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NOTE: At the time of publication, author Susan B. Sorenson was affiliated with the University of California. Currently (August 2007), she is a faculty member in the School of Social Policy and Practice at the University of Pennsylvania.

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Abstract

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Comments

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Running head: FAULT AND RESPONSIBILITY IN INTIMATE PARTNER VIOLENCE

Community-Based Norms about Intimate Partner Violence:
Putting Attributions of Fault and Responsibility into Context

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Abstract

Fault and responsibility are key concepts in understanding how victims and assailants are, or are not, held accountable by society. We used a fractional factorial vignette design with a community-residing sample of 3,679 adults to examine judgments about intimate partner violence. Although fault, or *causal* responsibility, was assigned most often to assailants (69%), respondents assigned *solution* responsibility most often to both persons (52%) or to the victim alone (31%): Interpersonal communication for couples (38%) and self-protective actions for victims (i.e., engaging formal authorities [12%] and/or leaving the assailant [11%]) were the most frequent suggestions. Potential injury to the victim and gender/relationship-based norms had the greatest impact on judgments. Findings may inform strategies to alter social norms regarding intimate partner violence.

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Community-based Norms about Intimate Partner Violence:

Putting Attributions of Fault and Responsibility into Context

Despite the fact that formal, written social norms (i.e., laws and policies) against intimate partner violence have existed in the U.S. for more than a century (Pleck, 2004), interpersonal violence (IPV) remains a common occurrence (Tjaden & Thoennes, 2000). This is not necessarily surprising given that IPV typically occurs in private and may often escape the detection of law enforcement authorities. Unfortunately, when formal intervention does not occur, the perceived costs of IPV may not outweigh the perceived benefits for the assailant, making it more likely that the abuse will continue (Gelles, 1983). The benefits of IPV may seem especially salient for perpetrators who gain power and control in the relationship, make negative attributions about their partner's behavior, justify their use of violence, and are generally unaware that their behavior is wrong (Brownlee & Chlebovec, 2004; Moore, Eisler, & Franchina, 2000). Moreover, the perceived costs of arrest are likely to be lowered when perceptions of privacy, relationship power, and approval of IPV are high for the assailant (Williams, 1992). Given the limitations of formal sanctions against IPV (e.g., Jackson et al., 2003; Maxwell, Garner, & Fagan, 2001), it is important to consider alternative prevention strategies.

To this end, informal social norms (i.e., collective social judgments about what is right, wrong, and expected behavior) regarding IPV should not be ignored. Informal norms operate through both the perceived and real judgments of fellow citizens, family, and friends, regarding how one ought to act (Deutsch & Gerard, 1955). According to Smithey and Straus (2004): "Research on deterrence theory suggests that primary prevention focused on informal sanctions, i.e., increasing the extent to which IPV is scorned and disapproved by peers, may be more

effective than the current focus on increasing perception of criminal penalties for IPV” (p.257). For example, the perceived social costs of arrest, such as the potential loss of one’s partner and loss of respect from friends and loved ones, are a significant deterrent of IPV (Williams & Hawkins, 1992).

However, the real judgments of informal support networks can only influence the assailant if they are aware of the violence. Other analyses of data used in the present study indicate that nearly half of the general public in California personally knows a victim of intimate partner violence, more than one-third knew the victim while the abuse was occurring, and for about 1 in 5 persons, the victim was one of their three closest friends or relatives (Sorenson & Taylor, 2003). Similar results were found in other community-based studies including one in which, among the 53% who knew of or suspected IPV, nearly 75% spoke to the woman, more than 25% spoke to the man, and 60% consulted others about the problem (Nabi, Meehan-Starck, & Sunderland, 2000). This relatively high level of personal knowledge and engagement with the problem in the general community suggests that community judgments about fault and responsibility for IPV are likely to influence IPV outcomes.

Such judgments are likely to be contingent on characteristics of the persons involved, the incident itself, and the persons making the judgments. Past studies suggest that victim and assailant gender, sexual orientation, and ethnicity may influence attributions of fault: Male victims are judged more harshly than female victims whereas findings regarding sexual orientation and ethnicity are less consistent (Harris & Cook, 1994; Harrison & Esqueda, 2000; Locke & Richman, 1999; Pierce & Harris, 1993; White & Kurpius, 2002). Studies examining the influence of situational factors found that assailants were judged more harshly when their abuse was likely to result in injury vs. not (Home, 1994; Katz & Arias, 2001), and victims were

judged more harshly when they were viewed as being provocative (Harris & Cook, 1994; Home, 1994; Pavlou & Knowles, 2001; Pierce & Harris, 1993; West & Wandrei, 2002), had been drinking (Harrison & Esqueda, 2000), or had been previously victimized by an intimate partner (Harrison & Abrishami, 2004; Wandrei & Rupert, 2000). Others have examined the effect of respondent characteristics and found that men often assign more blame to, or have less sympathy for, the victim than do women (Bryant & Spencer, 2003; Labine, 2001; Langhinrichsen-Rohling, Shlien-Dellinger, Huss, & Kramer, 2004; Locke & Richman, 1999; Pierce & Harris, 1993; West & Wandrei, 2002). However, some researchers have found no such effect of gender after controlling for age and education (Delgado & Bond, 1993). Findings from these vignette studies indicate that the context of an IPV incident, and to some extent characteristics of the respondent, can have an impact on attributions about IPV.

Although most of the aforementioned studies used a factorial vignette design, several important limitations exist in the assessment of social norms. First, the number of contextual variables examined and the number of categories for each were often quite limited. Second, gender was commonly the only respondent characteristic assessed. And third, convenience samples of white, middle-class college students were typical. Each of these limitations leaves important questions about relevant social norms: namely, which characteristics influence these judgments most, and how might these judgments differ in a more diverse, community-based sample?

Of further importance, an assessment of norms should go beyond examinations of fault, or *causal* responsibility, and also examine expectations for *solution* responsibility. Although it is clear that IPV is considered “wrong” by the general public in the U.S., support for formal intervention is not ubiquitous and recommended actions may be contingent on characteristics of

the abuse (Klein, Campbell, Soler, & Ghez, 1997; Simon et al., 2001; Taylor & Sorenson, 2004). This conditional nature of norms can translate into different definitions, solutions, and outcomes, and therefore has much practical relevance for IPV intervention and prevention. For example, although a population might agree unequivocally that rape in general is wrong, characteristics of the persons involved and details of the incident can determine whether or not a *specific incident* is defined as rape and how it is responded to (Bourque, 1989; Hannon, Hall, Nash, Formati, & Hopson, 2000) both formally (e.g., in criminal and civil trials) and informally through personal social networks; the nature of the latter response is the focus in the current study.

The present study is designed to assess and examine informal social norms regarding IPV and may inform intervention and prevention strategies designed to alter such norms. To this end, this study has four primary aims: 1) assess attributions of fault for IPV (i.e., *causal* responsibility), 2) assess attributions of responsibility to do something about the IPV (i.e., *solution* responsibility), 3) assess respondents' suggestions for how the victim and assailant could make things better, and 4) examine the contingency of each of these judgments on multiple contextual and respondent characteristics simultaneously. The contextual characteristics included victim and assailant traits and conditions (i.e., gender, sexual orientation, age, ethnicity, nativity, occupational status, and relationship status), which were examined to uncover potential biases that certain persons might face, as well as situational characteristics; the latter were examined to better understand the influence of perceived victim provocation (i.e., "motivation"), risk of harm to the victim (i.e., weapon use, abuse type, alcohol use, and frequency of the incident), and the presence of children on IPV attributions. Limitations of previous studies, with regard to norm assessment, will be addressed by combining the benefits of an experimental vignette design with those of a large and diverse community-based survey.

Method

Participants

Data were gathered from six samples of adult populations in California. The first, a cross-sectional sample of the state, was obtained using a statewide random digit dial (RDD) sampling frame of 29,000 residential telephone numbers. Five additional samples were obtained using RDD sampling frames of residential phone numbers from block groups and census tracts known to have high concentrations of African Americans, Hispanics, Korean Americans, Vietnamese Americans, and other Asian Americans. (Asian immigrants are a rapidly growing portion of the population, and California has a higher proportion of Asians in the population than any other state in the continental U.S. [The Asian Population: 2000. Census 2000 Brief]. We over-sampled within the two largest Asian groups that would most likely be under-represented if the survey was not provided in their native language. We expected African Americans, Hispanics, and Whites to be well-represented with the provision of an English or Spanish language survey.) The final sample of 3,679 California adults consists of roughly equal proportions of each of these ethnic groups and White respondents (see Table 1), allowing for more efficient statistical comparisons. A majority of the sample was foreign-born and had been in the U.S. for 14 years on average. The mean respondent age was 41 years and most were women, worked full-time, and lived in urban areas. The sample was diverse in relationship and family status, educational background, and income level.

Vignette and Questionnaire Development, Design, and Coding

A panel of community-based experts in IPV, comprised of survivors of IPV, founders and directors of battered women's shelters and rape crisis services that serve the ethnic communities under study, and the creator of a public awareness campaign about rape, informed

the development of a questionnaire that was both relevant to and consistent with community-based practice. In particular, the panel helped select the contextual factors we examined and helped ensure the cultural competence of the questionnaire. For example, they identified assailant and victim names and key words and concepts (e.g., shame, disrespect) used in the vignettes.

The questionnaire included seven vignettes: four portrayed adult IPV with a male assailant and a female victim, one portrayed adult IPV with a female assailant and a male victim, one portrayed adult IPV with a same-sex couple (50% of the couples were women and 50% were men), and one portrayed adolescent dating violence with a male assailant and a female victim. Each vignette was composed of randomly assigned categories from up to sixteen contextual characteristics about the victim, assailant, and situation (see Table 2). Ethnicity, nativity, occupational status, and alcohol use could vary between victim and assailant; however, age did not vary between the two. When the respondent was of Asian ancestry, six victim and assailant ethnic/national origin categories were used to test for effects of particular Asian heritage on judgments; otherwise, four ethnicities were used (see “Ethnicity” in Table 2). Each vignette described one of nine possible behaviors against a current or former intimate partner (see “Abuse type” in Table 2). To illustrate, the following is a sample vignette:

Teresa, a 35-year-old Latino woman is an office administrator and born outside the U.S. but has been here a long time. She is living with Rick, a White man of the same age who is a medical doctor and is U.S. born. One evening he accused her of cheating on him. Then he pulled out a gun and pressured her to have sex. No children were around during this incident. Before this incident occurred, he

had two drinks and she drank heavily. This was one of many times that an incident like this had happened between them.

After each vignette, respondents were asked:

- 1) “Who do you think is most at fault, that is, who is most responsible, in this situation?”

Four response options were read to the respondent: mostly [assailant’s name], mostly [victim’s name], both are equally at fault, or neither is at fault.

- 2) “Who should do something about this situation? Do you think...”

Four response options were read to the respondent: [assailant’s name] should, [victim’s name] should, they both should, or they should do nothing about it.

If the latter response option was chosen, the interviewer skipped to the next part of the questionnaire. Otherwise, the response was inserted into the next question.

- 3) “What is the most important thing [“assailant’s name,” “victim’s name,” or they] should do to make things better?” This question was open-ended. The interviewer recorded the responses verbatim and the responses were later coded by two coders. The first coder coded all responses. The second coder coded a random sample of all the responses. The inter-rater reliability was 97%.

Four overall themes emerged from the responses to the third question: 1) change via personal will or action (i.e., the individual or couple should take personal responsibility to change an attitude or behavior); focus is on intrapersonal change, 2) talk (i.e., the individual or couple should seek a solution by talking about the problem, including discussion with family, friends, or general counseling); focus is on interpersonal communication, 3) leave or end the relationship (i.e., an individual should leave or the couple should no longer see each other), and 4) engage formal authority or focused-program for intervention (e.g., police, legal counsel,

religion, Alcoholics Anonymous, or anger management program); focus is on accessing authoritative counsel or intervention, external to the relationship. Four binary variables were created to represent the four major themes and up to three themes were coded positively for each verbatim response, so the options were not mutually exclusive. One person coded all the verbatim responses and a second person coded responses from a random sample of 100 vignettes. The inter-rater reliability was 97%.

Based on feedback from cognitive interviews, focus groups, and pre-tests (Dugoni & Baldwin, 2000), the questionnaire underwent multiple revisions in order to optimize its clarity, meaning, and length. The final English-language version of the questionnaire was translated into Spanish, Vietnamese, and Korean, translated back into English, and then minor adjustments were made to ensure equivalency of the forms.

Procedure

The study was reviewed and approved by the Institutional Review Board at UCLA and the Committee on the Protection of Human Subjects' Rights at the University of Chicago for the National Opinion Research Center (NORC). NORC drew the samples and recruited, trained, and supervised interviewers. NORC conducted live telephone interviews in English, Spanish, Korean, and Vietnamese using Computer Assisted Telephone Interviewing beginning April 11, 2000 and ending March 25, 2001. The average interview, introduced to respondents as being about various aspects of family life, lasted 27 minutes. The overall response rate, calculated according to the standards of the American Association of Public Opinion Research with minor adjustments as relevant to this study, was 51.5%. (For more details on study methodology, see Imhof, Murphy, & Moore, 2001.)

Statistical Analyses

Seven vignettes for each respondent resulted in 25,753 vignettes for analysis. Correlation matrices, frequency distributions, and tests for multicollinearity were examined for all predictors (listed in Tables 1 and 2). General response patterns were assessed by examining frequencies and percentages for the outcome variables.

Multivariate analyses were conducted to assess the effects of each predictor on outcomes while controlling for all other predictors. Non-independence of the vignettes by subject was accounted for by using the robust cluster option in STATA. Two separate multinomial regressions were used to analyze responses to the first two questions (i.e., “Who is at fault?” and “Who should do something?”), with “the assailant” used as the referent outcome. (“Neither,” chosen in only 1.8% of the cases for each question, was dropped from the multivariate analyses.)

Based on responses to “Who should do something?” the data were divided into three groups: 1) assailant, 2) victim, or 3) both. Then for the third question, “What should be done to make things better?” a total of twelve multivariate logistic regressions were conducted to predict each of the four binary (yes/no) coded responses (change, talk, leave, and/or formal intervention) within the three groups of data; each equation included all predictors listed in Tables 1 and 2. Findings presented herein are at or below adjusted levels of statistical significance based on a Bonferroni correction for multiple statistical tests (Pedhazur & Kerlinger, 1982).

Results

Social Norms about Fault, Responsibility, and Suggested Solutions for IPV

The assailant was considered to be at fault in 92.3% of the vignettes: respondents thought the assailant was most at fault in more than two-thirds (69.2%) of the vignettes and equally at fault with the victim in about one-quarter (23.1%) of the incidents. Fault was assigned

solely to the victim only 4% of the time; overall, any fault was attributed to the victim in 27.1% of the vignettes.

Despite the fact that assailants were judged to be at fault or causally responsible most frequently, they were attributed primary *solution* responsibility in only 13.2% of the incidents. Rather, it was suggested that both the victim and assailant should do something about the situation in a majority of the vignettes (52.1%) and that the victim alone should do something about one-third (31.1%) of the time. Overall, solution responsibility was assigned to the victim in 83.2% and to the assailant in 65.3% of the vignettes.

The most frequent suggestion for *what should be done* to make things better was “talk” (i.e., improved communication or general counseling) between the couple (37.8%). The next most common suggestions were that the victim should seek intervention by formal authorities (12.2%) and that the victim should leave or end the relationship (11.1%). Each of the other nine coded responses was suggested for less than 10% of the vignettes. For those incidents in which the assailant was held primarily accountable for taking action (13.2%), the most frequent suggestions were personal change (43.6%) and talk (42.8%). Suggestions that the assailant should leave or end the relationship (10%) or engage formal authorities (8.4%) were relatively uncommon. In contrast, for those incidents in which the victim was held primarily responsible for taking action (31.1%), the most frequent suggestions were to engage formal authorities for intervention (39.4%) and to leave or end the relationship (35.8%). Suggestions that the victim should “talk” (20.8%) or change personally (10.7%) totaled less than one-third. Finally, for those incidents in which it was suggested that both the victim *and* the assailant should take action (52.1%), “talk” was the most frequent suggestion by far (72.6%); there were relatively few suggestions that they should make a personal change (16.1%), leave or stay away from each

other (14.6%), or engage formal authorities (6.5%). (Response options for this question were not mutually exclusive.)

In sum, although assailants were found to be most at fault most frequently, both assailants *and* victims were most frequently assigned solution responsibility. The most common solution suggested was “talk” or communication for the couple, and the next most common solutions were that the victim should seek formal assistance or leave the assailant. However, as the multivariate findings will show, these judgments were highly conditional.

Multivariate Findings: Predictors Associated with Judgments about IPV

The Influence of Incident Context

Ascribing fault, or causal responsibility, to the victim. About half of the examined vignette variables were associated with judgments about fault for IPV, that is, whether fault was assigned mostly to the victim, mostly to the assailant, or equally to both parties. (See Table 3. Reference categories are listed in this Table and not repeated throughout the text. For descriptive purposes, statistical significance of $p < 0.05$ is reported in the table; we focus herein on findings that meet the Bonferroni [adjusted] level of statistical significance. The Adjusted Odds Ratios [AOR] presented take into simultaneous consideration all variables listed in Tables 1 and 2.)

We first consider contextual variables that increased the odds of fault being assigned to the victim. More than any other context, heavy drinking by the victim increased the odds of faulting the victim primarily or equally with the assailant (AOR=2.61 and 2.87, respectively); odds also were raised when the victim had just 2 drinks (AOR=1.70 and 1.75, respectively). The victim also was faulted more frequently if accused of disrespecting (AOR=1.91 primary fault, 1.51 equal fault) or cheating on the assailant (AOR=1.28 equal fault only). Also, when the incident was “one of many,” the frequency of ascribing equal fault increased (AOR=1.30). The

influence of these contextual variables suggests that the victim is more likely to be considered at fault when his or her behavior is perceived as provocative (i.e., may have disrespected or cheated on the assailant) or irresponsible (i.e., when the victim was drinking).

Gender and sexual orientation of the victim and assailant also had an influence on assigning fault. The odds of faulting primarily the victim were highest when the victim was a gay or straight male (AOR=1.99 and 1.43, respectively), and the odds of assigning equal fault were highest when the victim was a gay male or a lesbian (AOR=1.78 and 1.53, respectively). Therefore, of the four types of victims, straight female victims were faulted least and gay male victims were faulted most.

On the other hand, *less* fault was assigned to the victim as the likelihood of victim injury increased. The odds of assigning fault to the victim alone were reduced when the assailant raped, punched, or beat up the victim, drank heavily or pulled out a gun (AOR=0.48, 0.53, 0.56, 0.54, and 0.56, respectively). Even more situations that were potentially harmful reduced the odds of assigning mutual fault, including when the assailant punched, raped, beat up, or slapped the victim, pulled out a gun or a knife, or destroyed the victim's identification documents (AOR=0.60, 0.61, 0.63, 0.66, 0.68, 0.73, and 0.75, respectively). In sum, assigning fault to the victim was most common when the victim's behavior was perceived as being provocative or negligent, or when the victim was gay and/or male, whereas assigning fault to the victim was least common when the risk of injury was greatest.

Ascribing solution responsibility to the victim. Compared to judgments of fault, fewer contextual characteristics of the IPV incident influenced judgments regarding solution responsibility. Although seven contextual variables had an impact on attributions of fault and five of them influenced judgments of both primary and mutual fault, only four of these variables

(abuse type, victim alcohol use, frequency of the incident, and gender/sexual orientation) affected judgments about who should do something, and only the latter two influenced judgments of both primary and mutual solution responsibility.

Abuse type, frequency of the incident, and the victim's use of alcohol each raised the odds of solution responsibility for the victim. Although the odds of faulting the victim *decreased* with the severity of the abuse, the odds of expecting only the victim to do something about the abuse *increased* when the abuse was sexual in nature (AOR=1.69, pressured for sex; 1.61, raped) or when the assailant beat up the victim (AOR=1.45). In contrast, just as frequency of the incident and the victim's use of alcohol increased the odds of faulting the victim, they also increased the odds of assigning solution responsibility to the victim. If the incident was described as anything other than "the only time," the odds of expecting the victim to do something increased (AOR=1.66, one of many times; 1.53, the fifth time; 1.28, no mention); also, the odds of expecting *both* persons to do something increased when the incident was "one of many times" (AOR=1.34). And, just as the odds of assigning mutual fault increased when the victim drank, so did the odds of assigning mutual solution responsibility (AOR = 1.76, drank heavily; 1.34, had 2 drinks). These findings indicate that the victim is most frequently expected to take action when the abuse is seen as serious, chronic, or something that the victim might be able to prevent.

Gender and sexual orientation had a mixed influence on fault and solution responsibility judgments. Of all of the contextual characteristics examined, the odds of assigning solution responsibility to victims were lessened *only* for straight men (AOR=0.69), despite the fact that fault was assigned to these victims more often than for straight women. In contrast, lesbian victims had greater odds of being ascribed mutual fault *and* mutual solution responsibility

(AOR=1.47). These findings suggest that gender-based relationship norms influenced these judgments.

Suggestions for what should be done to make the situation better. In this next section, we continue to focus on findings that meet the Bonferroni (adjusted) level of statistical significance. Findings are reported in the text; tabled data are available upon request from the authors. Reference categories for all reported predictors are indicated in Table 3, except the reference category for “relationship status,” which is “married to.” We use the terms “change,” “talk,” “leave,” and “formal” as outcome descriptors as reported in the Methods section. Recall also that this question was not asked of those respondents who indicated that the couple “should do nothing about the abuse” (1.8 %).

Although the most frequent suggestions were that the couple should improve communication or that the victim should leave/end the relationship or seek formal outside assistance, these responses were contingent upon the context of the incident. Overall, six contextual variables influenced these responses: victim and assailant gender/sexual orientation, victim and assailant relationship status, weapon use, abuse type, alcohol use, and frequency of the incident. In particular, the situational characteristics that tended to lower the odds of suggesting “talk” for the couple tended to increase the odds of suggesting that the victim should engage in self-protective action (i.e., “leave” or “formal”). This response pattern was linked with two key concepts—relationship norms and risk of harm to the victim.

Relationship norms linked to gender and sexual orientation were borne out in perceptions about legitimate and likely victims. When the victim was a straight man (vs. a straight woman), couple-promoting suggestions were most common and victim-protective suggestions were least common: the odds of suggesting that the couple or the victim should “talk” were higher

(AOR=1.36 and 1.63, respectively), that the victim should change were higher (AOR=1.88), and that the couple should “leave” or stay apart were lower (AOR=0.68). However, when the victim was a gay man, the opposite was true: the odds of suggesting “talk” for the couple were lower (AOR=0.66) and the odds of suggesting “leave” for the couple or the assailant were higher (AOR=1.56 and 2.55, respectively). Also, when the assailant was a woman, expectations that the victim should seek “formal” intervention were reduced (AOR=0.49, straight male victims; 0.67, lesbian victims). This pattern suggests that IPV committed by women is perceived as less serious or less harmful and that relationships with straight male victims are considered most worth saving, whereas IPV between gay men seems to be perceived as more injurious and/or the relationship itself is perceived as less valuable.

Relationship norms linked to the commitment status of the couple also played a major role in respondent judgments about suggested actions. When the couple was not currently married, victim-protective suggestions were more common and couple-promoting suggestions were less common. Specifically, when the couple was divorced (vs. married), there were more suggestions that the victim should seek formal intervention (AOR=1.54) and that the assailant should leave (AOR=3.01), but fewer suggestions that the couple or the assailant should talk (AOR=0.72 and 0.54, respectively). In addition, when the couple was dating, suggestions that the victim should leave were higher (AOR=1.69). In fact, when the couple was not married, the odds of suggesting that the couple should leave or stay apart were always greater (AOR=1.64, dating; 1.68, living together; 1.63, separated; 1.91, divorced) and the odds of suggesting that the victim should talk were lower (AOR=0.62, dating; 0.70, separated; 0.57, divorced). It appears that norms about committed relationships may have an important influence on the messages

given to victims, namely whether they are encouraged to try to work things out with the assailant or to take self-protective actions.

A similar response pattern emerged with regard to increased risk of harm to the victim: victim-protective suggestions increased whereas couple-promoting suggestions decreased. Risk of harm was indicated primarily by four variables: weapon use, abuse type, assailant drinking, and abuse frequency. For those situations that most raised the risk of harm to the victim (i.e., when the assailant pulled out a gun, raped or beat up the victim, drank heavily, or when the abuse occurred for the fifth or many times), the odds of suggesting that the couple should “talk” were lower (AOR=0.73, 0.70, 0.72, 0.73, 0.72, and 0.76, respectively) than when the assailant grabbed an available object, belittled and insulted the victim, had nothing to drink, or when it was the only incident, respectively. However, only abuse type also was associated with increased odds of suggesting that the couple should engage formal intervention (AOR=2.23, rape; 1.98, beat; 1.97, punch) *and* leave or stay apart (AOR=1.54, rape; 1.60, beat); the latter suggestion also was more frequent when the incident had occurred five (AOR=1.53) or many times (AOR=1.70).

Variables associated with increased risk of harm to the victim had a similar impact on suggestions for what action the victim alone should take. Expectations that the victim should seek formal intervention were increased when she or he was raped, beat up, punched, pressured for sex, or when the assailant pulled out a gun or a knife (AOR=2.59, 2.55, 2.19, 1.74, 1.89 and 1.86, respectively), and expectations that the victim should leave were increased when the incident had happened five times (AOR=1.69). Conversely, expectations that the victim should talk were lowered when the victim was beat up, punched, raped, or when the assailant pulled out a gun or a knife (AOR=0.58, 0.59, 0.62, 0.61, and 0.62, respectively). Similarly, the odds of

suggesting that the victim should change were lowered when the incident involved sexual or physical assault (AOR=raped, 0.33; beat up, 0.40; punched, 0.49; pressured for sex, 0.49; slapped, 0.52) or occurred for the fifth time (AOR=0.54), and were raised when a weapon was not involved (AOR=1.65) or when the victim drank heavily (AOR=1.77).

To summarize, although couple-promoting suggestions (i.e., “talk”) were most frequent overall, and especially when the victim was a straight male, they were highly contingent upon a few contextual characteristics. When the couple was not married and when the abuse was likely to cause injury to the victim, couple-promoting suggestions were less frequent and victim-protective suggestions (i.e., “leave” and “formal”) were more common.

Respondent Characteristics Associated with Assigning Fault, Responsibility, and Action

Compared to the contextual characteristics of the incident and consistent with prior work, fewer respondent attributes were associated with judgments and, for those that did matter, patterns of association were less clear and consistent. Of the 15 respondent characteristics assessed, only four (nativity, ethnicity, annual income, and gender) were important (see Table 3). Of these, nativity was the only respondent variable associated with attributions of fault and solution responsibility; ethnicity and income were associated with fault only, and gender was associated with solution responsibility only. Foreign-born persons had higher odds of assigning mutual fault to victims than US-born persons (AOR=1.49). Compared with Whites, African Americans had higher odds of assigning primary fault to victims and Hispanics had higher odds of assigning mutual fault (AOR=1.91 and 1.58, respectively). In contrast, those in the highest annual income bracket (i.e., \$60,000 or more) had the lowest odds of assigning fault mostly to victims (AOR=0.57). Men and foreign-born persons had lower odds assigning solution

responsibility to the victim or to both persons (AOR=0.75 and 0.76 for men vs. women, and 0.50 and 0.62 for foreign-born vs. US-born persons, respectively).

The same four respondent characteristics (nativity, ethnicity, gender, and annual income) also were associated with suggested solutions. Some respondents were less supportive of victim-protective actions and more supportive of couple-promoting actions than others. Foreign-born (vs. US-born) persons, Vietnamese and Korean Americans (vs. Whites), and men (vs. women) all had lower odds of suggesting that the victim should leave (AOR=0.53, 0.58, 0.64, and 0.69, respectively) and Hispanics had lower odds of thinking the couple should leave or stay apart (AOR=0.43). Foreign-born persons also had lower odds of suggesting formal intervention for the couple (AOR=0.55) and higher odds of suggesting talk for the victim (AOR=1.59). Vietnamese Americans were the only group with higher odds of suggesting that the couple should change (AOR=2.08). And although men had lower odds than women of suggesting that the victim should leave (AOR=0.69), they had higher odds of suggesting that the victim should seek formal intervention (AOR=1.29). Finally, persons with annual household incomes ranging from \$40,000-\$60,000 (vs. less than \$20,000) were more inclined to think that the couple should talk (AOR=1.43) but less inclined to think the couple should change (AOR=0.66).

In sum, the respondent characteristics that mattered suggest that norms and attitudes related to culture, gender, and to some degree, socioeconomic status play a role in how causal and solution responsibility for IPV are perceived, although few clear patterns exist. Persons born outside of the U.S. are more inclined to attribute fault to the victim and less inclined to think the victim should take self-protective action. And although men appear less inclined to assign solution responsibility to the victim, especially leaving the assailant, they are more inclined than women to suggest that the victim should engage formal assistance.

Discussion

Previous research on the topic of personal responsibility for IPV has focused primarily on our first question of interest: who is considered most at fault for causing IPV and under what conditions? The present study adds to this work by assessing, in addition, norms regarding personal *solution* responsibility for IPV and what those solutions should be. Findings indicate that attributions of causal and solution responsibility for IPV are not in alignment. Although fault, or causal responsibility, was most frequently assigned to the assailant, and rarely to just the victim, *both* persons were assigned solution responsibility most frequently and secondarily this responsibility was placed solely on the victim. Although this finding may not square well with an intuitive sense of justice, it does square with common social expectations that once harm has occurred, or evidence of potential harm arises, the victim should take self-protective action. Although we often expect or hope that persons will pay for wrongs they have committed, we rarely expect this to occur without some sort of outside force or intervention (e.g., the criminal and civil justice systems) to ensure that punitive and/or restorative action occurs. For problems such as IPV, where the wrongdoing often is committed in private, escapes detection by formal authorities, and maintains the assailant's position of power and control, it is especially unlikely that the assailant would willfully take action to solve the problem; in fact, the perpetrator may not view the situation as a problem. Although the effects of formal sanctions against IPV are mixed (e.g., Jackson et al., 2003; Maxwell et al., 2001; Meloy, Cowett, Parker, Hofland, & Friedland, 1997), it is generally hoped that such interventions (e.g., arrest, restraining orders, batterer intervention programs) will help the assailant to recognize the "wrongness" of his or her actions and the victim to be protected from future assaults. Had we asked the question "who

should be *forced* to do something ...?” or “who should be *punished*...?” the response might have been in greater alignment with attributions of fault.

Our focus on norms regarding solution responsibility for IPV provides insight into the type of support and advice that may be offered to victims and assailants by their personal networks. In most cases, respondents thought that both the victim and the assailant should solve the IPV by somehow improving their communication, suggesting that a wish to see the relationship remain intact was common. However, the next most common responses supported victim-protective action, recognizing a need to end the abuse. Combined, these responses are aligned with the wish of many IPV victims for the relationship to continue but the abuse to end (e.g., Buel, 1999; e.g., Geller, 1998; Mills, 2003). Victims’ efforts to engage in self-protective action, such as calling the police or leaving the assailant, may in fact be viewed as temporary measures designed to end the abuse, not the relationship (Hoyle & Sanders, 2000).

Despite this community-based support for improving couples’ communication, the use of conjoint treatment as a response to IPV remains controversial. Critics warn that family and couples’ therapy may not adequately account for relevant social contexts, may see the couple’s interaction as the cause of the violence thereby blaming the victim, may inadvertently minimize the violence, and may not focus on ending the violence; however, proponents suggest that a couples’ approach can be useful given that a majority of these relationships continue despite the violence, perceptions of violence are often similar within couples, and couples that experience IPV may seek out couple’s therapy for issues other than violence and may find this approach less daunting than more targeted interventions (summarized in Shamai, 1996). Given the potential benefits of conjoint treatment and the lack of evidence for the effectiveness of offender-focused programs (Saunders & Hamill, 2003), it seems unwise to dismiss those strategies that hold

promise for both the secondary and tertiary prevention of IPV, such as the Physical Aggression Couples Treatment (PACT) program (Heyman & Schlee, 2003; O'Leary, Heyman, & Neidig, 1999). For couples in which the IPV presents a low risk of physical harm, that want their relationship to remain intact, and that want to focus on the problem and elimination of IPV, this type of conjoint treatment may be at least as effective as gender specific treatment programs (O'Leary, 2001).

Fault and Responsibility Judgments in Context

The multivariate findings from this study of intimate partner violence document once again that social norms often are contingent upon context. The study design allowed for the examination of multiple victim, assailant, situational, and respondent characteristics simultaneously; of these, the situational characteristics mattered most in influencing judgments. Almost all of the situational variables we examined were important although some, such as abuse type, mattered more than others. The situational contexts that were most influential—abuse type, weapon involvement, use of alcohol, and frequency of the abuse—relate to the severity of the abuse and the risk of harm to the victim. Although we took multiple characteristics of the victim, assailant, and respondent into account, only victim and assailant gender and sexual orientation mattered across all judgments. The victim and assailant's relationship status also was important, but only with regard to what solutions were suggested. Although previous work suggests that some IPV attributions may differ by victim ethnicity (e.g., Harrison & Esqueda, 2000; Locke & Richman, 1999; Pierce & Harris, 1993), we found no evidence for ethnic bias by study respondents. And consistent with prior work, respondent characteristics were largely unrelated to their judgments. However, those that were most relevant—nativity, ethnicity,

gender, and income—suggest that values and attitudes linked with culture and gender seem to matter most.

Which victims are most often assigned fault? The perceived actions or inactions of victims have an impact on whether or not they are faulted for an incident. Consistent with anecdotal evidence and previous research (Harris & Cook, 1994; Harrison & Esqueda, 2000; Pavlou & Knowles, 2001; Pierce & Harris, 1993; West & Wandrei, 2002), fault was more frequently ascribed to victims who drank alcohol, especially those who drank heavily, and also to those perceived as being provocative (described in this study as “motivation” for the abuse, but in most previous studies as “provocation”). Also consistent with prior studies (e.g., Kanekar, Pinto, & Mazumdar, 1985), persons who had been previously victimized were blamed more frequently, ostensibly due to a perceived increased likelihood of assault and perceived concomitant negligence for tolerating or not preventing a foreseeable action (Howard, 1984). However, consistent with recent work (e.g., Katz & Arias, 2001), all other proxies for increased risk of serious harm or injury, including the assailant’s use of alcohol (Thompson, Saltzman, & Johnson, 2001), physical violence, or weapon use, reduced the assignment of fault to the victim.

Consistent with prior research (e.g., Harris & Cook, 1994; e.g., Lehmann & Santilli, 1996), male victims of IPV (gay and straight) were more frequently assigned primary fault than heterosexual women. It may be difficult for many to view men as legitimate and blameless victims, given that men’s violence against female intimates is perceived to be the norm, is more injurious than intimate partner violence committed by women (Saunders, 2002; Tjaden & Thoennes, 2000), and that female perpetrators are more often the victims of ongoing abuse and may be motivated by self-defense (Dasgupta, 2002). All of these factors likely contribute to women’s aggression being considered more acceptable than men’s aggression (Bethke & Dejoy,

1993; Sorenson & Taylor, 2005; Stewart-Williams, 2002). However, these findings also indicate that bias may exist against men who are victims of IPV.

Gay male victims of intimate partner violence had two judgments against them: as male victims, they were more often assigned primary fault and, as homosexual victims, they were more often assigned mutual fault. Gay and lesbian partners may be perceived as more equal than heterosexual partners on key factors such as physical strength, potential for causing injury, and motivation for IPV, leading persons to falsely assume that neither partner is generally at greater risk or vulnerability than the other. As with heterosexual men, such views may make it especially difficult for gay and lesbian victims to obtain needed support and services, with gay male victims being at particularly high risk given their own resistance to identifying themselves as victims and to seeking help for their victimization (Letellier, 1994).

Which conditions are linked with couple-promoting vs. victim-protective solutions? Many previous experimentally designed studies have examined contexts relevant in assigning fault, or *causal* responsibility, for intimate partner violence (e.g., Davies, Pollard, & Archer, 2001; Delgado & Bond, 1993; Feather, 1996; Harris & Cook, 1994; Harrison & Esqueda, 2000; Locke & Richman, 1999; Pierce & Harris, 1993); however, few if any have examined community-based attitudes regarding the *solution* responsibility that the victim, assailant, or both have once an incident has occurred. (Following a fairly thorough literature review, the authors have been unable to identify previous similar work, although others have asked opinions about whether an IPV victim should leave her abuser and also about what, in general, can be done to reduce IPV [e.g., Klein et al., 1997].) Compared with assignment of fault, solution attributions are less dependent on contextual factors; however, judgments about what action should be taken are highly conditional. Overall, judgments about who should solve the problem and suggested

solutions were affected by two key considerations—risk of harm to the victim and relationship norms associated with commitment and gender.

Increased risk of harm to the victim (i.e., chronic abuse or abuse that involves sexual or severe physical assault) is linked with expectations that the victim should take action to promote her or his future safety. Current formal and informal norms regarding IPV appear to assume that assailants cannot or do not willingly seek to change their behavior. Although self-motivated change is valued in the U.S., these norms are unlikely to change until the perceived costs of committing IPV outweigh the perceived benefits for potential assailants (Fabiano, Perkins, Berkowitz, Linkenbach, & Stark, 2003; Gelles, 1983; Homans, 1958; Horne, 2001).

A similar pattern of suggested actions—leaving or staying apart was recommended more often and talking was recommended less often—emerged when the victim and assailant were not in a traditional, committed relationship, that is, when they were not married. These findings emphasize the power that traditional relationship norms, such as views on the sanctity of marriage and the unorthodoxy of same-sex partnerships, may have on the provision of services and general social support for certain IPV victims and assailants. Whether a married victim is seeking to leave her abusive partner or an unmarried gay couple is seeking conjoint couple's counseling for IPV, community support may be compromised. Overall, this inverse linkage between couple-promoting and victim-protective actions suggests a strong norm towards identifying certain relationships as worth saving, namely, those in which the couple is married or the risk of injury is low for the victim. It also appears that these suggestions are affected by both the gender and the cultural background of those persons making the judgments.

A slightly different pattern of findings was linked with gender-based norms and stereotypes. Male victims were least expected to take action, seemingly because the violence is

perceived as less severe (for straight men) or because the relationship is perceived as not worth saving (for gay men). These interpretations are suggested because when the assailant was a woman (i.e., victim is a straight man or a lesbian), there were fewer suggestions for “formal” intervention; this is consistent with prior work showing that when the assailant is female, injury is judged to be less likely and police intervention less necessary (Sheridan, Gillett, Davies, Blaauw, & Patel, 2003). However, suggestions that imply the relationship is worth preserving (i.e., more talk, less leaving or staying apart) were most common when the victim was a straight man and least common when the victim was a gay man. Once again, these findings seem to tap into notions of what constitutes a legitimate victim and a valued relationship, definitions that are based in stereotyped and accepted gender roles. Gay male victims seem to be at a particular disadvantage because both their status as victims and their intimate relationships appear to be devalued.

Finally, although assigning primary fault to the victim was relatively rare (it was most common for straight men, those who drank heavily, and those victimized without the use of a weapon), there was some indication that such an assignment was linked to expectations that the victim should personally change or seek counseling. Cultural norms again seem to play a role as, among foreign-born respondents, faulting the victim was linked with increased odds of suggesting counseling and decreased odds of suggesting formal intervention for the victim. Overall, the assignment of fault had less to do with assignment of solution responsibility and suggested actions than it did with norms regarding the victim and assailant’s relationship and conditions of the incident itself.

Strengths and Limitations

In the present research, a community-based sample of almost 3,700 California adults considered nearly 26,000 intimate partner violence scenarios and provided judgments about fault or causal responsibility for IPV, solution responsibility for IPV, and what action should be taken. There are several methodological strengths to this study. First, the sample is community-based and diverse in terms of socio-demographic variables including age, ethnicity, nativity, education, and marital status. Offering the interview in four languages helped to ensure the inclusion of foreign-born persons, which turned out to be an important respondent characteristic to consider. Second, the experimental design used in tandem with large numbers of respondents and vignettes allowed for the simultaneous assessment of multiple variables potentially relevant to the norms examined, permitting us to identify which variables mattered most. Third, following a thorough literature review, vignette variables and their respective categories were selected with the guidance of a community advisory panel that is highly knowledgeable and experienced in the area of IPV. Nonetheless, we do not claim to have exhausted the realm of potentially relevant contexts. And finally, although attributions of fault and responsibility for *causing* IPV have been studied extensively, this study makes a unique contribution to our understanding of community-based norms regarding victim and assailant responsibility for taking action and what action should be taken to improve IPV.

The overall response rate for the study (51.5%) may limit the generalizability of the findings; unfortunately, there is no way of knowing if those persons who did and did not participate in the study differ systematically from one another. Non-response is a long-standing and continuing challenge in survey research. The typical survey response rate nearly two decades ago was about 65% (Goyder, 1987), and rates have been declining ever since (Groves & Couper, 1998). The increased use of call screening devices, such as caller-ID and voicemail, and

other uses for telephone lines, such as faxes and modems, combined with increased marketing calls and an associated reluctance to participate in telephone surveys have further contributed to the challenge of maximizing survey response rates (Tuckel & O'Neill, 2001). In order to address this challenge in the present research, follow-up letters were sent to households that did not respond to phone calls and interviewers particularly skilled in refusal conversion contacted those who initially refused and offered incentives for participation. Another problem was that households whose members did not speak English, Korean, Spanish or Vietnamese could not be screened out as ineligible and, thus, remained a part of the response rate denominator. Language eligibility is a major challenge to surveys in geographic locales such as California where more than one-quarter of the population is foreign-born (*U.S. Census Bureau, State and County QuickFacts: California*, 2000). Nonetheless, the response rate obtained in this study is higher than those of other recent, large-scale, multi-language surveys conducted in the state ("California Health Interview Survey," 2002; Weinbaum et al., 2001). Given a high quality data collection firm (NORC in this study) and the limitations noted above, the obtained response rate is likely to be among the best that can be obtained at this point in time in this locale.

Conclusion and Implications

A model of perceived fault and responsibility for intimate partner violence in which persons, incidents, and relevant norms are interconnected (e.g., Schlenker, Britt, Pennington, Murphy, & Doherty, 1994) is supported by study findings. Although victims were assigned fault, or *causal* responsibility, in just a minority of the incidents, they were assigned partial or full *solution* responsibility in a majority of cases. The types of actions suggested indicate common support for the abuse, but not necessarily the relationship, to end. These findings, however, were contingent upon relationship status and incident-based norms in that victim-

protective suggestions were more common (and couple-promoting suggestions were less common) for unmarried victims as well as for those with an increased risk of harm. This knowledge provides a gauge for the situations in which the public is most likely to support intervention by formal authorities and explains, at least in part, the equivocal support for such intervention in broadly defined IPV (Klein et al., 1997; Taylor & Sorenson, 2004). The findings also provide a sense of the type of advice that certain victims are most likely to receive from their social network of family and friends, a commonly used resource in finding assistance for IPV (Horton & Johnson, 1993).

Given that many persons know of IPV victims, often know them while the abuse is happening, and, of those, many are likely to talk to those involved or intervene in some way (Nabi et al., 2000; Sorenson & Taylor, 2003), there is substantial opportunity for informal norms to exert influence on IPV outcomes. The advice and instrumental support provided to IPV victims by family and friends can have a profound influence on their decision to continue in or to leave an abusive relationship (Anderson et al., 2003; Heggie, 1986; Horton & Johnson, 1993). Yet, there may be little public awareness regarding the many barriers that IPV victims face in attempting to leave an abuser (Anderson et al., 2003; O'Campo, McDonnell, Gielen, Burke, & Chen, 2002) as well as of the limitations of formal sanctions in ending abuse (Hoyle & Sanders, 2000). As suggested in previous qualitative work (e.g., El-Bassel, Gilbert, Rajah, Foleno, & Frye, 2001), social network interventions might be designed to raise awareness about why IPV victims often fear asking for help (e.g., embarrassment, judgment) and about ideas for developing effective plans for victim safety.

Broad, population and community-based efforts designed to alter informal social norms about IPV are considered crucial to IPV prevention (Hyman, Guruge, Stewart, & Ahmad, 2000;

Nabi & Horner, 2001; Saltzman, Green, Marks, & Thacker, 2000). Although IPV often escapes detection by formal authorities, it is unlikely to escape detection by family, friends, neighbors, and colleagues. The present findings suggest that efforts to shift informal social norms should minimally aim to ensure that the general public, service-providers, and persons responsible for formal sanctioning will provide respectful and even-handed responses to all persons seeking help for IPV as well as aim to raise awareness of challenges victims may face in taking self-protective action. Progressive efforts might encourage community responses, such as communitarian justice models (e.g., Coker, 1999; Koss, 2000; Mills, 2003), which might simultaneously improve communications between the couple, raise the social costs of IPV for the assailant, and raise expectations that the assailant should and will take primary responsibility for stopping the violence.

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Table 1. Respondent Characteristics, n = 3,679

	%
Ethnicity	
African American	15.0
Hispanic	18.1
White ¹	16.4
Korean American	16.8
Vietnamese American	16.9
Other Asian American ²	16.8
Nativity	
United States ¹	39.7
Outside of United States	59.9
Gender	
Female ¹	58.8
Male	41.2
Age	
18 – 39 years old ¹	49.7
40 years and older	49.3
Current relationship status	
Married ¹	47.3
Living with partner	5.3
In serious relationship	5.8
Dating	11.4
Not currently in a relationship	29.4
Ever married	
Yes ¹	66.3
Ever divorced or separated ³	
Yes	21.7
Number of adults over 18 years old in household	
1 ¹	23.1
2	43.5
3 or more	32.7
Any children less than 5 years of age ³	
Yes	19.4
Any children age 5 to 17 years of age ³	
Yes	35.3
Education (highest level completed)	
11 th grade	13.0
12 th grade ¹	22.7
Some college, trade or vocational	25.0
College graduate or more	38.6

(table continues)

Table 1. (continued)

Annual income	
Less than \$20,000 ¹	23.9
\$20,000 - \$39,999	24.5
\$40,000 - \$59,999	15.2
\$60,000 or more	20.8
Number of people supported on income	
1 ¹	24.9
2	25.0
3	17.3
4	15.7
5 or more	13.4
Employment status	
Working full-time ¹	53.5
Working part-time	11.2
Unemployed	5.9
Retired	10.8
Keeping house	7.9
In school	8.5
Other	1.9
Size of town	
Large city (over 250,000) ¹	60.9
Suburb/medium city (50,000 – 249,999)	28.1
Small city, town or farm (< 50,000)	9.3

Note. Percents do not sum to 100% because missing values (e.g., “don’t know” responses, refusals, interviewer error) are not listed in the table. Missing values ranged from 0.0-1.7% on all variables, except for *Income* (15.5%) and *Number of people supported on income* (3.6%).

¹ Reference categories used in multivariate analyses.

² Respondents of Asian-Pacific Islander descent who are not Korean American or Vietnamese American.

³ Reference category was “no.”

Table 2. Contextual variables included in vignettes¹

Victim and assailant characteristics

Victim Gender/Sexual Orientation²:
 Female/Heterosexual³, Male/Heterosexual, Male/Homosexual, Female/Homosexual

Age:
 15⁴, 20, 35³, 55, (no mention)

Ethnicity⁵:
 African American, Latino, White³, Asian American, Korean American, Vietnamese American

Nativity:
 Born in the U.S.³, Born outside the U.S. but has been here a long time, A recent immigrant, (no mention)

Occupational status:
 Student⁴, Unemployed, Factory worker³, Office administrator, Medical doctor, (no mention)

Relationship status:
 Dating⁴, Living with, Married to³, Separated from, Divorced from

Situational characteristics

Motivation:
 Accused her of looking at another man³ (jealousy), Told her that he did not want her to visit her family tonight and that he would not allow it (control), Accused her of cheating on him (infidelity), Accused her of disrespecting and shaming him (humiliation)

Weapon:
 Grabbed an available object in a threatening manner³, Pulled out a knife, Pulled out a gun, (no mention)

Abuse type:
 Belittled and insulted³, Told her she could no longer have contact with anyone but him, Destroyed her social security card and driver's license⁶, Threatened to harm her, Slapped her, Pressured her to have sex with him, Punched her with his fist, Beat her up, Forced her to have sex with him

Children present:
 No children were around³, There was a child in the other room, (no mention)

Alcohol use:
 Had nothing to drink³, Had 2 drinks, Drank heavily, (no mention)

Frequency of incident:
 The only time³, The fifth time, One of many times, (no mention)

¹ In order to lessen the questionnaire administration time and respondent burden, some variables were not included in every vignette. However, gender, ethnicity, relationship status, and abuse type were always included as these variables were deemed most crucial to the integrity of the scenarios based on advice from our experts panel and a review of the literature. An example of the shortest possible vignette is as follows: "Rochelle, an African-American woman, is separated from David, an Asian-American man. One evening he accused her of disrespecting and shaming him in front of his family. Then he beat her up."

² Victim gender/sexual orientation was Female/Heterosexual in four adult vignettes and one adolescent vignette, male/heterosexual in one adult vignette, and homosexual in one adult vignette, with a 50/50 chance of portraying a lesbian or gay male couple.

³ Reference categories used in multivariate analyses.

⁴ Categories that were assigned only in the adolescent vignette.

⁵ All six ethnic categories were used with Asian-American (i.e., Korean, Vietnamese, and other Asian-American) respondents. Only the first four categories were used with non-Asian (i.e., African-American, Latino, and White) respondents.

⁶ When the victim was “a recent immigrant,” “social security card and driver’s license” was replaced with “green card.”

Table 3. Adjusted odds ratios for attributions of fault (causal responsibility) and solution responsibility

	Fault (n = 24,786)		Solution Responsibility (n = 24,832)	
	Victim ¹	Both ¹	Victim ¹	Both ¹
<u>Vignette Variables</u>				
Victim gender/sexual orientation (vs. Female/Heterosexual)				
Male/Heterosexual	1.43*****	1.15**	0.69*****	0.97
Male/Homosexual	1.99*****	1.78*****	0.86	1.28**
Female/Homosexual	1.26	1.53*****	1.03	1.47*****
Motivation (vs. victim accused of looking at another person)				
Victim not allowed to visit Family	0.83	0.75*****	1.12	0.96
Victim accused of cheating on Assailant	1.43**	1.28*****	1.07	1.22**
Victim accused of disrespecting and shaming assailant	1.91*****	1.51*****	0.98	1.27***
Weapon (vs. Grabbed an available object)				
Pulled out a knife	0.74*	0.73*****	1.12	0.90
Pulled out a gun	0.56*****	0.68*****	1.25**	0.92
Not mentioned	1.31*	1.25*****	0.95	1.12
Abuse type (vs. Belittled and insulted)				
Victim could no longer have contact with anyone but assailant	1.40*	0.98	1.14	0.97
Destroyed social security card and driver's license	0.69**	0.75*****	1.11	0.92
Threatened to harm	0.89	0.90	1.31**	1.16
Pressured to have sex	0.64**	0.82**	1.69*****	1.06
Forced to have sex	0.48*****	0.61*****	1.61*****	0.85
Slapped	0.83	0.66*****	1.37***	1.00
Punched with fist	0.53*****	0.60*****	1.25*	0.83*
Beat up	0.56*****	0.63*****	1.45*****	0.93
Assailant alcohol use (vs. Nothing to drink)				
Had 2 drinks	0.67**	1.03	0.96	1.00
Drank heavily	0.54*****	0.97	0.90	0.90
No mention	1.06	1.02	1.04	1.00

(table continues)

(Table 3 continued)

	Fault		Solution Responsibility	
	Victim	Both	Victim	Both
<u>Vignette Variables (cont.)</u>				
Victim alcohol use (vs. Nothing to drink)				
Had 2 drinks	1.70****	1.75****	1.00	1.34****
Drank heavily	2.61****	2.87****	1.04	1.76****
No mention	1.05	0.98	1.08	1.05
Frequency of incident (vs. The only time)				
The fifth time	1.38*	1.22***	1.53****	1.27**
One of many times	1.40**	1.30****	1.66****	1.34****
No mention	1.09	0.99	1.28****	1.14*
<u>Respondent Characteristics</u>				
Race/ethnicity (vs. White)				
Black	1.91****	1.10	0.87	0.73*
Hispanic	1.83**	1.58****	1.13	1.07
Korean American	1.58*	0.98	1.28	0.60****
Vietnamese American	1.01	0.67***	0.61**	0.63**
Other Asian American ²	1.40	1.09	0.63**	0.74*
Gender (vs. Female)				
Male	1.07	0.94	0.75****	0.76****
Nativity (vs. U.S. born)				
Born outside of U.S.	1.60****	1.49****	0.50****	0.62****
Annual income (vs. Less than \$20,000)				
\$20,000 - \$39,999	0.73**	0.98	1.17	1.16
\$40,000 - \$59,999	0.62****	0.91	0.95	1.04
\$60,000 or more	0.57****	0.79**	0.99	1.10

Note. Regression models included all variables listed in Tables 1 and 2. Variables with one or more categories that reached statistical significance based on a Bonferroni adjustment for multiple tests ($p < 0.00021$) are included in this table. Full table is available upon request from the authors.

¹*Assailant* is the reference group.

²Respondents of Asian-Pacific Islander descent who are not Korean American or Vietnamese American.

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$, **** $p < 0.00021$