases.

Sample Demographics

The targeted sample demographics included (a) participants identifying as LGBTQ, (b) college students, (c) males and females, (d) participants identifying as masculine or feminine, and (e) participants engaging in a same-sex relationship in their lifetime. In other words, the identified sample contained LGBTQ college students who have engaged in at least one same-sex relationship. Further, IPV assessment focused on same-sex victimization, perpetration, and attitudinal acceptance of IPV in this sample of LGBTQ college students. I chose these sample demographics based on previous research about levels of IPV (McKenry et al., 2006; Eaton et al., 2008), attitudes of IPV (Sorenson & Thomas, 2009), and college students' IPV incidence rates (Fass, Benson, & Leggett, 2008). As noted in chapter two, a gap in the research exists on the topic of IPV, attitudes of IPV, and individual characteristics, especially in LGBTQ college students. Initially, approximately 1,960 participants received the study link via email through various university LGBTQ organizations. Of these potential participants, 290 (14.8%) completed the informed consent. Among those completing the informed consent, 278 (95.8%) provided complete data. Altogether, the complete data represented 278 LGBTQ college student participants who were enrolled in a private or public university, either small or larger, in the United States ($N = 266$; a usable response rate of 13.57%).

First and foremost, a review of the definitions for the following terms includes (a) biological sex, (b) gender identity, and (c) gender expression. *Biological sex* includes an individual's sex, male or female, often assigned at birth (Bornstein, 1998). *Gender expression* refers to an individual's external expression about their gender identity and biological sex, including (a) masculine, (b) feminine, (c) androgynous, (d) butch, and (e) femme (Bornstein,

1998). Specific to this study, gender expression refers to the identification of masculine or feminine characteristics. *Gender identity* includes an individual’s intrinsic feelings about their gender, often influenced by biological sex; categories include woman, man, boy, girl, genderqueer, cisgender, or transgender. Gender identity in this study refers to the subjective experience of being bigender, genderless, genderqueer, cisgender, or transgender.

Descriptive data and measures of central tendency indicated that males (41.4%, $n = 115$) represented a smaller portion of the sample and the majority of participants identified their biological sex as female (58.6%, $n = 163$), as indicated in Table 5. Regarding participants’ sexual orientation, participants self-identified as gay (39.2%, $n = 109$), lesbian (36.3%, $n = 101$), or bisexual (24.5%, $n = 68$), as noted in Table 6. Concerning participants’ gender identity, the participants self-identified as cisgender (38.1%, $n = 161$), bigender (21.6%, $n = 60$), transgender (24.1%, $n = 67$), genderless (7.6%, $n = 21$), genderqueer (6.8%, $n = 19$), or two-spirit (1.8%, $n = 5$), see Table 7. The mean score of gender expression was 3.69 ($SD = 1.307$; range, 1-6). The participants reported a self-identifying gender expression of the following (Table 8): feminine (6.8%, $n = 19$); mostly feminine (16.5%, $n = 46$); somewhat feminine (12.6%, $n = 35$); somewhat masculine (30.2%, $n = 84$); mostly masculine (32%, $n = 89$); or masculine (1.8%, $n = 5$).

Table 5: Biological Sex

Biological Sex ($N = 278$)	N	Percent
Male	115	41.4
Female	163	58.6

Table 6: Sexual Orientation

Sexual Orientation ($N = 278$)	N	Percent
Gay	109	39.2
Lesbian	101	36.3
Bisexual	68	24.5

Table 7: Gender Identity

Gender Identity ($N = 278$)	N	Percent
Cisgender	106	38.1
Bigender	60	21.6
Transgender	67	24.1
Genderless	21	7.6
Genderqueer	19	6.8
Two-spirit	5	1.8

Table 8: Gender Expression

Gender Expression ($N = 278$)	M	SD	N	Percent
	3.69	1.31		
Feminine			19	6.8
Mostly feminine			46	16.5
Somewhat feminine			35	12.6
Somewhat masculine			84	30.2
Mostly masculine			89	32
Masculine			5	1.8

The mean age of the participants was 23.7 ($SD = 5.21$; range, 17-51), noted in Table 9.

The mean number of years in education for the participants was 14.88 ($SD = 1.99$; range, 0-21;

Table 10). Regarding reported ethnicity/race, as noted in Table 11, the participants self-identified as White or Caucasian (72.3%, $n = 201$), Black or African-American (9%, $n = 25$), Hispanic or Latino (8.6%, $n = 24$), American Indian or Alaskan Native (2.5%, $n = 7$), Asian (2.5%, $n = 7$), Native Hawaiian or other Pacific Islander (1.4%, $n = 4$), Biracial (1.8%, $n = 5$), or Other (1.8%, $n = 5$).

Table 9: Age

Age ($N = 278$)	M	SD
	23.70	5.21

Table 10: Number of Years in Education

Education ($N = 278$)	M	SD
Number of Years in Education	14.88	1.99

Table 11: Ethnicity/Race

Ethnicity/Race	<i>N</i>	Percent
White or Caucasian	201	72.3
Black or African-American	25	9.0
Hispanic or Latino	24	8.6
American Indian or Alaskan Native	7	2.5
Asian	7	2.5
Native Hawaiian or other Pacific Islander	4	1.4
Biracial	5	1.8
Other	5	1.8

In terms of relationship status, participants reported as Single (36.7%, $n = 102$), Dating Relationship (16.9%, $n = 47$), Serious monogamous relationship (39.9%, $n = 111$), Serious polygamous relationship (4.3%, $n = 12$), or Married or civil union (2.2%, $n = 6$), as reported in Table 12. In regards to living status, participants reported as Living alone (18.3%, $n = 51$), Living with roommates (54.0%, $n = 150$), Cohabiting with romantic partner (18.0%, $n = 50$), or Living with family (9.7%, $n = 27$), as noted in Table 13.

Table 12: Relationship Status

Relationship Status ($N = 278$)	<i>N</i>	Percent
Single	102	36.7
Dating Relationship	47	16.9
Serious, monogamous relationship	111	39.9
Serious, polygamous relationship	12	4.3
Married or Civil Reunion	6	2.2

Table 13: Living Status

Living Status ($N = 278$)	<i>N</i>	Percent
Living Alone	51	18.3
Living with roommates	150	54.0
Cohabiting with romantic partner	50	18.0
Living with family	27	9.7

In responding to the homophobic control questions (Table 14), participants reported that a partner threatened to out them as Never (46.4%, $n = 129$), 1 to 3 times (33.5%, $n = 93$), 4 to 9

times (20.1%, $n = 56$), and 10 or more times (0.0%, $n = 0$). Participants reported a partner had questioned their sexuality (Table 15) as Never (33.1%, $n = 92$), 1 to 3 times (40.3%, $n = 112$), 4 to 9 times (25.9%, $n = 72$), and 10 or more times (0.7%, $n = 2$).

Table 14: Homophobic Control – Threatened to Out

Partner Threatened to Out Participant ($N = 278$)	<i>N</i>	Percent
Never	129	46.4
1-3 times	93	33.5
4-9 times	56	20.1
10 + times	0	0

Table 15: Homophobic Control - Questioned Sexuality

Partner Questioned Sexuality of Participant ($N = 278$)	<i>N</i>	Percent
Never	92	33.1
1-3 times	112	40.3
4-9 times	72	25.9
10 + times	2	0.7

In response to the history of childhood abuse and witnessing parental IPV questions, participants reported childhood physical and sexual abuse (Table 16) as Never (32.0%, $n = 89$), 1 to 3 times (26.3%, $n = 47$), 4 to 9 times (36.3%, $n = 101$), and 10 or more times (5.4%, $n = 15$). Participants reported childhood psychological and emotional abuse (Table 17) as Never (25.9%, $n = 72$), 1 to 3 times (25.2%, $n = 70$), 4 to 9 times (24.8%, $n = 69$), and 10 or more times (24.1%, $n = 67$). Participants also reported witnessing parental IPV in their childhood (Table 18) as Never (33.1%, $n = 92$), 1 to 3 times (25.5%, $n = 70$), 4 to 9 times (27.3%, $n = 76$), and 10 or more times (14%, $n = 39$)

Table 16: Childhood Physical/Sexual Abuse

Childhood Physical/Sexual Abuse ($N = 278$)	<i>N</i>	Percent
Never	89	32.0
1-3 times	73	26.3
4-9 times	101	36.3
10 + times	15	5.4

Table 17: Childhood Psychological/Emotional Abuse

Childhood Psychological/Emotional Abuse ($N = 278$)	N	Percent
Never	72	25.9
1-3 times	70	25.2
4-9 times	69	24.8
10 + times	67	24.1

Table 18: Childhood Witnessing Parental IPV

Childhood Witnessing Parental IPV ($N = 278$)	N	Percent
Never	92	33.1
1-3 times	71	25.5
4-9 times	76	27.3
10 + times	39	14.0

Results of Analyses

Preliminary Analyses

The preliminary analyses included a careful review of partial data and resulted in the removal of 12 cases due to the presence of incomplete data. Overall, the deletion of these cases was appropriate considering that the cases were missing at completely random and represented less than 5% of the total data (Tabachnick & Fidell, 2013). This reduced the sample from 290 to 278 LGBTQ participants; after a removal of 12 outliers, the sample size reduced to 266. The preliminary analyses (Table 19) identified outliers, means, standard deviations, and frequencies of all demographic, independent, and dependent variables. The preliminary analyses also evaluated if any outliers exercised strong influence on the data among all variables in the data set and findings indicated that *no* outliers existed for the variables. To ensure statistical assumptions were met, I first examined frequency tables to evaluate normal distribution. I checked for additional univariate outliers, and I found *no* outliers in the continuous, dependent variables. Among the demographic variables, the variable *Age* presented outlier cases for (e.g., 36, 36, 40, 42, 42) and extreme point cases (e.g., 46, 50, 51, 51); because this variable was *not* used in

analyses then cases were *not* deleted. In addition, I found *no* outliers in the demographic independent variables of interest used specifically to answer the research questions for this study.

Upon further review, I checked for multivariate outliers and cases of the VDR, SD-PAV, PDR, and SD-PAP dependent variables with a Mahalanobis distance score above the critical value (18.47) for these four dependent variables. Based on these two MANOVA assumptions, eight total cases were removed from the data (Pallant, 2010). For the ACV-M and four subscales of ACV-M dependent variables, I checked for multivariate outliers and cases with a Mahalanobis distance score above the critical value (20.52) for five dependent variables. Again, based on these two MANOVA assumptions, four total cases were removed from the data (Pallant, 2010). For the ACV-M dependent variable used in a MLR to answer the fourth research question, I checked for outliers with a Mahalanobis distance score above the critical value (24.32) and two cases presented issues in the data. However, these scores were slightly larger than the critical value. Thus, as Pallant (2010) suggested, I did *not* remove the cases from the data. For the four research questions, the total sample size reduced from 278 to 266 based on preliminary analyses evaluating outliers. Here again, Tabachnick and Fidell (2013) suggested that the deletion of these multivariate outlier cases remains appropriate because these cases represented less than 5% of the total data.

Rather than running a series of several analysis of variance (ANOVA) tests, I chose to run MANOVA tests to answer the first three research questions. When researchers use multiple ANOVAs, Type I error rates increase and one advantage of running a MANOVA is the control for this inflated type I error (Pallant, 2010; Tabachnick & Fidell, 2013). In other words, by running MANOVAs I decreased the chances of finding significance that do *not* truly exist and I

controlled for the chance of rejecting the null hypotheses when it was actually true (i.e., Type 1 error). Another advantage to running MANOVA tests occurs because the odds of finding differences between groups on the combination of dependent variables by chance increase with this multivariate test (Tabachnick & Fidell, 2013). For example, variances occurring by chance increased by running a MANOVA exploring differences between biological sex in participants' levels of victimization, perpetration, and attitudinal acceptance of IPV. In addition, to further control for inflated Type I error, I used a Bonferroni adjustment to strengthen the alpha cut-off scores (Pallant, 2010). In terms of test power (β), parametric tests hold more power compared to non-parametric tests suggesting that Type II error (i.e., accepting the null hypothesis when it is *not* true) is reduced when using a MANOVA test (Pallant, 2010). For the purpose of this study, a reduced Type II error remains important because finding *no* differences between groups and accepting the null hypothesis could create a false negative. Furthermore, because the variables measured violence in relationships, this false negative could create a concern for implications in working with LGBTQ individuals and couples experiencing violence. Furthermore, mental health professionals could potentially lack accurate information about the nature and scope of same-sex IPV in LGBTQ college students; in other words, suggesting that IPV did *not* occur when violence in relationships was occurring. Finally, to address multivariate normality, approximately 20 cases in the smallest cell must exist to warrant robustness (Tabachnick & Fidell, 2013). At the least, the number of cases in each cell must exceed the number of dependent variables for any particular analysis (Pallant, 2010). Therefore, all research questions must contain at least five or more cases in each cell for the current study.

After reviewing skewness, kurtosis, distributions, and outliers, the data presented non-normality. However, I continued to check for violations of assumptions for the non-parametric and parametric tests based on that premise that (a) social science research often contains non-normal distributions and (b) larger sample sizes decrease major concerns of the normality assumption (Pallant, 2010). Therefore, I ran analyses to evaluate any violation of assumptions related to MANOVA analyses. Violations of assumptions existed for (a) linearity, (b) homogeneity of regression, (c) multicollinearity and singularity, and (d) homogeneity of variance-covariance matrices. However, due to the large sample size ($N = 266$), the violation of the assumptions did *not* pose concerns in running analyses because violations become expected in large samples (Pallant, 2010; Tabachnick & Fidell, 2012). Tabachnick and Fidell (2012) specifically stated that studies using sample sizes larger than 200 pose minor concerns when running multivariate statistics that violate assumptions. In addition, Pallant (2010) suggested that due to multicollinearity, I needed to use only certain dependent variables rather than all of the perpetration and victimization because of the similarity of constructs measured on each variable. However, Tabachnick and Fidell (2012) suggested that due to theoretical reasons, I could run all dependent variables despite the violation of multicollinearity. Thus, I chose to use all four of the victimization and perpetration variables (e.g., VDR, SD-PAV, PDR, SD-PAP) to answer the four research questions despite their multicollinearity, as noted in Table 20.

After that, I ran an analysis to evaluate any violation of assumptions related to MLR analysis used in RQ4. Initial assumption testing addressed the following possible violations: (a) sample size, (b) multicollinearity and singularity, (c) outliers, (d) normality, (e) linearity, and (f) homoscedasticity. Tabachnick and Fidell (2013) suggested at least a sample size of at least 114

based on their formula for using eight predictor variables. Thus, due to the large sample size ($N = 266$) the sample size violation does *not* apply (Pallant, 2010; Tabachnick & Fidell, 2013). Again, based on suggestions from Tabachnick and Fidell (2013), I ran all four independent perpetration and victimization variables (e.g., VDR, SD-PAV, PDR, and SD-PAP) because a theoretical need exists to include all of these variables (Table 20). Upon further assessment of multicollinearity using the Tolerance and VIF statistics, concerns presented in the MLR analysis with statistics identifying multicollinearity among variables (a) VDR (tolerance = .05; VIF = 19), (b) PDR (tolerance = .03; VIF = 31), and (c) SD-PAP (tolerance = .04; VIF = 26). However, Tabachnick and Fidell (2013) suggest that when the goal of research remains to predict an outcome then keeping the correlated variables in the model appears appropriate. I recognize that this poses limitations as multicollinearity inflates standard error estimates and decreases the reliability of interpreting results (Pallant, 2010; Tabachnick & Fidell, 2013); however, I continued to run the MLR based on the exploratory nature of the research question. Furthermore, a previous analysis of outliers resulted in 12 total cases removed from the data set. As noted, I checked for outliers with a Mahalanobis distance score above the critical value (24.32) for the ACV-M dependent variable; only two cases presented concerns in the data. These scores were slightly larger than the critical value, so as suggested by Pallant (2010) I did *not* remove the cases from the data. To further justify this decision, I checked for casewise diagnostics and found that SPSS experienced difficulty predicting ACV-M scores of five cases. However, upon further evaluation of the Cook's Distance score, I did *not* find any cases that exceeded the maximum cut off (1.0; Pallant, 2010). Overall, after the removal of several multivariate outliers, preliminary analyses and assumptions testing resulted in the use of 266 cases.

Table 19: Means, Standard Deviations, and Internal Consistency Reliability

Instrument Variables	Instrument description	<i>M</i>	<i>SD</i>	Cronbach's α
VDR	<i>Physical and sexual</i>	31.73	13.70	.97
SD-PAV	<i>Psychological victimization</i>	26.49	10.31	.95
PDR	<i>Physical and sexual perpetration</i>	30.55	14.05	.98
SD-PAP	<i>Psychological perpetration</i>	24.56	10.25	.96
ACV-M	<i>Attitudinal acceptance total</i>	29.71	13.20	.98
ACV-M <i>Total</i>	<i>Male-on-male subscale</i>	5.34	2.36	.97
ACV-M <i>M-on-M</i>	<i>Male-on-female subscale</i>	4.82	2.37	.97
ACV-M <i>M-on-F</i>	<i>Female-on-female subscale</i>	5.24	2.46	.97
ACV-M <i>F-on-F</i>	<i>Female-on-male subscale</i>	5.35	2.52	.97

Table 20: Correlations

Measure	1	2	3	4	5	6	7	8	9
1 VDR	---	.837**	.969**	.953**	.937**	.888**	.875**	.922**	.892**
2 SD-PAV		---	.843**	.884**	.787**	.688**	.806**	.754**	.746**
3 PDR			---	.973**	.962**	.895**	.917**	.933**	.914**
4 SD-PAP				---	.936**	.861**	.905**	.910**	.886**
5 ACV-M <i>Total</i>					---	.945**	.938**	.961**	.960**
6 ACV-M <i>M-on-M</i>						---	.828**	.892**	.918**
7 ACV-M <i>M-on-F</i>							---	.903**	.880**
8 ACV-M <i>F-on-F</i>								---	.908**
9 ACV-M <i>F-on-M</i>									---

** $p < 0.01$

Research Question One

The first research question investigated what differences existed between male and female LGBTQ college students among their respective levels of reported *physical and sexual victimization* (VDR; Foshee et al., 1996), *emotional and psychological victimization* (SD-PAV; Foshee et al., 1996), *physical and sexual perpetration* (PDR; Foshee et al., 1996), *emotional and psychological perpetration* (SD-PAP; Foshee et al., 1996), and *attitudinal acceptance* of IPV (ACV-M; Foshee et al., 1998, Foshee et al., 1992). I examined two null hypotheses to answer this first research question: (a) no differences will exist between male and female LGBTQ college students in their levels of victimization (VDR and SD-PAV) and perpetration (PDR and

SD-PAP) and (b) no differences will exist between male and female LGBTQ college students in their levels of attitudinal acceptance of IPV (ACV-M). I utilized the one-way, between-subjects MANOVA test, which requires two or more continuous dependent variables and independent (i.e., factor) variables. For the first null hypothesis testing, I ran VDR, SD-PAV, PDR, and SD-PAP as the four dependent variables and biological sex as the independent factor variable with two levels (male or female). I provided the mean scores and standard deviations for males and females on each dependent variable (e.g., VDR, SD-PAV, PDR, SD-PAP, ACV-M, and four ACV-M subscales) used in the first research question to answer hypotheses one and two, as noted in Table 21.

Table 21: Means and Standard Deviations by Biological Sex

Instrument Variables	Instrument Description	Males ($N = 112$)		Females ($N = 154$)	
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
VDR	<i>Physical and sexual victimization</i>	31.56	12.12	31.86	14.78
SD-PAV	<i>Psychological victimization</i>	23.72	9.05	28.51	10.72
PDR	<i>Physical and sexual perpetration</i>	29.97	12.07	30.96	15.35
SD-PAP	<i>Psychological perpetration</i>	23.61	9.02	25.25	11.04
ACV-M Total	<i>Attitudinal acceptance of IPV</i>	29.97	11.52	29.51	14.34
ACV-M M-on-M	<i>Male-on-male subscale</i>	5.63	2.09	5.14	2.53
ACV-M M-on-F	<i>Male-on-female subscale</i>	4.54	2.13	5.02	2.52
ACV-M F-on-F	<i>Female-on-female subscale</i>	5.25	2.09	5.23	2.70
ACV-M F-on-M	<i>Female-on-male subscale</i>	5.38	2.20	5.33	2.74

Hypothesis One

The results of the first hypothesis analysis identified that differences existed between male and female LGBTQ college students in their levels of reported victimization and perpetration. The overall model indicated statistical significance: $F(4, 261) = 12.77, p < .01$; Pillai's Trace = .16; Wilks' Lambda = .84; partial eta squared (η^2_p) = .16, as indicated in Table 22. According to researches (e.g., Pallant 2010; Sink & Stroh, 2006), the identified partial eta

squared statistic ($\eta^2_P = .16$) indicated a large effect size. Considering the results for the dependent variables separately, as represented in Table 23, I used a Bonferroni adjusted alpha level of .025, and the only difference to reach statistical significance was SD-PAV, $F(1, 264) = 14.68, p < .01, (\eta^2_P) = .05$, suggesting a small effect size (Sink & Stroh, 2006). An evaluation of the mean scores indicated that females reported higher levels of psychological and emotional victimization ($M = 28.51, SD = 10.72$) compared to males ($M = 23.72, SD = 9.05$). Thus, I rejected null hypothesis one because significant differences existed between males and females in their levels of victimization and perpetration.

Table 22: Null Hypothesis One - MANOVA Full Model

Test	Values	$F(4, 261)$	p	η^2_P
Pillai's Trace	.16	12.77	.00	.16
Wilks' Lambda	.84	12.77	.00	.16
Hotelling's Trace	.20	12.77	.00	.16
Roy's Largest Root	.20	12.77	.00	.16

Table 23: Null Hypothesis One - Bonferroni Adjustment

Instrument Variables	Instrument Description	$F(1, 264)$	p	η^2_P
VDR	<i>Physical and sexual victimization</i>	.03	.86	.00
SD-PAV	<i>Psychological victimization</i>	14.68	.00	.05
PDR	<i>Physical and sexual perpetration</i>	.32	.57	.00
SD-PAP	<i>Psychological perpetration</i>	1.66	.20	.01

Hypothesis Two

The results of the second hypothesis analysis results identified that differences existed between male and female LGBTQ college students in their self-reported levels of attitudinal acceptance of male-on-male, male-on-female, female-on-male, female-on-female IPV, and overall IPV. The full model indicated statistical significance, $F(5, 260) = 8.07, p < .01$; Pillai's Trace = .13; Wilks' Lambda = .87; partial eta squared (η^2_P) = .13, as noted in Table 24.

Furthermore, the partial eta squared statistic ($\eta^2_P = .13$) indicated a medium effect size suggesting

that biological sex accounts for 13% of the variance in the five dependent variables (Cohen, 1988; Pallant, 2010; Sink & Stroh, 2006). When I considered the results for the dependent variables separately using a Bonferroni adjusted alpha level of .0125 (Table 25), the differences did *not* indicate statistical significance. Thus, analyses results suggested that I reject null hypothesis two based on the premise that differences existed between males and females in their self-reported levels attitudinal acceptance of IPV.

Table 24: Null Hypothesis Two - MANOVA Full Model

Test	Values	$F(5, 260)$	p	η^2_P
Pillai's Trace	.13	8.07	.00	.13
Wilks' Lambda	.87	8.07	.00	.13
Hotelling's Trace	.16	8.07	.00	.13
Roy's Largest Root	.16	8.07	.00	.13

Table 25: Null Hypothesis Two - Bonferroni Adjustment

Instrument Variables	Instrument Description	$F(1, 264)$	p	η^2_P
ACV-M Total	Attitudinal acceptance of IPV	.08	.78	.00
ACV-M M-on-M	Male-on-male subscale	2.80	.10	.01
ACV-M M-on-F	Male-on-female subscale	2.61	.11	.01
ACV-M F-on-F	Female-on-female subscale	.00	.96	.00
ACV-M F-on-M	Female-on-male subscale	.02	.89	.00

In summary, the results for the first hypothesis indicated that differences existed between males and females in their levels of victimization and perpetration. Specifically, females reported greater amounts of psychological and emotional victimization. Overall, the results of the second hypothesis examining differences between males and females in their attitudinal acceptance of IPV determined that significant differences existed between males and females in their levels of attitudinal acceptance of IPV. However, upon further evaluation of the dependent variables separately, I found that *no* differences were identified between males and females on the

different attitudinal acceptance of IPV subscales (e.g., male-on-male, male-on-female, female-on-male, and female-on-female IPV).

Research Question Two

The second research question (RQ2) investigated what differences exist in gender expression (e.g., feminine or masculine), based on biological sex, of LGBTQ college students in their levels of reported *physical* and *sexual victimization* (VDR; Foshee et al., 1996), *emotional* and *psychological victimization* (SD-PAV; Foshee et al., 1996), *physical* and *sexual perpetration* (PDR; Foshee et al., 1996), *emotional* and *psychological perpetration* (SD-PAP; Foshee et al., 1996), and *attitudinal acceptance* of IPV (ACV-M; Foshee et al., 1998). I examined two null hypotheses to answer this research question: (a) no differences will exist between gender expressions, based on biological sex, of LGBTQ college students in their levels of victimization (VDR and SD-PAV) and perpetration (PDR and SD-PAP) and (b) no differences will exist between gender expressions, based on biological sex, of LGBTQ college students in their levels of attitudinal acceptance of IPV (ACV-M). A two-way, between-subjects MANOVA was employed, which required two or more continuous dependent variables and independent (i.e., factor) variables.

Hypothesis Three

The results of the third hypothesis analysis identified that differences existed between gender expression, based on biological sex, of LGBTQ college students in their levels of reported victimization and perpetration. To investigate this hypothesis, a MANOVA was conducted with VDR, SD-PAV, PDR, and SD-PAP as the dependent variables. I ran biological sex (e.g., male or female) and gender expression (e.g., feminine or masculine) as the independent factor variables. The full model indicated statistical significance: $F(4, 259) = 7.30, p < .01$;

Pillai's Trace = .15; Wilks' Lambda = .85; partial eta squared (η^2_p) = .15, as seen in Table 26.

According to researchers (e.g., Pallant 2010; Sink & Stroh, 2006) this partial eta squared statistic ($\eta^2_p = .15$) indicated a large effect size. When I considered the results for the dependent variables separately using a Bonferroni adjusted alpha level of .025, statistically significant differences existed for all four variables. Upon further evaluation, statistically significant differences existed for (a) VDR, $F(1, 262) = 33.27, p < .01$, partial eta squared (η^2_p) = .11, suggesting a medium effect size; (b) SD-PAV, $F(1, 262) = 18.33, p < .01$, partial eta squared (η^2_p) = .07, suggesting a medium effect size; (c) PDR, $F(1, 262) = 43.17, p < .01$, partial eta squared (η^2_p) = .14, suggesting a large effect size; and (d) SD-PAP, $F(1, 262) = 36.72, p < .01$, partial eta squared (η^2_p) = .12, suggesting a medium effect size (see Table 27). Moreover, a large effect size existed for the PDR dependent variable and the VDR, SD-PAV, and SD-PAP variables produced a medium effect size.

Overall, these differences in physical and sexual victimization, psychological and emotional victimization, physical and sexual perpetration, and psychological and emotional perpetration depended on the gender expression and biological sex of the LGBTQ college students. Thus, I rejected null hypothesis three because significant differences existed between participants self-identifying as masculine versus those identifying as feminine in their self-reported levels of victimization and perpetration, based on the participants' biological sex (male or female).

Table 26: Null Hypothesis Three - MANOVA Full Model

Test	Values	$F(4, 259)$	p	η^2_p
Pillai's Trace	.15	7.13	.00	.15
Wilks' Lambda	.85	7.30	.00	.15
Hotelling's Trace	.18	7.47	.00	.15
Roy's Largest Root	.18	14.94	.00	.15

Table 27: Null Hypothesis Three - Bonferroni Adjustment

Instrument Variables	Instrument Description	$F(1, 262)$	p	η^2_P
VDR	<i>Physical and sexual victimization</i>	33.27	.00	.11
SD-PAV	<i>Psychological victimization</i>	18.33	.00	.07
PDR	<i>Physical and sexual perpetration</i>	43.17	.00	.14
SD-PAP	<i>Psychological perpetration</i>	36.72	.00	.12

In evaluating results for the VDR variable, post-hoc comparisons using the Tukey HSD test indicated statistical significance ($p < .01$; $\eta^2_P = .11$) on reporting levels of physical and sexual victimization (VDR) between masculine participants ($M = 37.21$, $SD = 13.86$) compared to feminine ($M = 22.04$, $SD = 5.77$) participants. These differences suggested a moderate effect size in that males and female who indicated more masculinity reported greater amounts of past physical and sexual victimization in comparison to participants reporting more femininity. Among females, post-hoc comparisons suggested statistical differences between masculine ($M = 43.37$, $SD = 12.75$) and feminine ($M = 20.64$, $SD = 4.19$) participants indicating that more masculine females reported higher levels of physical and sexual victimization. Among males, post-hoc comparisons suggested differences between males identifying as masculine ($M = 32.22$, $SD = 12.73$) versus those self-identifying as feminine ($M = 28.11$, $SD = 7.65$). In other words, more masculine males reported higher levels of physical and sexual victimization.

After evaluating results for the SD-PAV variable, post-hoc comparisons using the Tukey HSD test indicated statistical significance ($p < .01$; $\eta^2_P = .07$) on reporting levels of psychological and emotional victimization (SD-PAV) between masculine participants ($M = 29.42$, $SD = 10.59$) compared to feminine ($M = 21.30$, $SD = 7.38$) participants. The results identified a moderate effect size in that both males and females self-identifying as masculine tended to report greater amounts of past psychological and emotional victimization. Among

females, post-hoc comparisons suggested differences between females self-identifying as masculine ($M = 35.79$, $SD = 8.11$) and females identifying as feminine ($M = 21.41$, $SD = 7.81$) in their reported levels of psychological and emotional victimization. Masculine females reported higher levels of psychological and emotional victimization compared to feminine females. Among males, post-hoc comparisons identified significant differences between those self-identifying as masculine ($M = 24.28$, $SD = 9.53$) and those identifying as feminine ($M = 20.83$, $SD = 5.23$) in their levels of psychological and emotional victimization. Masculine males reported higher levels of psychological and emotional victimization compared to feminine males.

After interpreting results for the PDR variable, post-hoc comparisons using the Tukey HSD test indicated statistical significance ($p < .01$; $\eta^2_p = .14$) on reporting levels of physical and sexual perpetration (PDR) between masculine participants ($M = 36.09$, $SD = 14.44$) compared to feminine ($M = 20.73$, $SD = 5.21$) participants. These differences suggested a large effect size in that males and female that indicated more masculinity tended to report greater amounts of past physical and sexual perpetration compared to feminine participants. Among females, post-hoc comparisons identified differences between masculine ($M = 43.12$, $SD = 13.43$) and feminine ($M = 19.11$, $SD = 2.09$) participants suggesting that more masculine females reported higher levels of physical and sexual perpetration. Among males, post-hoc comparisons identified differences between masculine ($M = 30.40$, $SD = 12.66$) and feminine ($M = 27.72$, $SD = 8.26$) participants signifying that more masculine males reported higher levels of physical and sexual perpetration.

Finally, upon evaluating results for the SD-PAP variable, post-hoc comparisons using the Tukey HSD test indicated statistical significance ($p < .01$; $\eta^2_p = .12$) on reporting levels of psychological and emotional perpetration (PDR) between masculine participants ($M = 28.34$, SD

= 10.64) compared to feminine ($M = 17.86$, $SD = 4.60$) participants. These differences identified a moderate effect size in that both males and female indicating more masculinity tended to report greater amounts of past psychological and emotional perpetration compared to participants reporting a feminine gender expression. Among females, post-hoc comparisons suggested differences between masculine ($M = 33.76$, $SD = 9.53$) and feminine ($M = 16.95$, $SD = 3.52$) participants suggesting more masculine females reported higher levels of psychological and emotional perpetration. Among males, post-hoc comparisons suggested differences between masculine ($M = 23.95$, $SD = 9.42$) and feminine ($M = 21.83$, $SD = 6.47$) participants suggesting more masculine males reported higher levels of psychological and emotional perpetration.

Hypothesis Four

The results of the fourth hypothesis analysis identified mean differences existed between gender expressions, based on biological sex, of LGBTQ college students in their self-reported attitudinal acceptance of male-on-male, male-on-female, female-on-male, female-on-female IPV, and overall IPV. The overall model indicated statistical significance, $F(5, 258) = 9.57$, $p < .01$; Pillai's Trace = .16; Wilks' Lambda = .84; partial eta squared (η^2_p) = .16, as indicated in Table 28. Pallant (2010) indicated that this partial eta squared statistic ($\eta^2_p = .16$) suggests a large effect size suggesting that biological sex and gender expression account for 16% of the variance across the ACV-M total score and subscale variables. When the results for the dependent variables were considered separately using a Bonferroni adjusted alpha level of .0125 (Table 29), differences indicated statistical significance ($p < .01$) for all five attitudinal acceptance dependent variables. Upon further evaluation, statistically significant differences existed for attitudinal acceptance of general IPV (ACV-M), $F(1, 262) = 42.65$, $p < .01$; partial eta squared (η^2_p) = .14.

This partial eta squared statistic ($\eta^2_P = .14$) indicates a large effect size. Statistically significant differences existed for attitudes about male-on-male IPV (ACV-M), $F(1, 262) = 40.29, p < .01$; partial eta squared ($\eta^2_P = .13$). Again, Pallant (2010) suggested that a partial eta squared statistic ($\eta^2_P = .13$) such as this indicates a medium effect size. Statistical significant differences existed for acceptance of male-on-female violence (ACV-M), $F(1, 262) = 25.81, p < .01$; partial eta squared ($\eta^2_P = .09$). This partial eta squared statistic ($\eta^2_P = .09$) indicates a medium effect size (Pallant, 2010; Sink & Stroh, 2006). Also, statistical significant differences existed for acceptance of female-on-female violence (ACV-M), $F(1, 262) = 38.26, p < .01$; partial eta squared ($\eta^2_P = .13$). The partial eta squared statistic ($\eta^2_P = .13$) implies a medium effect size (Pallant, 2010; Sink & Stroh, 2006). Lastly, statistical significant differences existed for acceptance of female-on-male violence (ACV-M), $F(1, 262) = 34.93, p < .01$; partial eta squared ($\eta^2_P = .12$). Furthermore, Sink and Stroh (2006) suggested that this partial eta squared statistic ($\eta^2_P = .12$) indicates a moderate to large effect size.

Henceforward, LGBTQ college students differed in their attitudinal acceptance of male-on-male, male-on-female, female-on-male, and female-on-female IPV depending on the LGBTQ college students' biological sex and gender expression. Thus, I rejected null hypothesis four based on the identified mean differences between participants self-identifying as masculine versus feminine in their levels of attitudinal acceptance of IPV, based on biological sex (male or female).

Table 28: Null Hypothesis Four - MANOVA Full Model

Test	Values	$F(5, 258)$	p	η^2_P
Pillai's Trace	.16	9.57	.00	.16
Wilks' Lambda	.84	9.57	.00	.16
Hotelling's Trace	.19	9.57	.00	.16
Roy's Largest Root	.19	9.57	.00	.16

Table 29: Null Hypothesis Four - Bonferroni Adjustment

Instrument Variables	Instrument Description	$F(1, 262)$	p	η^2_P
ACV-M Total	Attitudinal acceptance of IPV	42.65	.00	.14
ACV-M M-on-M	Male-on-male subscale	40.29	.00	.13
ACV-M M-on-F	Male-on-female subscale	25.81	.00	.09
ACV-M F-on-F	Female-on-female subscale	38.26	.00	.13
ACV-M F-on-M	Female-on-male subscale	34.93	.00	.12

In evaluating results for the general IPV variable, post-hoc comparisons using the Tukey HSD test indicated statistical significance ($p < .01$; $\eta^2_P = .14$) with a large effect size in self-reported attitudinal acceptance of IPV between masculine participants ($M = 34.93$, $SD = 13.17$) compared to feminine ($M = 20.46$, $SD = 6.52$) participants indicating that participants identifying a masculine gender expression accepted IPV more when compared to feminine participants. Among females, post-hoc comparisons identified mean differences between masculine ($M = 40.70$, $SD = 12.50$) and feminine ($M = 18.62$, $SD = 3.53$) participants indicating that masculine females accepted IPV more than their feminine female counterparts. Among males, post-hoc comparisons identified mean differences between masculine ($M = 30.27$, $SD = 11.84$) and feminine ($M = 28.44$, $SD = 9.88$) participants, suggesting that masculine males accepted IPV more than feminine males.

Next, when evaluating results for the male-on-male IPV variable, post-hoc comparisons using the Tukey HSD test indicated statistical significance ($p < .01$; $\eta^2_P = .13$) with a moderate effect size in self-reported male-on-male attitudinal acceptance of IPV between masculine participants ($M = 6.27$, $SD = 2.29$) compared to feminine ($M = 3.70$, $SD = 1.40$) participants indicating that participants identifying a masculine gender expression accepted male-on-male IPV compared to feminine participants. Among females, post-hoc comparisons identified differences between masculine ($M = 7.04$, $SD = 2.29$) and feminine ($M = 3.28$, $SD = 0.74$)

participants indicating that masculine females accepted male-on-male IPV more than their masculine female counterparts. Among males, post-hoc comparisons identified mean differences between masculine ($M = 5.65$, $SD = 2.10$) and feminine ($M = 5.50$, $SD = 2.07$) participants, suggesting that masculine males accepted male-on-male IPV more than feminine males.

Subsequently, after evaluating results for the male-on-female variable, post-hoc comparisons using the Tukey HSD test indicated statistical significance ($p < .01$; $\eta^2_P = .09$) with a moderate effect size on self-reported levels of male-on-female attitudinal acceptance of IPV between masculine participants ($M = 5.66$, $SD = 2.53$) compared to feminine ($M = 3.32$, $SD = 0.85$) participants. These results identified that masculine participants accepted male-on-female IPV more than their feminine complements. Among females, post-hoc comparisons identified mean differences between masculine ($M = 6.89$, $SD = 2.36$) and feminine ($M = 3.32$, $SD = 0.63$) participants indicating that masculine females accept male-on-female IPV more than feminine females. Among males, post-hoc comparisons identified mean differences between masculine ($M = 4.67$, $SD = 2.23$) and feminine ($M = 3.89$, $SD = 1.37$) participants, thereby suggesting that masculine males accepted male-on-female IPV more than feminine males.

In evaluating results for the female-on-female variable, post-hoc comparisons using the Tukey HSD test indicated statistical significance ($p < .01$; $\eta^2_P = .13$) with a moderate effect size on self-reported female-on-female attitudinal acceptance of IPV between masculine participants ($M = 6.21$, $SD = 2.48$) compared to feminine ($M = 3.52$, $SD = 1.10$) participants. These results identified that masculine participants accepted female-on-female IPV more so than feminine participants accepted same-sex female IPV. Among females, post-hoc comparisons identified mean differences between masculine ($M = 7.30$, $SD = 2.44$) and feminine ($M = 3.22$, $SD = 0.64$)

participants signifying that masculine females reported higher levels of attitudinal acceptance of female-on-female IPV compared to feminine females. Among males, post-hoc comparisons identified mean differences between masculine ($M = 5.33$, $SD = 2.16$) and feminine ($M = 4.83$, $SD = 1.65$) participants, indicating that masculine males accepted female-on-female IPV more so than feminine males.

After evaluating results for the female-on-male variable, post-hoc comparisons using the Tukey HSD test indicated statistical significance ($p < .01$; $\eta^2_p = .12$) with a moderate effect size on self-reported female-on-male attitudinal acceptance of IPV between masculine participants ($M = 6.34$, $SD = 2.54$) compared to feminine ($M = 3.59$, $SD = 1.18$) participants. These results identified that masculine participants accepted female-on-male IPV at higher levels compared with feminine participants. Among females, post-hoc comparisons identified mean differences between masculine ($M = 7.42$, $SD = 2.43$) and feminine ($M = 3.29$, $SD = 0.77$) participants, indicating that masculine females accepted female-on-male IPV more than feminine females. Among males, post-hoc comparisons identified mean differences between masculine ($M = 5.47$, $SD = 2.28$) and feminine ($M = 4.89$, $SD = 1.71$) participants also indicating that masculine males reported higher levels of female-on-male attitudinal acceptance of IPV compared to feminine males.

In conclusion, several meaningful findings were identified after examining the third hypothesis that explored the differences between biological sex (e.g., male or female) and gender expression (e.g., feminine or masculine) in participants' reported victimization and perpetration rates. The results identified differences existed between participants reporting feminine and masculine gender expressions in their levels of victimization and perpetration, based on their

biological sex, with those reporting higher levels of masculinity reported greater amounts of victimization and perpetration. Results from the fourth hypothesis, the results identified differences existed between participants reporting feminine and masculine gender expressions in their levels of attitudinal acceptance of IPV, based on their biological sex. Participants reporting masculinity tended to accept IPV across both of the opposite-sex scenarios (i.e., male-on-female and female-on-male) and they accepted violence in the two same-sex scenarios (i.e., male-on-male and female-on-female) more so than participants reporting femininity. Therefore, masculine participants reported higher levels of attitudinal acceptance of IPV.

Research Question Three

The third research question (RQ3) investigated what differences existed between a history of childhood abuse and witnessing parental IPV, based on biological sex, in LGBTQ college students' levels of reported *physical and sexual victimization* (VDR; Foshee et al., 1996), *emotional and psychological victimization* (SD-PAV; Foshee et al., 1996), *physical and sexual perpetration* (PDR; Foshee et al., 1996), *emotional and psychological perpetration* (SD-PAP; Foshee et al., 1996), and *attitudinal acceptance* of IPV (ACV-M; Foshee et al., 1998). I examined two null hypotheses to answer this research question: (a) no differences will exist between a history of childhood abuse and witnessing parental IPV, based on biological sex, in LGBTQ college students in their levels of victimization (VDR and SD-PAV) and perpetration (PDR and SD-PAP) and (b) no differences will exist between a history of childhood abuse and witnessing parental IPV, based on biological sex, in LGBTQ college students in their levels of attitudinal acceptance of IPV (ACV-M).

Hypothesis Five

The results of the fifth hypothesis analysis identified that *no* mean differences existed between a history of childhood abuse and a history of witnessing parental IPV, based on biological sex, in LGBTQ college students' levels of reported victimization and perpetration. The full model identified *no* statistical significant mean differences between groups: $F(4, 255) = .53, p = .72$; Pillai's Trace = .01; Wilks' Lambda = .99; partial eta squared (η^2_P) = .01 (Table 30). Henceforth, as expected when considering the results for the four dependent variables separately using a Bonferroni adjusted alpha level of .025 (Table 31), *no* statistical significant differences were identified for the full model examining the independent variables biological sex, history of childhood abuse, and history of witnessing parental IPV.

In summary, I accepted null hypothesis five due to the fact that *no* significant differences existed between male and female LGBTQ college student participants with a history of childhood abuse and witnessing parental IPV in their levels of self-reported victimization and perpetration.

Table 30: Null Hypothesis Five - MANOVA Full Model

Test	Values	$F(4, 255)$	p	η^2_P
Pillai's Trace	.01	.53	.72	.01
Wilks' Lambda	.99	.53	.72	.01
Hotelling's Trace	.01	.53	.72	.01
Roy's Largest Root	.01	.53	.72	.01

Table 31: Null Hypothesis Five - Bonferroni Adjustment

Instrument Variables	Instrument Description	$F(1, 258)$	p	η^2_P
VDR	<i>Physical and sexual victimization</i>	.07	.80	.00
SD-PAV	<i>Psychological victimization</i>	.22	.64	.00
PDR	<i>Physical and sexual perpetration</i>	.22	.64	.00
SD-PAP	<i>Psychological perpetration</i>	.52	.45	.00

Hypothesis Six

The results of the sixth hypothesis analysis identified that *no* mean differences existed between LGBTQ college students reporting a history of childhood abuse and witnessing parental IPV in their self-reported attitudinal acceptance of general IPV, male-on-male, male-on-female, female-on-male, female-on-female IPV, based on the participants' biological sex. The full model indicated *no* statistical significant mean differences, $F(5, 254) = .84, p = .52$; Pillai's Trace = .02; Wilks' Lambda = .98; partial eta squared (η^2_P) = .02, as noted in Table 32. As anticipated, considering the four dependent variables separately using a Bonferroni adjusted alpha level of .0125 (Table 33), *no* statistical significant differences existed for the interaction of the independent variables: (a) general IPV $F(1, 258) = .33, p = .57$, (b) male-on-male attitudinal acceptance, $F(1, 258) = .10, p = .77$; (c) male-on-female attitudinal acceptance, $F(1, 258) = 1.27, p = .26$; (d) female-on-female attitudinal acceptance, $F(1, 258) = .42, p = .52$; and (e) female-on-male attitudinal acceptance, $F(1, 258) = .52, p = .47$. I accepted null hypothesis six because *no* significant differences existed between male and female participants with a history of childhood abuse and witnessing parental IPV in their levels of attitudinal acceptance of IPV.

Table 32: Null Hypothesis Six - MANOVA Full Model

Test	Values	$F(5, 254)$	p	η^2_P
Pillai's Trace	.02	.84	.52	.02
Wilks' Lambda	.98	.84	.52	.02
Hotelling's Trace	.02	.84	.52	.02
Roy's Largest Root	.02	.84	.52	.02

Table 33: Null Hypothesis Six - Bonferroni

Instrument Variables	Instrument Description	$F(1, 258)$	p	η^2_P
ACV-M Total	Attitudinal acceptance of IPV	.33	.57	.00
ACV-M M-on-M	Male-on-male subscale	.10	.77	.00
ACV-M M-on-F	Male-on-female subscale	1.27	.26	.01
ACV-M F-on-F	Female-on-female subscale	.42	.57	.00
ACV-M F-on-M	Female-on-male subscale	.53	.47	.00

In conclusion, the results of the fifth hypothesis indicated that *no* mean differences were identified between males and females reporting a history of childhood abuse and witnessing parental IPV in their levels of victimization and perpetration. Upon evaluation of attitudinal acceptance of IPV as the dependent variable in hypothesis six, the results indicated that *no* mean differences existed between participants reporting a history of childhood abuse and a history of witnessing parental IPV in their levels of attitudinal acceptance of IPV. Across all four scenarios of IPV, participants with a history of childhood abuse and witnessing parental IPV did *not* accept IPV any more or less compared to those without a childhood abuse and witnessing parental IPV history.

Research Question Four

The fourth research question (RQ4) investigated if biological sex levels, gender expression, history of childhood abuse, history of witnessing parental IPV, victimization (VDR and SD-PAV), and perpetration (PDR and SD-PAP) predict attitudinal acceptance of IPV (ACV-M). I examined one null hypothesis: biological sex, gender expressions, history of childhood abuse, history of witnessing parental IPV, levels of victimization (VDR and SD-PAV), and perpetration (PDR and SD-PAP) will *not* predict attitudinal acceptance of IPV (ACV-M). I used a multiple linear regression (MLR) model to answer the research questions with the dependent, continuous variable as ACV-M. The independent, predictor variables included (a) biological sex, (b) gender expression, (c) history of childhood abuse, (d) history of witnessing parental IPV, (e) victimization (VDR and SD-PAV), and (f) perpetration (PDR and SD-PAP).

Hypothesis Seven

The results of the seventh hypothesis analysis identified that all eight variables predicted attitudinal acceptance of IPV (ACV-M). The standard MLR analysis indicated bivariate

correlations among all eight independent predictor variables and the outcome variable (see Table 34). Overall, the linear composite of the eight predictor variables predicted 93% ($R^2 = .93$) of the variance of participants' total ACV-M score, $F(6, 259) = 441.90, p > .01, R^2 = .93$ (see Table 35), suggesting a large effect size (Sink & Stroh, 2006). An examination of the B weights (unstandardized coefficients) for noted predictor variables suggested that the total psychological and emotional victimization (SD-PAV) scores and the physical and sexual perpetration (PDR) scores predicted the participants' total ACV-M score ($p < .05$). The SD-PAV variable made a strong contribution to the model: $B = -.10, p = .04$. The PDR variable made the strongest contribution to the model in explaining the model: $B = .85, p < .01$. These results may be interpreted to mean that for every increase in the SD-PAV scores, there was a -.10 unit increase in the ACV-M total score. In addition, the results may be interpreted to mean that for every increase in the PDR scores, there was a .80 unit increase in the ACV-M total score. The MLR equation (see Table 36) stands as $\hat{y} = .53 - .75x_1 + .31x_2 + 1.05x_3 + 1.15x_4 - .01x_5 - .10x_6 + .80x_7 + .17x_8$.

Table 34: Null Hypothesis Seven - MLR Correlations

Measure	1	2	3	4	5	6	7	8	9
1 ACV-M	---	-.017	.527	.485	.607	.937*	.787	.962**	.936
2 Sex		---	-.355	-.027	-.140	.011	.230	.035	.079
3 Expression			---	.152	.377	.533	.379	.526	.491
4 Abuse				---	.573	.506	.376	.461	.450
5 Witness					---	.617	.438	.583	.552
6 VDR						---	.837	.969.	.953
7 SD-PAV							---	.843	.884
8 PDR								---	.973
9 SD-PAP									---

** $p < 0.01$

* $p < 0.05$

Table 35: Null Hypothesis Seven - MLR Full Model

Full Regression Model	<i>F</i> (8, 257)	<i>p</i>	<i>R</i> ²
	441.90	.00	.93

Table 36: Null Hypothesis Seven - MLR Full Model Summary

Measure	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>p</i>	95% Confidence Interval		Collinearity	
						Lower	Upper	Tolerance	VIF
Constant	.53	1.66		.32	.75	-2.73	3.80		
Sex	-.75	.52	-.03	-1.44	.15	-1.78	.28	.69	1.4
Expression	.31	.60	.01	.52	.60	-.87	1.49	.56	1.8
Abuse	1.05	.65	.03	1.61	.11	-.24	2.33	.60	1.6
Witness	1.15	.65	.04	1.79	.08	-.12	2.42	.50	2.0
VDR	.10	.07	.01	.154	.88	-.13	.15	.05	19.
SD-PAV	-.10	.05	-.10	-2.13	.04	-.20	-.02	.19	5.3
PDR	.80	.09	.85	9.31	.00	.63	.96	.03	31.
SD-PAP	.17	.11	.13	1.57	.12	-.04	.38	.04	26.

** $p < 0.01$

Thus, I rejected null hypothesis seven because the eight independent variables predicted the participants' levels of attitudinal acceptance of IPV. In conclusion, the results of the seventh hypothesis indicated that the model was statistically significant and that all eight variables predicted the outcome score of attitudinal acceptance of IPV (ACV-M). The predictor variables included (a) biological sex, (b) gender expression, (c) history of childhood abuse, (d) history of witnessing parental IPV, (e) victimization (VDR and SD-PAV), and (f) perpetration (PDR and SD-PAP). Furthermore, SD-PAV (psychological and emotional victimization; $B = -.10$, $p = .04$) and PDR (physical and sexual perpetration; $B = .85$, $p < .01$) made the strongest contributions to the model. In relation to the dependent variables (ACV-M), SD-PAV contained a positive relationship, meaning that as reported victimization rates increased then attitudinal acceptance of IPV increased (Table 35). In the relationship between PDR and ACV-M, as reported perpetration rates increased then attitudinal acceptance of IPV also increased, as noted in Table 35.

Instrument Reliability

To examine the data collection instruments' consistency, I ran alpha reliability coefficients for all five of the instrument variables including (a) VDR, (b) SD-PAV, (c) PDR, (d) SD-PAP, and (e) ACV-M. The internal consistency analyses supported strong internal reliability for the five data collection instruments for these data: (a) the VDR scale ($\alpha = .97$), (b) the SD-PAV scale ($\alpha = .95$), (c) the PDR scale ($\alpha = .98$), (d) the SD-PAP scale ($\alpha = .96$), and (e) the ACV-M scale ($\alpha = .98$) all produced excellent, high reliability in the current study (see Table 37).

Table 37: Instrument Means, Standard Deviations, and Cronbach's Alphas

Instruments	Instrument Description	<i>M</i>	<i>SD</i>	Cronbach's α
VDR	<i>Physical and sexual victimization</i>	31.73	13.70	.97
SD-PAV	<i>Psychological victimization</i>	26.49	10.31	.95
PDR	<i>Physical and sexual perpetration</i>	30.55	14.05	.98
SD-PAP	<i>Psychological perpetration</i>	24.56	10.25	.96
ACV-M	<i>Attitudinal acceptance of IPV</i>	29.71	13.20	.98

Summary

This chapter presented data gathering information, sample demographics, results of preliminary analyses, and results of analyses for the four research questions and the associated seven null hypotheses. The results of the analyzed data included data obtained from instruments completed by college student participants from various universities across the U.S. Data collection reflected individual characteristics of participants, IPV perpetration, IPV victimization, and attitudinal acceptance of IPV scores for a total sample of 266 college student participants, after assumptions testing for each research question. The VDR and SD-PAV measured self-reported physical, sexual, psychological, and emotional victimization. The PDR and SD-PAP measured self-reported physical, sexual, psychological, and emotional perpetration.

Participants completed the informed consent by reading the study document and continuing into the instruments.

For the first research question, I ran two MANOVA analyses. To test the first null hypothesis, I ran VDR, SD-PAV, PDR, and SD-PAP as the dependent variables and biological sex as the independent, factor variable with two levels (male or female) in a MANOVA analysis. The results indicated that significant differences existed between males and females in their levels of victimization and perpetration. For the second null hypothesis testing, I ran ACV-M and the four subscales of the ACV-M as the dependent variables and biological sex as the independent, factor variable with two levels (male or female) in a MANOVA analysis. The results concluded that significant differences existed between males and females in their levels of attitudinal acceptance of IPV.

To test the second research question I ran two MANOVA analyses. For the second null hypothesis testing, I ran VDR, SD-PAV, PDR, and SD-PAP as the dependent variables; I ran biological sex and gender expression as the independent, factor variables with two levels (male or female) x two levels (feminine and masculine) in a MANOVA analysis. The results indicated that significant differences existed between participants reporting feminine and masculine gender expressions, based on biological sex, in their levels of victimization and perpetration. For the third null hypothesis testing, I ran ACV-M and the four subscales of the ACV-M as the dependent variables and biological sex and gender expression as the independent, factor variables with two levels (male or female) x two levels (feminine or masculine) in a MANOVA analysis. The results indicated that significant differences existed between participants reporting feminine and masculine gender expressions, based on biological sex, in their levels of attitudinal

acceptance of IPV. Furthermore, upon evaluation of the dependent variables separately, significant differences existed between gender expression and biological sex in the participants' attitudinal acceptance of IPV subscales (e.g., male-on-male, male-on-female, female-on-female, female-on-male).

For the third research question I ran two MANOVA analyses. For the fifth null hypothesis testing, I ran VDR, SD-PAV, PDR, and SD-PAP as the dependent variables; I ran biological sex, history of childhood abuse, and history of witnessing parental IPV as the independent, factor variables with two levels (male or female) by two levels (no history of childhood abuse or history of childhood abuse) x two levels (no history of witnessing parental IPV or history of witnessing parental IPV) in a MANOVA analysis. The results indicated that *no* significant differences existed between participants reporting a history of childhood abuse and witnessing parental IPV, based on biological sex, in their levels of victimization and perpetration. For the sixth null hypothesis testing, I ran ACV-M and the four subscales of the ACV-M as the dependent variables and biological sex, history of childhood abuse, and history of witnessing parental IPV as the independent, factor variables with two levels (male or female) x two levels (no history of childhood abuse or history of childhood abuse) x two levels (no history of witnessing parental IPV or history of witnessing parental IPV) in a MANOVA analysis. The results indicated that *no* significant differences existed between participants reporting a history of childhood abuse and a history of witnessing parental IPV, based on biological sex, in their levels of attitudinal acceptance of IPV.

For the fourth research question I ran a standard MLR analysis. For the seventh null hypothesis testing, I ran ACV-M as the dependent, outcome variable. I ran biological sex, gender

expression, history of childhood abuse, history of witnessing parental IPV, VDR, SD-PAV, PDR, and SD-PAP as the independent, predictor variables. The results indicated that the model was statistically significant and that all eight variables predicted the outcome score for attitudinal acceptance of IPV. Further, the SD-PAV (psychological and emotional victimization) and PDR (physical and sexual perpetration) variables made the greatest contributions to the model. In relation to the dependent variables (ACV-M), SD-PAV contained a positive relationship, meaning that as reported victimization rates increased then attitudinal acceptance of IPV increased. Similar results occurred in the relationship between PDR and ACV-M, as reported perpetration rates increased then attitudinal acceptance of IPV also increased.

Finally, Chapter 5 presents a thorough discussion of the results including a review of the outcomes for each research question. The Chapter 5 discussion also compares past research to the current study in order to relate this current research to those previous studies. Lastly, the final chapter concludes with future implications in IPV research, assessment, and treatment.

CHAPTER FIVE: DISCUSSION

Introduction

This chapter presents a thorough review and discussion of the results and analyses for the present study including a connection of the current findings to past results of previous research (e.g., McKenry et al. 2006, etc.). In addition, a review of limitations for the current study exists in this chapter. The current study investigated relationships among victimization, perpetration, and attitudinal acceptance of IPV in LGBTQ college students. To examine these relationships, four research questions and seven null hypotheses examined the relationships among victimization, perpetration, and attitudinal acceptance of IPV in a sample of 266 LGBTQ college students. Theoretically, a hybrid of two IPV theory frameworks comprised the basis for this study: (a) disempowerment theory and (b) continuum of conflict and control. This chapter synthesizes the results of the current study with past research within the two theories; this chapter also compares the similarities and differences of the results to past research using these theories.

Same-sex IPV remains a major problem for individuals, couples, and society at large. In review, the CDC (2012) and National Institute of Justice (NIJ; 2000) estimated that 25% of females and 7.6% of males experience some form (e.g., sexual and physical) of IPV. The NVAWS found that 11% of women fell victim to abuse by a female intimate partner compared to 30.4% of females harmed by a male partner. Further, male-on-male violence accounts for 15% of male victimization, and around 7.7% of females perpetrated their male intimate partners. In summation, males tended to perpetrate more in both opposite-sex and same-sex relationships whereas females tended to be victims in opposite-sex and same-sex relationships.

IPV victimization and perpetration rates equally occur in same-sex relationships and opposite-sex relationships (Allen et al., 2009; Eaton et al., 2008). For example, physical victimization occurs in 32% of same-sex relationships, and emotional abuse exists in 82% of same-sex relationships (Eaton et al., 2008; McKenry et al., 2006; Turell, 2000). Conversely, perpetration occurs in 31% - 40% of same-sex relationships, depending on the type (e.g., sexual, physical, emotional) of abuse (Eaton et al.; 2008, McKenry et al., 2006; Turell, 2000). In addition to IPV rates, various research studies (e.g., Eaton et al., 2008; Ernst et al., 2007; McKenry et al., 2006) on individual factors such as (a) past childhood abuse, (b), witnessing parental IPV, and (c) gender expression noted remarkable influence on victimization and perpetration rates in same-sex relationships. As noted, these high incidence rates posed a societal concern as the physical and emotional health of many LGBTQ individuals remains at risk (CDC, 2012).

Discussion of Sample Demographics

Descriptive data and measures of central tendency indicated that males (41.4%, $n = 115$) represented a smaller portion of the sample and the majority of participants identified their biological sex as female (58.6%, $n = 163$). Comparatively, past research (Seelau & Seelau, 2005) measuring college students' IPV rates identified similar percentages in response rates of male (41.6%, $n = 80$) and females (58.3%, $n = 112$). In terms of sexual orientation, participants self-identified as gay (39.2%, $n = 109$), lesbian (36.3%, $n = 101$), or bisexual (24.5%, $n = 68$), consistent with the representation of an equal number of gay and lesbian individuals than bisexual individuals in the LGBTQ community. In addition, the sexual orientation demographic variable remained consistent with previous research evaluating gay (51%) and lesbian (48%)

adults (McKenry et al., 2006). The mean score of gender expression was 3.69 ($SD = 1.307$; range, 1-6), which compares with previous research at 2.5 ($SD = 1.5$; range, 0-6; Balsam & Szymanski, 2005). The mean age of the participants was 23.7 ($SD = 5.21$; range, 17-51). The mean number of years in education for the participants was 14.88 ($SD = 1.99$; range, 0-21). The mean age of the participants ($M = 23.70$) was consistent with past research evaluating college students identifying mean ages between 19.4 ($SD = 1.7$, range 18-28; Seelau & Seelau, 2005) and 21 ($SD = .77$, range 18-35; Kaura & Lohman, 2009). Regarding reported ethnicity/race, the majority of participants self-identified as White or Caucasian (72.3%, $n = 201$), which indicates an increase in the homogeneity of the current samples' ethnicity compared to past research (87.2% - 90.1%; Kaura & Lohman, 2009; Seelau & Seelau, 2005).

Research Question One and Hypotheses

The first research question investigated what differences exist between male and female LGBTQ college students among their respective levels of victimization (VDR and SD-PAV; Foshee et al., 1996), perpetration (PDR and SD-PAP; Foshee et al., 1996), and attitudinal acceptance of IPV (ACV-M; Foshee et al., 1998; Foshee et al., 1992). The first hypothesis identified mean differences between male and female LGBTQ college students in their levels of victimization and perpetration with the full model indicating statistical significance ($p < .01$; $\eta^2_p = .16$), suggesting a large effect size. Upon an evaluation of the dependent variables separately, the mean scores indicated that females reported higher levels of psychological and emotional victimization (SD-PAV) compared to males. In other words, suggesting that females experience more psychological and emotional victimization in their same-sex relationships as compared to the male participants. The second hypothesis identified mean differences ($p < .01$; $\eta^2_p = .13$) and

a moderate effect size between male and female LGBTQ college students in their attitudinal acceptance of opposite-sex, same-sex, and general IPV.

To summarize, the first and second null hypotheses were rejected considering that differences were identified between male and female college students' levels of victimization, perpetration, and attitudinal acceptance of IPV. Biological sex appeared related to rates of IPV and attitudinal acceptance of IPV, suggesting that females reported greater levels of victimization and perpetration. The fact that females reported higher perpetration appears inconsistent with past research yet the higher perpetration could be related to those females identifying as more masculine. Gender-role expectations for masculinity include aggression, which could explain the reason that females reported greater perpetration if they were self-identifying as masculine. In addition, males reported higher levels of attitudinal acceptance of IPV suggesting that these results are consistent with past research.

In comparison with past research, the findings indicated similar results in that mean differences existed between males and females in their levels of victimization and perpetration. Moreover, females reported greater amounts of psychological and emotional victimization (SD-PAV), indicating that females experienced higher amounts of victimization remained consistent with previous literature (e.g., Allen et al., 2009; Johnson, 2005; McKenry et al., 2006). In addition, females also reported higher rates of perpetration, which stands consistent with previous research (Allen et al., 2009). Allen and colleagues (2009) found that victimization did *not* vary across biological sex. Conversely, female college students reported higher levels of perpetration compared to male college students. Allen and colleagues used two instruments with

a total of 28 items to obtain a similar sample size ($N = 232$); however, their results were drawn from a heterosexual sample.

In typology research, Johnson (2005) found that males and females ($N = 16,005$) report similar victimization and perpetration rates in situational violence. Conversely, males perpetrated as intimate terrorists more than females; therefore, the male perpetrators were using power and control tactics. The results from this study identified that females reported greater victimization, which needs to be explored within the context of IPV typology. In terms comparison, Johnson (2005) distributed 44 items across at least four instruments and analyzed a sample of male and female participants with an average age of 44.

Finally, McKenry et al. (2006) investigated same-sex relationships ($N = 77$) and found *no* differences existed between males and females in their levels of perpetration. However, McKenry and colleagues used a clinical population and their study sample size appeared small. Additionally, they used 16 instruments containing approximately 428 items of which only a few variables measured perpetration in the sample; most of their instruments focused on individual characteristics, family-of-origin factors, and relationship satisfaction. Furthermore, the researchers examined perpetration, which created a limitation in their findings because accurate measurement of a self-reported construct as participants often report lower rates of perpetration based on social desirability. Nonetheless, McKenry et al. offered a \$25.00 incentive in order to obtain their sample size because they used the large number of instruments and items.

The current study's results identified differences based on biological sex in participants' attitudinal acceptance of IPV concluded that differences existed between males and females in their levels of attitudinal acceptance of IPV. However, due to the lack of research exploring

LGBTQ individual's attitudinal acceptance of IPV, comparisons with past research do *not* exist to date, further substantiating the need to continue research in the area of attitudes about IPV.

Research Question Two and Hypotheses

The second research question (RQ2) investigated what differences exist in gender expression, based on biological sex, of LGBTQ college students in their levels of victimization (VDR and SD-PAV; Foshee et al., 1996), perpetration (PDR and SD-PAP; Foshee et al., 1996), and attitudinal acceptance of IPV (ACV-M; Foshee et al., 1998). The third hypothesis testing identified mean differences ($p < .01$; $\eta^2_p = .15$) existed between LGBTQ college students self-identifying with masculinity or femininity in their levels of victimization and perpetration, based on their biological sex, suggesting a large effect size. Differences existed across all four dependent variables: VDR, SD-PAV, PDR, and SD-PAP. Furthermore, comparisons between the independent variables indicated statistical significance on reported levels of victimization and perpetration between masculine participants compared to feminine participants. These results identified that those reporting greater masculinity tended to report higher amounts of both victimization and perpetration compared to their feminine counterparts. Furthermore, statistically significant differences were identified between females self-identifying as masculine or feminine on their reporting levels of victimization and perpetration. In other words, masculine females reported greater amounts of victimization and perpetration in their same-sex relationships. Among males, post-hoc comparisons identified differences between masculine and feminine LGBTQ college students on their reporting levels of victimization and perpetration. Similarly, masculine males reported greater amounts of victimization and perpetration in their same-sex relationships.

The fourth hypothesis identified mean differences ($p < .01$; $\eta^2_p = .16$) existing between gender expression, based on biological sex, of LGBTQ college students in their attitudinal acceptance of (a) male-on-male, (b) male-on-female, (c) female-on-female, and (d) female-on-male IPV. The full model indicated statistical significance and the results identified a large effect size. When considering the results for all four dependent variables separately, the mean differences identified statistical significance across all four attitudinal acceptance dependent variables. Upon further evaluation, post-hoc comparisons identified mean differences between masculine participants and feminine participants reporting attitudinal acceptance of male-on-male IPV, male-on-female IPV, female-on-female IPV, and female-on-male IPV. For example, masculine LGBTQ college students contained higher levels of attitudinal acceptance of IPV in general when comparing with their feminine equivalents. Among females, differences existed between masculine and feminine participants on their levels of attitudinal acceptance of IPV indicating that masculine females accept relationship violence at greater rates than feminine females. In the same way, males exhibited differences between those self-identifying as masculine or feminine. Masculine males reported higher amounts of attitudinal acceptance compared to feminine males. Thus, gender expression was related to rates of IPV and attitudinal acceptance of IPV. Specifically, masculine females and males reported higher levels of victimization and perpetration. A possible explanation includes the fact that females identifying as masculine could experience masculinity gender-role expectations (e.g., aggression and strong) and these assumed expectations might influence the masculine females perpetrating more than feminine females. In other words, many of the females in this sample identified as masculine and the associated behaviors with masculinity include aggression, which potentially explained the

high rates of perpetration reported by females. Furthermore, LGBTQ individuals often report internalized homophobia (McKenry et al., 2006) that may behaviorally present as verbal and physical abuse. McKenry and colleagues (2006) found that perpetrators did *not* report greater internalized homophobia. However, the researchers were not focusing on victims of IPV, a group of individuals who may experience homophobia within themselves and from same-sex partners. For example, those masculine individuals reporting victimization possibly experienced homophobia from a partner expecting them to express their gender within social expectations (i.e., females must express themselves in a feminine nature, *not* through masculinity). Finally, masculine LGBTQ individuals reported higher levels of attitudinal acceptance of IPV. These possibilities in explaining the findings could suggest the need to modify same-sex IPV theory to include both biological sex and gender expression in conceptualizing IPV.

Overall, the third and fourth hypotheses were rejected because mean differences were identified between gender expression, based on the participant's biological sex, in LGBTQ college students' levels of victimization, perpetration, and attitudinal acceptance. In conclusion, several meaningful findings existed in terms of the differences in victimization and perpetration depending on the participants' biological sex (e.g., male or female) and gender expression (e.g., feminine or masculine). The results specified similarities and differences in the findings when compared to previous literature examining relationships between feminine and masculine gender expressions and biological sex in their levels of victimization and perpetration (e.g., Balsam & Szymanski, 2005; McKenry et al., 2006). Balsam and Szymanski (2005) obtained a large sample size of lesbian and gay adults ($N = 272$) using four instruments with a total of 156 items, which remains similar to the sample size, number of instruments, and number of items for this study.

The mean age of this sample was 34 (Balsam & Szymanski, 2005), which was larger than the current study yet comparable nonetheless. Balsam and Szymanski (2005) found *no* mean differences between gender expression (e.g., masculine or feminine) in levels of victimization or perpetration.

Furthermore, McKenry et al. (2006) evaluated both male and female perpetrators and results concluded that perpetrators contained higher masculinity scores than non-perpetrators. In reviewing attitudinal acceptance of IPV and difference across the biological sex and gender expression variables, the results indicated that significant differences existed between participants reporting feminine and masculine gender expressions in their levels of attitudinal acceptance of IPV, based on their biological sex. Participants reporting masculinity tended to contain higher levels of IPV acceptance in both of the opposite-sex scenarios. Masculine participants also accepted violence in the same-sex scenarios more so than their feminine counterparts. Altogether, these results produce new information for helping professionals, especially because limited past research focused on assessing same-sex IPV attitudes in LGBTQ individuals considering the factors of biological sex and gender expression.

Research Question Three and Hypotheses

The third research question (RQ3) investigated what differences exist between reporting a history of childhood abuse and witnessing parental IPV, based on biological sex, in LGBTQ college students' levels of victimization (VDR and SD-PAV; Foshee et al., 1996), perpetration (PDR and SD-PAP; Foshee et al., 1996), and attitudinal acceptance of IPV (ACV-M; Foshee et al., 1998). Findings from the fifth hypothesis identified *no* mean differences between participants reporting a history of childhood abuse and a history of witnessing parental IPV, based on

biological sex, in LGBTQ college students' levels of victimization and perpetration. These results indicated that males and females reporting past childhood abuse and witnessing parental IPV did *not* experience greater amounts of victimization or perpetration compared to those who did *not* have those childhood experiences. The sixth hypothesis indicated that *no* differences existed between LGBTQ college students reporting a history of childhood abuse and witnessing parental IPV in their attitudinal acceptance of male-on-male, male-on-female, female-on-male, and female-on-female IPV, based on the participants' biological sex. Across all four scenarios of IPV, *no* relationship was identified between participant reporting a history of childhood abuse, witnessing parental IPV, biological sex, and attitudinal acceptance of IPV. The lack of relationships among past childhood abuse, witnessing parental IPV, IPV rates, and attitudinal acceptance of IPV were *not* expected but many explanations exist for these results. The results identified two factors levels (females and males) did not express interaction effects on the childhood experiences variables for the overall sample. The cell sizes for each group became small and limitations presented in the analyses. Thus, in the future, rather than separating the childhood abuse variables by the two factors levels of biological sex, researchers could focus solely on these FOO factors in relation to victimization, perpetration, and attitudinal acceptance of IPV.

In summary, the fifth and sixth null hypotheses were accepted because *no* mean differences existed between LGBTQ college students reporting a history of childhood abuse and witnessing parental IPV, based on biological sex, in their levels of victimization, perpetration, and attitudinal acceptance. In comparing with past research, those reporting past childhood abuse and witnessing parental IPV did *not* experience greater amounts of victimization or perpetration

compared to those who did *not* have those childhood experiences, which remains inconsistent with past research from a social learning perspective (e.g., Bandura, 1973; Bandura et al., 1961; Kalmuss, 1984; Mihalic & Elliott, 1997). Here again, results remained inconsistent with previous literature (e.g., Carlson & Jones, 2010; Ernst et al., 2007; McKenry et al., 2006; Johnson, 2006) showing that participants with a history of childhood abuse and witnessing parental IPV experienced higher amounts of victimization and perpetration. Mihalic and Elliott (1997) concluded that an individual witnessing healthy parental conflict resolution can "...provide an initial learning of behavioral alternatives which are 'appropriate' for these relationships" (p. 21). Social learning theorists also describe the impact of intergenerational transmission of family violence from children witnessing violence between their parents (Bandura, 1973). Finally, Kalmuss (1984) suggested that individuals witnessing parental IPV become prone to relational aggression in adulthood. While these researchers found witnessing parental IPV influences victimization and perpetration rates, the findings from this study conclude that this factor was *not* significant.

Using a sample of individuals in same-sex relationships, McKenry et al. (2006) found that perpetrating female participants reported greater amounts of witnessing parental IPV in their childhood. McKenry and colleagues also found that females tended to report greater amounts of perpetration if they experienced childhood abuse. However, *no* mean differences existed between participants reporting a history of childhood abuse and a history of witnessing parental IPV, based on biological sex, in their levels of perpetration. A lack of previous research on attitudinal acceptance of IPV in LGBTQ individuals makes a comparison with past research difficult and future research could focus on further exploring the topic. From a social learning perspective,

future research needs to focus on past experiences contributing to same-sex IPV although the variables of interest may need to be modified.

Research Question Four and Hypotheses

The fourth research question (RQ4) investigated whether or *not* biological sex, gender expression, history of childhood abuse, history of witnessing parental IPV, levels of victimization (VDR and SD-PAV), and perpetration (PDR and SD-PAP) predict attitudinal acceptance of IPV (ACV-M). The seventh hypothesis results identified that all eight predictors variables were statistically significant ($p < .01$; $R^2 = .93$) in predicting attitudinal acceptance. Upon review of the B weights, the results identified that psychological and emotional victimization (SD-PAV; $B = -.10$, $p = .04$) and physical and sexual perpetration (PDR; $B = .85$, $p < .01$) made the strongest, most unique contributions to the model in explaining the ACV-M variable. In conclusion, these results indicated that the predictor variables predicted the outcome variable attitudinal acceptance of IPV. In relation to the dependent variables (ACV-M), SD-PAV contained a negative relationship, meaning that as reported victimization rates increased then attitudinal acceptance of IPV decreased. The reverse occurred in the relationship between PDR and ACV-M; as reported perpetration rates increased then attitudinal acceptance of IPV also increased.

In summary, the seventh null hypothesis was rejected because the eight independent variables predicted attitudinal acceptance of IPV. In reviewing previous literature, Eaton et al. (2008) explored lesbian participants' attitudes of IPV ($N = 262$), substance abuse, and relationship dynamics with the use of four instruments containing approximately 40 items. While this number represents one-third of the number of items for this study, the obtained sample size

and sampling procedures appear similar. Eaton and colleagues found that participants reporting a history of IPV also hold negative attitudes about IPV. The researchers found that a lifetime prevalence of IPV contributed to higher levels of accepting IPV more than those without a history of victimization. Based on the review of past research, the victimization variable contributing to the prediction of higher attitudinal acceptance of IPV appears consistent with literature. Additionally, based on the results identifying that several of the variables including the individual and FOO factors, victimization, and perpetration scores all predicted attitudinal acceptance of IPV offered a greater conceptualization of potential influences in the attitudes about IPV.

Synthesis

The significant and the *non*-significant results found in each research question further substantiate the need for additional research in the area of same-sex IPV, utilizing a sample of LGBTQ college students. The need exists to further explore the relationships among victimization rates, perpetration rates, and attitudinal acceptance of IPV considering the exceptionally high IPV rates identified in this study. The CDC (2012) and the NIJ (2000) estimated that 25% of females and 7.6% of males experience some form (e.g., sexual and physical) of IPV. The NVAWS found that 11% of women fell victim to abuse by a female intimate partner. Furthermore, male-on-male violence accounts for 15% of male victimization. In past research evaluating college students, victimization were between 32.5% and 47% (e.g., Allen et al., 2009; Fass et al., 2008). Allen and colleagues (2009) also found that 55% of college students self-reported perpetration. Comparatively, the results of the present study found that approximately 69.9% of LGBTQ participants self-reported experiencing physical or sexual IPV

and that 86.8% experienced psychological and emotional IPV. Perpetration rates revealed that 65% of the present sample self-reported committing some type of physical or sexual IPV towards a partner and 80.5% perpetrated psychologically and emotionally. These high incidence rates indicate that same-sex IPV does occur at higher rates compared to opposite-sex IPV (Allen et al., 2009; Eaton et al., 2008). Therefore, the participants in the current investigation reported increased victimization and perpetration rates compared to previous research examining IPV within diverse samples.

Amongst IPV research, empirical studies examined victimization, perpetration, and individual characteristics of violence within opposite-sex relationships (Andrews et al., 2000; Ernst et al., 2007; O’Leary et al., 1994). However, limited research examined same-sex relationships (e.g., Alexander, 2008; McKenry et al., 2006; Turell, 2000) and these researchers began finding that IPV within LGBTQ relationships exists at similar rates compared to their heterosexual counterparts. Specifically, Turell (2000) found that approximately 83% of LGBTQ individuals experienced emotional abuse within in a sample of LGBTQ adults. Comparatively, the results of this study identified similar prevalence rates (86.8%) of LGBTQ college students also suffer emotional and psychological abuse. In addition, Turell’s findings identified that 32% of the participants reported physical abuse, and this study found higher rates of physical and sexual abuse at 69.9%. Among these numbers, victims and perpetrators often experience higher levels of stress and mental health concerns (McKenry et al., 2006). Therefore, the high prevalence of IPV presents a concern, both for an individual and society at large, and especially for counselors working with LGBTQ individuals and couples.

Researchers have found that levels of victimization and perpetration positively and negatively correlate with attitudinal acceptance of IPV (e.g., Fanslow et al., 2010; Flood & Pease, 2009; Ingram, 2007); however, little substantiation exists on the causation for these relationships. Traditionally, studies (e.g., Foshee et al., 1996; Kaura & Lohman, 2009) defined attitudinal acceptance as the level of tolerance, justification, or beliefs about violence in relationships. Foshee and colleagues (2001) and Kaura and Lohman (2009) found that increased attitudinal acceptance, in both females and males, positively correlates with perpetration. In other words, increased acceptance and increased perpetration occurred simultaneously. Furthermore, acceptance of prescribed gender-role norms predicted male perpetration (Foshee et al., 2001). In comparison, the current investigation's findings identified similar results in that those self-identifying as more masculine tended to possess greater amounts of attitudinal acceptance of IPV compared to those identifying as feminine. In other words, the results from the current study supported that gender expression appears as a more accurate indicator, compared with biological sex, when identifying victimization, perpetration, and attitudes about IPV.

Finally, past research on individual factors related to IPV demonstrated that biological sex, higher amounts of masculinity, a history of childhood abuse, and a history of witnessing IPV in childhood positively correlate with adult victimization and perpetration (Allen et al., 2009; Ernst et al., 2007; McKenry et al., 2006). In regards to biological sex, Allen et al. (2009) found that female college students reported higher levels of perpetration compared to males. Conversely, McKenry et al. (2006) evaluated participants in same-sex relationships and found *no* differences existed between males and females in their levels of perpetration. In terms of gender expression, Balsam and Szymanski (2005) found *no* significant differences between gender

expression (e.g., masculine or feminine) in levels of victimization or perpetration. However, McKenry et al. (2006) found that female perpetrators were likely to report childhood victimization compared to male perpetrators. McKenry and colleagues found that both male and female perpetrators reported higher amounts of masculinity compared to non-perpetrators. However, in regards to perpetration, the results from this study remain consistent with findings from previous research (e.g., McKenry et al., 2006). The results of the current study confirmed a part of the previous hypothesis that perpetrators reported greater amounts of masculinity. In terms of the additional variable in this study, attitudinal acceptance, masculine participants accepted IPV in opposite-sex and same-sex scenarios more so than their feminine counterparts. Lastly, while a history of childhood abuse or witnessing parental IPV did *not* seem to significantly relate to victimization, perpetration, attitudinal acceptance, biological sex, and gender expression appeared to correlate.

Implications for Practice and Research

Healthy development of intimate partner relationships remains critical for college students (Demir, 2010; Erickson, 1982), including LGBTQ college students. At the same time, the high IPV incidence rates in LGBTQ relationships (Eaton et al., 2008; McKenry et al., 2006; Turell, 2000) and college students (Allen et al., 2009) underlined the importance of IPV as a social and professional issue. For instance, the increasingly high incidence rates indicate that counselors working with victims and perpetrators of violence need to be aware of individual factors related to IPV. Therefore, counselors and counselor educators necessitate an understanding of IPV theory, assessment, and treatment, especially in working with same-sex relationships (McKenry et al., 2006). In particular, college counseling clinics need to become

aware of the results identifying that biological sex and gender expression exhibited strong relationships with IPV rates and attitudes about IPV in order to further counselors' professional development when working with LGBTQ college students. Many LGBTQ individuals and couples seek help through counseling (Burckell & Goldfried, 2006), especially with the high rates of IPV in same-sex couples and college counseling clinics often serve LGBTQ individuals. Thus, the need exists to explore IPV in LGBTQ college students in order to disseminate knowledge and information. In fact, organizational standards and ethical guidelines of national associations in counseling require counselors to learn about IPV in LGBTQ relationships for the purpose of effective counseling treatment (Duke & Davidson, 2009).

The anticipated contribution in the body of literature from this study appears to add to research in the counseling profession. The possibility exists that the results from the data analyses provide counselors-in-training, professional counselors, and counselor educators a greater understanding of the relationships among victimization and perpetration of IPV, individual factors, and attitudinal acceptance of IPV in LGBTQ college students. Specifically, counselor educators can disseminate accurate IPV rates and information while preparing counselors to work with LGBTQ individuals and couples. Counselor educators and supervisors may incorporate the prevalence rates and relationships among victimization, perpetration, attitudinal acceptance of IPV, and individual factors in coursework (e.g., family counseling courses, practicum, and internship). Further, the results of this study may inform future practice in the field of counseling and future research on relationship education; preventative interventions may be modified based on the findings of this study. For example, an increased demand for IPV protocol and screening in clinical training facilities continues, and the results of

this study may inform these protocols. As noted, counselors may gain knowledge on the variance among attitudes of IPV, levels of victimization, and levels of perpetration between LGBTQ clients. Greater knowledge now exists on gender expression and how this contributes to IPV. Again, the results may inform IPV protocol and screening in private practice, community agencies, and in college counseling centers. Lastly, future research calls for an exploration of IPV intervention to decrease victimization and perpetration rates in same-sex couples. Additionally, future research on dispelling misconceptions that lead to attitudinal acceptance of IPV stands important, especially with the use of educational programs and curriculum to dissipate these myths.

Theory Development in Future Research

Power, Feminist, and Social Learning IPV Theory

The results identifying that biological sex and gender expression play an important role in conceptualizing same-sex IPV further substantiates the need to continue research on IPV in the LGBTQ community. IPV theory continues to evolve and some areas that need more attention are the individual factors and FOO factors that play a role in helping to explain same-sex IPV. For example, since the origins of IPV theory development, feminist theorists focused on biological sex power differences between males and females but this concept does *not* apply to same-sex IPV. Therefore, the results identifying that those self-identifying as masculine reported greater perpetration could potentially assist IPV theorists when evolving theory based on current relational trends. On the other hand, because masculine participants also identified greater amounts of victimization, a need exists to further explore this unexpected phenomenon. Based on theory that suggests females and femininity are often related to psychological perpetration then

the further exploration needs to focus on if masculine participants specifically report more psychological abuse from feminine partners.

Disempowerment Theory

Due to the limited empirical research investigating the theory of IPV in same-sex, knowledge about the nature, consequences, and implications of IPV remains unclear and underrepresented in the literature. After a careful review of research on same-sex IPV within a theoretical framework specific to LGBTQ individuals and relationships, I found only one study (e.g., McKenry et al., 2006) represented in the literature. Years ago, McKenry and colleagues conducted one of the first quantitative studies about IPV in same-sex relationships. McKenry et al. first described disempowerment theory as a combination of socio-cultural (e.g., Mihalic & Elliot, 1997; Straus, 1977) and individual (Kalmus, 1984; Mihalic & Elliott, 1997) IPV theories. By analyzing their results, McKenry et al. explained disempowerment theory in three overarching structures: (a) individual factors, (b) family-of-origin factors, and (c) intimate relationship characteristics. Particularly, individual factors included self-esteem and levels of secure attachment. Family-of-origin factors included past experiences such as childhood abuse and witnessing parental IPV that contribute to present communication patterns. Finally, intimate relationship characteristics included an individual's degree of satisfaction in a relationship (McKenry et al., 2006). Similarly to the current study, McKenry et al. (2006) utilized a purposive sample to evaluate IPV in lesbian women and gay men. McKenry and colleagues collected data using several instruments to evaluate a clinical population (i.e., counseling offices and domestic violence shelters) to represent the findings, which posed problems in generalizing the results. However, because the current study utilized a general sample of LGBTQ college students, the

results appeared more generalizable although the low response rate (14.8%) limits generalizability. Nonetheless, findings from this study offer similar validations of their disempowerment theory. For example, in the current study, there was a significant main effect for gender expression, victimization, and perpetration. McKenry and colleagues found a similar relationship in that perpetrators reported higher amounts of masculinity compared to non-perpetrators ($p < .05$). In addition, females were likely to report childhood abuse compared to males ($p < .01$); however, those findings do *not* compare to the results of the current study. Due to the lack of research validating disempowerment theory, a major limitation exists, however the current study adds to the body of literature within the theoretical framework exploring gender expression, past childhood abuse, and witnessing parental IPV in LGBTQ college students.

According to the current study, several measured variables contributed to the overall conceptualization of this theory in same-sex IPV. For instance, individual factors such as biological sex and gender expression appeared strongly related to rates of IPV and attitudinal acceptance of IPV. Specifically, females and masculine LGBTQ individuals reported higher levels of victimization and perpetration. However, the fact that females reported higher perpetration appears inconsistent with past research. Those females identifying as masculine and the influences of gender-role expectations for masculinity such as aggression could explain the reason that females reported greater perpetration. Furthermore, those masculine LGBTQ individuals reporting higher levels of victimization may be experiencing internalized homophobia within a partner that behaviorally presents itself as abuse, especially considering the social expectations that females must express themselves in a feminine nature, *not* in a masculine

way. In addition, males and masculine LGBTQ individuals reported higher levels of attitudinal acceptance of IPV.

Continuum of Conflict and Control

Another theory, known as the continuum of conflict and control (CCC; Carlson & Jones, 2010), laid the framework for the current study. Carlson and Jones (2010) integrated several well-known IPV theories (e.g., Gottman et al., 1997; Johnson, 2006; Simpson et al., 2007; Straus, 1979; Walker, 1989) into a continuum of IPV. The CCC model presented a conceptualization of IPV across a spectrum of typologies addressing (a) victim qualities, (b) victimizer traits, and (c) abuse characteristics. These three levels of relational IPV ranged from conflict to control across the spectrum (Carvalho et al., 2011; Eckstein, 2012; Friend et al., 2011). Within these three levels of IPV, the victim qualities, victimizer traits, and abuse characteristics can be described within the disempowerment framework (McKenry et al., 2006) meaning that individual, family, and relational factors describe victims and victimizers. Furthermore, an addition to the CCC model includes gender expression as a more appropriate component of victim and victimizers traits, compared to biological sex.

On the conflict end of the continuum, the first group focused on victim characteristics including lower levels of fear and a greater willingness to leave their abusive relationship. The victimizer traits included lower levels of anger and less substance abuse. When considering these traits within the disempowerment theory (McKenry et al., 2006), the category of gender expression can be added to the victim characteristics category to include both femininity and masculinity, especially since the current study found that those reporting masculinity and femininity self-reported similar rates of victimization. In addition, the nature of abuse typically

presented infrequently as a result of conflict and the abuse appeared less severe. The victims and victimizers were an equal amount of males and females. Carlson and Jones (2010) described the second group existing in the middle of the spectrum, in which victims experienced some fear and symptoms of PTSD. The victimizer traits included moderate levels of anger, substance abuse, anxiety, and depression. Next, the nature of abuse at this level appeared more severe and frequent; however, violence remained confined to that particular intimate relationship. Lastly, Carlson and Jones described the control group as one containing the victims' experiences of moderately high PTSD, depression, and need for self-defense. On the control end, the victimizer committed frequent and severe abuse in an attempt to gain power and control, which caused victims to be less likely to leave their abusive relationship. The victimizer tended to use abusive behaviors within their intimate relationships and outside of the home as well. More notably, males tend to victimize more than females in this control group. Again, from a disempowerment theory perspective (McKenry et al., 2006), the addition of gender expression to the CCC appears beneficial based on the current results identifying that masculine participants reported greater amounts of perpetration, as compared with their feminine counterparts. Furthermore, the variable of biological sex may not best serve the function of identifying potential risks to perpetration and gender expression (i.e., whether an individual expresses themselves as feminine or masculine) may better serve that assessment function. Future research on the CCC needs to focus on evaluating the additional variables such as substance abuse and mental health issues using a sample of LGBTQ individuals. As noted, I used the CCC as an underlying theoretical framework to conceptualize same-sex IPV on a spectrum from conflict to control due to its comprehensive nature and I found that gender expression could potential replace biological sex in this victim

and perpetration classification continuum. For instance, I proposed a modified CCC for the LGBTQ community to include gender expression as an important factor rather than biological sex and I described the following theoretical constructs for all three levels of IPV: (a) victim characteristics (e.g., biological sex and gender expression), (b) victimizer characteristics (e.g., biological sex and gender expression), and (c) the nature of abuse (e.g., type, severity, and frequency).

Individual, Family-of-Origin, and Relational Factors of IPV

After a review of IPV literature (e.g., Johnson, 2006; McKenry et al., 2006; Walker, 1979) on individual characteristics and FOO factors, researchers established that victims vary in their (a) age, (b) biological sex, (c) gender identity, (d) gender expression, (e) past childhood abuse, and (f) history of witnessing parental IPV. Among the major studies on IPV in LGBTQ individuals' same-sex relationships (e.g., Balsam & Szymanski, 2005; Eaton et al., 2008; McKenry et al., 2006; Turell, 2000), the mean ages for the sample sizes ranged from 29 to 38. The current study findings included an age range from 18 to 51, with the mean age at 23 years old. Among these past studies, many researchers specifically focused on college students due to the importance of young adult relationship development within this age group. For example, a few studies measured attitudes of same-sex and opposite-sex IPV utilizing a sample of college students (e.g., Demir, 2010; Kaura & Lohman, 2009; Seelau & Seelau, 2005). Therefore, I assessed a sample of LGBTQ college students based on the recommendations of past researchers exploring same-sex IPV within the college age group. The results from the current study found that individual factors (e.g., biological sex and gender expression) expressed a relationship with IPV and attitudes about IPV, however, the results did not identify a relationship among past

childhood abuse, witnessing parental IPV, IPV rates, and attitudinal acceptance of IPV. The results were evaluated based on the separation of females and males so exploring childhood experiences for the overall sample, rather than separating by biological sex, could highlight that these FOO factors are related to victimization, perpetration, and attitudes.

Males versus Females

Following a thorough examination of past research on biological sex and gender, it became apparent that both biological sex (i.e., assigned sex) and gender tend to exist in a binary system (Bornstein, 1998). Biological sex included categories such as male or female, which are often assigned at birth. Gender, on the other hand, remains interchangeable with biological sex in past research despite the fact that fundamental differences exist between the two terms. For instance, gender is more related to gender identity, which includes the way an individual intrinsically feels about their gender based on an influenced by biological sex and society. Gender identity categories included (a) woman, (b) man, (c) boy, (d) girl, (e) genderqueer, or (f) transgender (Bornstein, 1998). At birth, an individual's biological sex becomes assigned as either male or female. Sometimes, an individual's gender identity develops into their identification of a gender opposite from their biological sex, also known as transgender. For example, a biologically born female's gender identification as a man does *not* match in terms of his assigned sex and his gender. It also remains possible that an individual identifies with several genders, also known as genderqueer or bigender. In short, the contextual differences in biological sex and gender identity pose concerns for helping professionals and authorities identifying victimization and perpetration, based solely on biological sex, in LGBTQ individuals. To better illustrate the concern with using biological sex when identifying possible IPV, past research (Johnson, 2006;

Johnson & Leone, 2005) found that males tended to perpetrate more often compared to their female counterparts. In addition, males tended to perpetrate for severe abuse, thus providing significant information to helping professionals when assessing for and identifying IPV.

However, when two females or two males experience IPV in a same-sex relationship, biological sex then does *not* serve the same function in identifying a possible perpetrator and victim.

Therefore, the need existed to further explore gender expression (e.g., feminine and masculine) seeing that this construct may serve a similar yet more appropriate function that biological sex once served when identifying IPV in same-sex relationships.

Masculinity versus Femininity

Gender expression referred to an individual's outward expression about their gender identity, including (a) masculine, (b) feminine, (c) androgynous, (d) butch, and (e) femme (Bornstein, 1998). Although high rates of IPV existed in same-sex couples, these LGBTQ individuals appeared reluctant to report these instances (Alexander, 2008; Brown & Groscup 2009; Seelau & Seelau, 2005). To better explain this reluctance, because biological sex and gender as an indicator of classifying a perpetrator versus victim does *not* serve the same purpose in same-sex relationships, helping professionals may experience a more difficult time recognizing the same-sex IPV (Giorgio, 2002). Furthermore, past definitions of IPV did *not* capture the unique characteristics of LGBTQ individuals in same-sex relationships. For instance, some believe that women *cannot* abuse other women and men *cannot* abuse other men (Duke & Davidson, 2009). Subsequently, further research needed to focus on exploring the reasons for a lack of IPV reports, the difficulties in identifying abuse among LGBTQ individuals and couples, and the possible misconceptions about IPV in same-sex relationships (Duke & Davidson, 2009;

Walker, 1979). Finally, because risk factors of IPV are similar for male and female victims and perpetrators (Straus, 2006), a greater need existed to distinguish which factors (e.g., past childhood abuse, witnessing IPV) became associated with males and females across gender expressions of feminine and masculine participants; one implication would be to further explore gender expression in future research. Specifically, assessing the differences in gender expression, within both opposite-sex and same-sex relationships, and the relationship of victimization, perpetration, and attitudinal acceptance of IPV could further substantiate that gender expression serves as a better indicator in conceptualizing IPV compared to biological sex.

Past Childhood Abuse and Witnessing Parental IPV

Several researchers (e.g., McKenry et al., 2006; Walker, 1979) explored family-of-origin factors such as past childhood abuse and witnessing parental IPV that contribute to later victimization and perpetration among adults. Walker (1979) stated that victims typically did *not* experience childhood abuse; on the other hand, perpetrators often reported coming from hostile, abusive home environment. Walker found that male perpetrators often witnessed their fathers beating their mothers. Moreover, for those incidences that were *not* reported, the males internalized these experiences as normal and developed a lack of respect for women and children. The internalization of spoken and unspoken messages lead to learned behavior of IPV consistent with social learning theory (Kalmuss, 1984; Walker, 1979).

McKenry et al. (2006) also found that perpetrators contained increased levels of traumatic abuse in the past; therefore, the perpetrator was once a victim in childhood and perpetrates in their adulthood. McKenry et al. suggested that socio-cultural influences (e.g., Mihalic & Elliot, 1997; Straus, 1977) and individual characteristics (Kalmus, 1984; Mihalic &

Elliott, 1997) influence victimization and perpetration rates. McKenry and colleagues used assessments to measure levels of stress and past childhood experiences. The results concluded that perpetrators, in fact (a) reported greater amounts of childhood abuse and (c) admitted to witnessing parental IPV. These results further suggested a need to explore these variables within LGBTQ college students. Further research needs to focus on these family-of-origin variables, because the results from the current study found that *no* relationships existed among past childhood abuse and witnessing parental IPV and victimization, perpetration, and attitudinal acceptance of IPV. As noted, the possible reason that a relationship among childhood experiences did *not* present in the results could be due to the fact that analyses separated the sample into two groups (males and females) to evaluate the research question. Thus, further exploration of the entire sample (i.e., rather than separating into two groups by biological sex) may result in past childhood experiences relating to victimization, perpetration, and attitudes about IPV.

Non-Traditional Relationships

The current study focused on LGBTQ individuals in same-sex relationships. To date, however, various types of relationships exist in society and within the LGBTQ community. For instance, bisexual individuals engage in opposite-sex or same-sex relationships over the course of their lifetime. Future research on lifetime prevalence of IPV in bisexual individuals, in opposite-sex and same-sex relationships, would compare any possible differences in IPV rates between the two types of relationships. Another marginalized group consisting of transgender individuals often becomes misrepresented or underrepresented in research. Therefore, future research may focus on transgender individuals' in various types of relationships to understand

the unique characteristics and factors affecting IPV rates. Lastly, LGBTQ individuals may participate in polyamorous relationships in which three or more intimate partners enter into a relationship and research on IPV rates among these couples could be beneficial.

Limitations

Research Design

Limitations existed with this study, including utilizing a correlational research design (Fraenkel et al., 2012) and survey methods (Dillman et al., 2009). Threats to validity using the correlational design included (a) mortality, (b) testing, and (c) population characteristics (Fraenkel et al., 2012). A mortality threat included the possibility of those participants who refused to participate in the study would have contained certain scores of the variable and constructs investigated (e.g., higher rates of victimization or perpetration; Fraenkel et al., 2012). Furthermore, the loss of these participants completing the study instruments potentially decreased the possibility of a strong relationship between victimization and perpetration in LGBTQ college students. A testing threat included the responses to the first instrument influenced the answers to subsequent instruments items in the study (Fraenkel et al., 2012). For instance, because the items measuring victimization and perpetration on the VDR, SD-PAV, PDR, and SD-PAP instruments contained similar questions and formatting, some participants may have noticed the connection between these instruments. Even more specific to this study, four questions on the PDR instrument were repeated in SurveyMonkey.com and scores tended to vary on the same items that were listed twice. Population characteristics include the possibility of outside characteristics existing beyond those characteristics measured and controlled for in the study (Fraenkel et al., 2012). Also, using the correlational research design, a threat to external

validity included whether or *not* the sample was representative of the population and if the study was generalizable (Fraenkel et al., 2012).

As mentioned beforehand, using survey research created the possibility of the following errors: (a) sampling error, (b) coverage error, (c) measurement error, and (d) non-response error (Dillman et al., 2009). A sampling error threat occurred considering that I only surveyed a small portion of the LGBTQ population and the response rate indicated 14.8% of the initially contacted population completed the study. However, with the larger sample size of the study ($N = 290$) the threat did *not* present challenges in producing results that answer the research questions. In addition, because I randomly selected 40 university organizations from a list of 156, this created a larger pool of potential participants. A threat to coverage error surfaced with the possibility that inadequate survey coverage of an entire population existed (i.e., using SurveyMonkey on the Internet when potential participants could *not* gain access to this web-based program). Next, a potential threat to measurement error stemmed from poor question wording in the DIQ items or flawed questionnaire construction (Reynolds et al., 2009). Therefore, I carefully constructed the DIQ questions and used the same Likert-scale as the instruments in order to provide consistency with the items. Lastly, a non-response error occurred when the entire sample did *not* respond to the survey. In other words, non-response error transpired when those who do *not* respond to the entire survey held different individual characteristics compared to those who responded to the survey. Therefore, overall I used a seven-contact system and once I determined the number of university organizations interested in helping to promote the dissertation study, I utilized a four-contact system to decrease non-response error with participants. Also, I ensured that participants could *not* skip questions in the items posted on SurveyMonkey.com to reduce missing data.

Conclusively, I considered ways to reduce these types of errors in the survey administration and data collection. Due to the validity and reliability of the instruments, chances of measurement error decreased with the use of previously normed scales.

Instrumentation

Using survey research creates the possibility of instrumentation error, including (a) measurement error and (b) non-response error (Dillman et al., 2009). Measurement error usually occurs when a respondent provides an inaccurate or imprecise response (Reynolds, et al., 2009) due to poor question wording and flawed questionnaire construction. Therefore, in creating the two questions that measured past childhood abuse and witnessing parental IPV, I used the same four-point Likert scale used in the previously developed instruments to uphold consistency throughout the survey. However, the duplicate questions on the SD-PAV instrument influenced measurement error because participant's scores varied on the repeated questions. Lastly, non-response error occurred because those who chose *not* to take the survey could have contained differences in their individual characteristics and outcome scores when comparing with those who did respond to the survey.

In terms of instrument consistency, the VDR, SD-PAV, PDR, and SD-PAP produced similar alpha reliability results compared to past research, as noted in Table 38. First, the VDR scale ($\alpha = .97$) produced high reliability, which remained consistent with previous research ($\alpha = .90$; Foshee et al., 1996; Foshee et al., 1998). Next, the SD-PAV scale ($\alpha = .95$) produced high reliability remaining comparable with previous research ($\alpha = .91$; Foshee et al., 1996; Foshee et al., 1998). Next, the PDR scale ($\alpha = .98$) produced high reliability, which also remained consistent with previous research ($\alpha = .93, .95, .97$; Foshee et al., 1996; Foshee et al., 1998).

Next, the SD-PAP scale ($\alpha = .96$) produced high reliability, which indicates higher reliability when comparing with the moderately high reliability produced in previous research ($\alpha = .87, .88, .95$; Foshee et al., 1996; Foshee et al., 1998). Finally, the ACV-M scale was specifically modified for the purpose of this study, and internal consistency differed using this norming population compared to previous studies (Foshee et al., 1996; Foshee et al., 1998). However, the alpha reliability ($\alpha = .98$) increased in this study compared to past research studies ($\alpha = .71, .73, .74$; Foshee et al., 1996; Foshee et al., 1998) producing moderately acceptable reliability. Thus, this comparison reduced the limitation of modifying the ACV-M scale for this study. All other assessments in the study were normed with other populations but *not* with the LGBTQ population, which poses a limitation. In addition, I attempted to reach private and public universities from urban and suburban areas across the United States to best represent the greater population through a randomization of universities. However, the results I obtained may *not* be generalizable to the greater LGBTQ college student population.

Table 38: Comparing Cronbach's Alpha

Instrument	Instrument Description	Items	Current Cronbach's α	Past Cronbach's α
VDR	<i>Physical and sexual victimization</i>	($N = 18$)	.97	.90
SD-PAV	<i>Psychological victimization</i>	($N = 14$)	.95	.91
PDR	<i>Physical and sexual perpetration</i>	($N = 18$)	.98	.93, .95, .97
SD-PAP	<i>Psychological perpetration</i>	($N = 14$)	.96	.87, .88, .95
ACV-M Total	<i>Attitudinal acceptance of IPV</i>	($N = 17$)	.98	.71, .73, .74

Conclusion

Several implications were identified through analyzing the research question results. For the first research question, the results indicated that significant differences existed between males and females in their levels of victimization and perpetration. Moreover, females reported greater

amounts of both victimization and perpetration. The results also concluded that significant differences existed between males and females in their levels of attitudinal acceptance of IPV.

In regards to the second research question, several significant findings existed in terms of the differences in victimization and perpetration depending on the participants' biological sex (e.g., male or female) and gender expression (e.g., feminine or masculine). The results specified that significant differences existed between participants reporting feminine or masculine gender expressions, based on their biological sex, in their levels of victimization and perpetration; masculine LGBTQ college students reported greater amounts of victimization and perpetration. In reviewing attitudinal acceptance of IPV and differences across the biological sex and gender expression variables, the results indicated that significant differences existed between participants reporting feminine or masculine gender expressions, based on their biological sex, in their levels of attitudinal acceptance of IPV. Masculine participants tended to accept IPV across both opposite-sex scenarios, and they accepted violence in the same-sex scenarios more so than participants with a feminine gender expression.

For the third research question, the results indicated that *no* significant differences existed between participants reporting a history of childhood abuse and witnessing parental IPV, based on their biological sex, in their levels of victimization and perpetration. In summary, those reporting past childhood abuse and witnessing parental IPV did *not* differ in levels of victimization, perpetration, or attitudinal acceptance of IPV from those who did *not* have those childhood experiences.

Finally, in the fourth research question, the results indicated that the model was statistically significant and that all eight variables predicted the outcome score of attitudinal

acceptance of IPV (ACV-M). The predictor variables included (a) biological sex, (b) gender expression, (c) history of childhood abuse, (d) history of witnessing parental IPV, (e) victimization (SD-PAV), and (f) perpetration (PDR). The significant results found in each research question further substantiate the dire need for more research in the area of same-sex IPV, especially utilizing a sample of LGBTQ college students.

APPENDIX A: CONSENT INFORMATION LETTER

Consent Information Letter

Dear Potential Study Participant:

E. Lamerial Jacobson, Doctoral Candidate in Counselor Education at the University of Central Florida, is conducting a research study titled, *Examining Relationships among Levels of Victimization, Perpetration, and Attitudinal Acceptance of Intimate Partner Violence in Lesbian, Gay, and Bisexual College Students*. The dissertation study is being conducted under my dissertation advisor, Dr. Andrew P. Daire, Associate Professor in Counselor Education at the University of Central Florida.

The purpose of this study is to examine the incidence rates and attitudes about intimate partner violence (IPV) within lesbian, gay, and bisexual (LGB) college students. As a potential study participant, you will be asked to answer a brief questionnaire, which takes approximately 10-15 minutes. The questionnaire consists of six assessments, with a total of 90 questions including: Demographic Information Questionnaire, Victimization in Relationships, Safe Dates- Psychological Abuse Victimization, Perpetration in Relationships, Safe Dates- Psychological Abuse Perpetration, and Acceptance of Couple Violence-Modified. You must be 18 years of age or older to participate in this dissertation research study. I am looking for those who have been romantically involved with at least one same-sex intimate partner in your lifetime and those who self-identify as lesbian, gay, or bisexual. While this study focuses on IPV in same-sex relationships of LGB college students, the plan for future research includes the entire spectrum of sexual orientations and gender identities.

Your participation is voluntary and you may withdraw from participating in the study at any time. In addition, please be aware that you do not have to answer any questions that make you feel uncomfortable. All answers to the questions and your identity will be kept anonymous, as your name will not be requested for participation in this study. Any data that results from this study will be reported in professional publications. As a research participant, you will not benefit directly from this research. Lastly, by completing the survey you may be eligible to receive a giftcard incentive if you are among the first 400 participants to complete the questionnaire. You will be asked to provide an email address for the giftcard incentive and please know that 45 days after the study ends your email address will be deleted.

There is minimal risk in this study. However, given the sensitive nature of the questionnaire the research study may cause emotional arousal and upset. Please contact the following resources if you are concerned that you are in danger, at risk of harm, or become emotionally distressed during your participation:

National Domestic Violence Hotline: 1-800-799-SAFE (7233)
1-800-787-TDD (3224)
Rape, Abuse, and Incest Network (RAINN): 1-800-656-HOPE (4673)
Safe Horizons: 1-866-604-5350

Research at the University of Central Florida involving human participants is carried out under the oversight of the Institutional Review Board (UCF IRB). For information about the rights of people who take part in research, please contact: Institutional Review Board, University of Central Florida, Office of Research & Commercialization, 12201 Research Parkway, Suite 501, Orlando, FL 32826-3246 or by telephone at (407) 823-2901.

If you have questions or concerns, please contact E. Lamerial Jacobson by email at Elizabeth.Jacobson@ucf.edu. You can also contact Dr. Andrew P. Daire by email at Andrew.Daire@ucf.edu.

APPENDIX B: DEMOGRAPHIC INFORMATION QUESTIONNAIRE

DEMOGRAPHIC INFORMATION QUESTIONNAIRE

Instructions: Please check one answer for the questions below.

1. Which category below describes your biological sex?

- Male
- Female
- Intersex

2. Which best describes your gender identity?

- Cisgender
- Bigender
- Transgender
- Genderless
- Genderqueer
- Two-spirit

3. Which category below do you identify with most?

- Gay
- Lesbian
- Bisexual

4. Which number on the scale below best describes your gender expression?

Please select a number that best describes you and your gender expression.

Feminine 1 2 3 4 5 6 Masculine

5. What is your age?

Please enter age here. _____

6. How many years of education have you completed?

Examples:

12 = High school degree or equivalent

13 = 1 year of college

14 = 2 years of college

15 = 3 years of college

16 = 4 years of college

0 = Enter 0 if you are not in college

Please enter number of years completed here. _____

7. What is your ethnicity?

- Asian
- Caucasian or White
- African American or Black
- Hispanic
- Native Hawaiian or Pacific Islander
- American Indian or Alaska Native
- Biracial
- Other (Please specific) _____

8. Which category best describes your relationship status?

- Single
- Dating relationship
- Serious, monogamous relationship
- Serious, polygamous relationship
- Married or Civil union
- Divorced

9. Which category best describes your living status?

- Living alone
- Living with roommates
- Cohabiting with romantic partner
- Living with family

10. Have you ever had a same sex partner threaten to “out” you?

- Never 0
- 1-3 times 1
- 4 – 9 times 2
- 10 + times 3

11. Have you ever had a same sex partner question if you are a “real” gay male, lesbian, or bisexual?

- Never 0
- 1-3 times 1
- 4 – 9 times 2
- 10 + times 3

12. Have you experienced sexual or physical abuse in your childhood?

- Never 0
- 1-3 times 1
- 4 – 9 times 2
- 10 + times 3

13. Have you experienced emotional or psychological abuse in your childhood?

- Never 0
- 1-3 times 1
- 4 – 9 times 2
- 10 + times 3

14. Have you experienced witnessing your parents become violent towards each other in your childhood?

- Never 0
 - 1-3 times 1
 - 4 – 9 times 2
 - 10 + times 3
-

15. Which university/college do you currently attend?

Please select the university/college that you currently attend.

American University
Colorado State University
Connecticut College
East Carolina University
Eastern Michigan
Florida Atlantic University
Florida International University
Lehigh University
Michigan State University
North Dakota State University
Northern Illinois University
Portland State University
Rutgers University
The George Washington University
The Ohio State University
Trinity College
University of California - Los Angeles
University of California - Santa Barbara
University of Central Florida
University of Cincinnati
University of Delaware
University of Houston
University of Illinois - Springfield
University of Michigan - Ann Arbor
University of Missouri - Kansas City
University of Nebraska - Lincoln
University of New Hampshire
University of New Mexico
University of North Carolina - Charlotte
University of North Florida
University of Northern Colorado
University of Oregon
University of Rhode Island
University of South Carolina
University of Vermont
Utah State University
Virginia Tech
Williams College

APPENDIX C: VICTIMIZATION IN DATING RELATIONSHIPS

Victimization in Dating Relationships

START HERE: How many times has **any person that you have been on a date with** done the following things to you?
 Only include it when the dating partner **did it to you first**. In other words, don't count it if they did it to you in self-defense. Please select **one** response on each line. Additionally, only include if the dating partner was your same sex (Foshee et al., 1996).

	10 or more times	4-9 times	1-3 times	Never
	10	4-9	1-3	0
1. Scratched me	3	2	1	0
2. Slapped me	3	2	1	0
3. Physically twisted my arm	3	2	1	0
4. Slammed or held me against a wall	3	2	1	0
5. Kicked me	3	2	1	0
6. Bent my fingers	3	2	1	0
7. Bit me	3	2	1	0
8. Tried to choke me	3	2	1	0
9. Pushed, grabbed, or shoved me	3	2	1	0
10. Dumped me out of a car	3	2	1	0
11. Threw something at me that hit me	3	2	1	0
12. Forced me to have sex	3	2	1	0
13. Forced me to do other sexual things that I did not want to do	3	2	1	0
14. Burned me	3	2	1	0
15. Hit me with their fist	3	2	1	0
16. Hit me with something hard besides their fist	3	2	1	0
17. Beat me up	3	2	1	0
18. Assaulted me with a knife or gun	3	2	1	0

APPENDIX D: SAFE DATES – PSYCHOLOGICAL ABUSE VICTIMIZATION

Safe Dates – Psychological Abuse Victimization

START HERE: How often has anyone that you have ever been on a date with **done the following things to you**? Please select **one** response on each line. Additionally, only include if the dating partner was your same sex (Foshee et al., 1996).

		Very Often	Sometimes	Seldom	Never
Instructions: Please circle one answer for the questions below.		VO	SO	SL	N
1.	Damaged something that belonged to me	3	2	1	0
2.	Said things to hurt my feelings on purpose	3	2	1	0
3.	Insulted me in front of others	3	2	1	0
4.	Threw something at me but missed	3	2	1	0
5.	Would not let me do things with other people	3	2	1	0
6.	Threatened to start dating someone else	3	2	1	0
7.	Told me I could not talk to someone of the opposite or same sex	3	2	1	0
8.	Started to hit me but stopped	3	2	1	0
9.	Did something just to make me jealous	3	2	1	0
10.	Blamed me for bad things they did	3	2	1	0
11.	Threatened to hurt me	3	2	1	0
12.	Made me describe where I was every minute of the day	3	2	1	0
13.	Brought up something from the past to hurt me	3	2	1	0
14.	Put down my looks	3	2	1	0

APPENDIX E: PERPETRATION IN DATING RELATIONSHIPS

Perpetration in Dating Relationships

START HERE: How many times have **you ever** done the following things to a person that you have been on a date with?
 Only include when **you did it to him/her first**. In other words, don't count it if you did it in self-defense. Please select **one** response on each line. Additionally, only include if the dating partner was your same sex (Foshee et al., 1996).

		10 or more times	4-9 times	1-3 times	Never
		10	4-9	1-3	0
1.	Scratched them	3	2	1	0
2.	Slapped them	3	2	1	0
3.	Physically twisted their arm	3	2	1	0
4.	Slammed or held them against a wall	3	2	1	0
5.	Kicked them	3	2	1	0
6.	Bent their fingers	3	2	1	0
7.	Bit them	3	2	1	0
8.	Tried to choke them	3	2	1	0
9.	Pushed, grabbed, or shoved them	3	2	1	0
10.	Dumped them out of a car	3	2	1	0
11.	Threw something at them that hit them	3	2	1	0
12.	Forced them to have sex	3	2	1	0
13.	Forced them to do other sexual things that they did not want to do	3	2	1	0
14.	Burned them	3	2	1	0
15.	Hit them with my fist	3	2	1	0
16.	Hit them with something hard besides my fist	3	2	1	0
17.	Beat them up	3	2	1	0
18.	Assaulted them with a knife or gun	3	2	1	0

APPENDIX F: SAFE DATES – PSYCHOLOGICAL ABUSE PERPETRATION

Safe Dates – Psychological Abuse Victimization

START HERE: How often have you done the **following things to someone** you have ever had a date with? Please select **one** response on each line. Additionally, only include if the dating partner was your same sex (Foshee et al., 1996).

Instructions: Please circle one answer for the questions below.		Very Often	Sometimes	Seldom	Never
		VO	SO	SL	N
1.	Damaged something that belonged to them	3	2	1	0
2.	Said things to hurt their feelings on purpose	3	2	1	0
3.	Insulted them in front of others	3	2	1	0
4.	Threw something at them but missed	3	2	1	0
5.	Would not let them do things with other people	3	2	1	0
6.	Threatened to start dating someone else	3	2	1	0
7.	Told them they could not talk to someone of the opposite or same sex	3	2	1	0
8.	Started to hit them but stopped	3	2	1	0
9.	Did something just to make them jealous	3	2	1	0
10.	Blamed them for bad things they did	3	2	1	0
11.	Threatened to hurt them	3	2	1	0
12.	Made them describe where they were every minute of the day	3	2	1	0
13.	Brought up something from the past to hurt them	3	2	1	0
14.	Put down their looks	3	2	1	0

APPENDIX G: ACCEPTANCE OF COUPLE VIOLENCE – MODIFIED

Acceptance of Couple Violence- Modified					
		Strongly Disagree	Disagree	Agree	Strongly Agree
	Instructions: Please identify the answer that best matches what you think or feel. Please select one response on each line. (Foshee, Fothergill, & Stuart, 1992; Foshee et al., 1998)	SD	D	A	SA
1.	A man angry enough to hit his female partner must love her very much.	1	2	3	4
2.	Violence between dating partners can improve the relationship.	1	2	3	4
3.	Women sometimes deserve to be hit by the men they date.	1	2	3	4
4.	A woman who makes her male partner jealous on purpose deserves to be hit.	1	2	3	4
5.	Men sometimes deserve to be hit by the women they date.	1	2	3	4
6.	A woman angry enough to hit her male partner must love him very much.	1	2	3	4
7.	There are times when violence between dating partners is okay.	1	2	3	4
8.	A man who makes his female partner jealous on purpose deserves to be hit.	1	2	3	4
9.	Sometimes violence is the only way to express your feelings.	1	2	3	4
10.	Some couples must use violence to solve their problems.	1	2	3	4
11.	Violence between dating partners is a personal matter and people should not interfere.	1	2	3	4
12.	A man angry enough to hit his male partner must love him very much.	1	2	3	4
13.	Men sometimes deserve to be hit by the men they date.	1	2	3	4
14.	A man who makes his male partner jealous on purpose deserves to be hit.	1	2	3	4
15.	Women sometimes deserve to be hit by the women they date.	1	2	3	4
16.	A woman angry enough to hit her female partner must love her very much.	1	2	3	4
17.	A woman who makes her female girlfriend jealous on purpose deserves to be hit.	1	2	3	4

APPENDIX H: IRB APPROVAL FORM



University of Central Florida Institutional Review Board
Office of Research & Commercialization
12201 Research Parkway, Suite 501
Orlando, Florida 32826-3246
Telephone: 407-823-2901 or 407-882-2276
www.research.ucf.edu/compliance/irb.html

Approval of Exempt Human Research

From: **UCF Institutional Review Board #1**
FWA00000351, IRB00001138

To: **Elizabeth L. Jacobson**

Date: **September 19, 2012**

Dear Researcher:

On 9/19/2012, the IRB approved the following activity as human participant research that is exempt from regulation:

Type of Review: Exempt Determination
Modification Type: Study title changed from "Intimate Partner Violence Among Lesbian and Bisexual Women: Prevalence Rates, Acceptance Beliefs, and Abuse Histories of Emerging Adults" to "Examining Relationships among Levels of Victimization, Perpetration, and Attitudinal Acceptance of Intimate Partner Violence in Lesbian, Gay, and Bisexual College Students." A \$5.00 participant incentive has been added; study instruments have been revised by the addition of extra or updated questions; and two new instruments have been added to the study. A revised consent document has been approved for use.

Project Title: Examining Relationships among Levels of Victimization, Perpetration, and Attitudinal Acceptance of Intimate Partner Violence in Lesbian, Gay, and Bisexual College Students

Investigator: Elizabeth L. Jacobson
IRB Number: SBE-11-07959
Funding Agency:
Grant Title:
Research ID: N/A

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these changes affect the exempt status of the human research, please contact the IRB. When you have completed your research, please submit a Study Closure request in iRIS so that IRB records will be accurate.

In the conduct of this research, you are responsible to follow the requirements of the [Investigator Manual](#).

On behalf of Sophia Dziegielewski, Ph.D., L.C.S.W., UCF IRB Chair, this letter is signed by:

Signature applied by Joanne Muratori on 09/19/2012 11:49:18 AM EDT

IRB Coordinator

APPENDIX I: ORGANIZATION AND PARTICIPANT RECRUITMENT EMAILS

Dear Faculty Advisors and Organization Leaders

A few days ago, you received a telephone call from me inquiring about your interest helping me recruit your student members for their participation to fill out a brief online questionnaire for an important dissertation study conducted by myself, E. Lamerial Jacobson, Doctoral Candidate in Counselor Education at the University of Central Florida, under the advisement of Andrew P. Daire, Associate Professor in Counselor at the University of Central Florida.

I have both a personal and professional connection to the LGBTQ community, which led me to identify a research gap looking at intimate partner violence (IPV) same sex relationships. I have created a questionnaire examining levels of victimization, perpetration, and attitudes of IPV in lesbian, gay, and bisexual (LGB) college students. Your LGBTQ student organization was drawn randomly from a list of organizations found on the Consortium of Higher Education Lesbian Gay Bisexual and Transgender Resource Professionals website.

I am writing to you in advance because I have found that many faculty advisors and organization leaders like to learn more about dissertation studies before committing to helping a researcher recruit potential participants. The dissertation study is important in that it will help us to understand the incidence rates of IPV in LGB college students and their attitudes about IPV. My hope is that I can send you an instruction email to forward my dissertation study to all of your student members to help me recruit participants.

Please contact by phone at 407.687.9465 or by e mail Elizabeth.Jacobson@ucf.edu if you have any questions about the dissertation study. Thank you for your time and consideration. It is only with the generous help of leaders like you that my research can be successful.

Sincerely,

Lamerial Jacobson, M.A.
Doctoral Candidate, Counselor Education
College of Education, University of Central Florida
Elizabeth.Jacobson@ucf.edu

P.S. For the first eligible 400 LGB college student participants who complete the questionnaire, they will be able to enjoy a cup of coffee on me!

Dear Faculty Advisors and Organization Leaders

First and foremost, thank you for your willingness to help me recruit participants. Within the next few days, you will receive the email request that you can forward to your student members to fill out a brief online questionnaire for my dissertation study.

As mentioned previously, I have created a questionnaire examining levels of victimization, perpetration, and attitudes of IPV in lesbian, gay, and bisexual (LGB) college students. For the first 400 eligible LGB college student participants who complete the questionnaire, they will be able to enjoy a cup of coffee on me!

I'd like to explain the process of helping me recruit potential participants. In a few days, you will receive the first email to forward to your student membership. About a week later, you will receive the second email to forward to your student membership. Within two weeks, I will send a third email to forward. Approximately two weeks later, I will send the final email that I would like you to forward to your student membership. All emails will be prepared so that all you need to do is forward the email, which will include the study link, to the email addresses of your student members. I know that these steps may be daunting considering your busy schedule and I certainly express my gratitude to you in advance!

Again, thank you for your valuable time and commitment to promoting this study. Your generous help is greatly appreciated.

Sincerely,

Lameria Jacobson, M.A.
Doctoral Candidate, Counselor Education
College of Education, University of Central Florida
Elizabeth.Jacobson@ucf.edu

Dear Potential Participant,

I am requesting your participation in an important dissertation study, which has been approved by the University of Central Florida's Internal Review Board (IRB). This dissertation study is part of an academic effort to learn about the attitudes and incident rates of intimate partner violence (IPV) within lesbian, gay, and bisexual (LGB) college students.

I want you to know that I highly value your participation. Your participation is very important for Counselor Education researchers, your organization, and you as a member of the LGBTQ community. The results from this study will lead to a better understanding of LGB college students' IPV incidence rates and attitudes about IPV. So, I kindly ask that you to take approximately 10 - 15 minutes to complete the questionnaire. In doing so, if you are among the first 400 LGB college student participants to fully complete the survey then you can enjoy a cup of coffee on me!

Your answers are completely anonymous and will be released only as summaries in any published results of this study; no identifying information will be used. When you complete the questionnaire and submit your email address to receive an incentive, then your information will be deleted 45 days after the dissertation study is complete. Your information will never be connected to your answers. Your participation is voluntary. However, your response would be of great value to us.

Click on the link to access the informed consent letter and to continue on to the entire questionnaire:

<https://www.surveymonkey.com/s/LGBCollegeStudentRelationships>

The brief online questionnaire and research is being conducted by, E. Lameria Jacobson, Doctoral Candidate in Counselor Education at the University of Central Florida, under the advisement of Andrew P. Daire, Associate Professor in Counselor at the University of Central Florida. If you have any questions or comments about this dissertation study, I would be more than happy to assist you. You can contact me by email at Elizabeth.Jacobson@ucf.edu. Thank you so much for your participation and I really appreciate your feedback!

Sincerely,

Lameria Jacobson, M.A.
Doctoral Candidate, Counselor Education
College of Education, University of Central Florida
Elizabeth.Jacobson@ucf.edu

Dear Potential Participant,

About a week ago, you received an email with a questionnaire seeking your responses about Intimate Partner Violence (IPV) incidence rates and attitudes about IPV in lesbian, gay, and bisexual (LGB) college students. If you have already completed the questionnaire for me, please accept my sincerest thanks of appreciation. If not, please take the time to complete the questionnaire today and receive a cup of coffee on me!

I am especially grateful for your help because it is only by asking people like you to share your experiences that we can learn and understand the incidence rates of IPV in LGB college students' relationships and attitudes about IPV in LGB college students.

If the questionnaire link in the email is not working properly, please email me at Elizabeth.Jacobson@ucf.edu. Just in case, click on the link to access the informed consent letter and to continue on to the entire questionnaire:
<https://www.surveymonkey.com/s/LGBCollegeStudentRelationships>

Your participation in my dissertation study is highly appreciated. I thank you in advance for your time and consideration!

Sincerely,

Lamerial Jacobson, M.A.
Doctoral Candidate, Counselor Education
College of Education, University of Central Florida
Elizabeth.Jacobson@ucf.edu

P.S. If for some reason you are not a part of the LGBTQ college student community and this questionnaire has reached you in error, please send me an email. Thank you!

Dear Potential Participant,

In the past few weeks, I have sent a number of questionnaires seeking your responses about incidence rates and attitudes about Intimate Partner Violence (IPV) in lesbian, gay, and bisexual (LGB) college student relationships.

I am writing to you again because of the importance your completed questionnaire has to my research in getting accurate results in this dissertation study. It is only by hearing from nearly everyone included in the sample that I can be sure the results of this dissertation study are representative.

The feedback I have gotten from people who already responded included a variety of incident rates of IPV and attitudes about IPV in same-sex versus opposite-sex relationships and your input would be valuable as well. By following the dissertation study link you will find a questionnaire, which has been approved by the University of Central Florida's Internal Review Board (IRB), which requires approximately 10 – 15 minutes of your time. I hope you take the opportunity to fill out the questionnaire as your participation in my dissertation study is highly appreciated. I thank you in advance for your time and consideration!

Here is a comment about my survey procedures: If you decide to receive the participant incentive, the list of emails is then destroyed 45 days after the close of the dissertation study in order to protect your identity and the results will not be connected to your email. This is a very important procedure to me in order to protect your anonymous answers.

Click on the link to access the informed consent letter and to continue on to the entire questionnaire:

<https://www.surveymonkey.com/s/LGBCollegeStudentRelationships>

If you have any questions or comments about this dissertation study, I would be more than happy to assist you. You can contact me by email at Elizabeth.Jacobson@ucf.edu. Thank you so much for your participation in this study. I really appreciate your help!

Sincerely,

Lameria Jacobson, M.A.
Doctoral Candidate, Counselor Education
College of Education, University of Central Florida
Elizabeth.Jacobson@ucf.edu

Dear Potential Participant,

During the past five weeks, I have sent you several emails asking you to participate in an important dissertation study that I have been told will take **no longer than 15 minutes!** The survey will close next Monday, October 29th, so I need your help.

The dissertation study's purpose, which has been approved by the University of Central Florida's Internal Review Board (IRB), is to investigate the attitudes about Intimate Partner Violence (IPV) and IPV incidence rates in lesbian, gay, and bisexual (LGB) college students.

My dissertation study is shortly ending though. This email is the last attempt to hear from you. I am sending you this email because I want you to know one more time how important your feedback is for the success of my dissertation study. Hearing from everyone in the sample will help assure the accuracy of my survey results.

I also want to assure you that your participation in this survey is voluntary, and if you prefer not to respond, it is all right. If you are not a member of the LGBTQ college student community or this questionnaire has reached you in error, please let me know by sending me an email indicating so. This would be very helpful.

Click on the link to access the informed consent letter and to continue on to the entire questionnaire:

<https://www.surveymonkey.com/s/LGBCollegeStudentRelationships>

Again, I appreciate your valuable time and willingness to consider my last request to fill out my questionnaire. Thank You!

Sincerely,

Lamerial Jacobson, M.A.
Doctoral Candidate, Counselor Education
College of Education, University of Central Florida
Elizabeth.Jacobson@ucf.edu

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