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**COUNSELORS' RESPONSES TO AND KNOWLEDGE OF MARITAL
VIOLENCE**

The Ohio State University

PH.D. 1982

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COUNSELORS' RESPONSES TO
AND KNOWLEDGE OF
MARITAL VIOLENCE
DISSERTATION

Presented in Partial Fulfillment of the Requirements for
the Degree Doctor of Philosophy in the Graduate
School of the Ohio State University

By

Robin Rei Hikida, A.B., M.A.

* * * * *

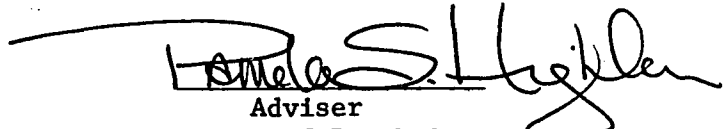
The Ohio State University

1982

Reading Committee:

Dr. N. E. Betz
Dr. P. S. Highlen
Dr. L. D. Schmidt

Approved By


Adviser
Department of Psychology

ABSTRACT

The present study examined effects of client and counselor gender on counselor recall of information and exploration of the problem with clients reporting marital violence, and counselor knowledge of marital violence.

Fifty-eight community mental health center counselors heard an audio tape of an initial interview with either a female or male client who reported marital violence. They responded to open-ended items assessing their perceptions of (a) important information presented by the client and (b) questions they wanted to ask the client. Then they completed a 25-item questionnaire assessing knowledge of marital violence. Regardless of client gender, the proportion of information and questions about marital violence was low. However, counselors were much more likely to identify information and ask questions about marital violence with female clients than with male clients. A larger percentage of information regarding job-related, financial and marital problems occurred for male clients. When the client was female, a larger proportion of questions concerning the spouses' willingness to seek counseling occurred. Regardless of client gender, male counselors identified a larger proportion of information and questions regarding depression than their female counterparts. Female counselors asked a

larger proportion of questions regarding the spouse's willingness to seek counseling. When the client was female, female counselors identified a larger proportion of information in the general marital category and were more likely to identify information and ask questions regarding marital violence than males. Finally, no relationship between counselor gender and responses to the marital violence questionnaire occurred. Regardless of gender, counselors were relatively uninformed regarding marital violence.

Explanations and implications of the results are discussed.

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VITA

January 5, 1957.Born - Winnipeg, Canada

1977A.B., Princeton University,
Princeton, New Jersey

1977-1978.Milieu Counselor, The Devereux
School, Santa Barbara, California

1978-1980.Student Personnel Assistant, The
Ohio State University, Columbus,
Ohio

1980M.A., The Ohio State University,
Columbus, Ohio

1980-1981.Psychology Intern, Southwest
Community Mental Health Center,
Columbus, Ohio

1981-1982.Graduate Teaching Associate,
Department of Psychology, The Ohio
State University, Columbus, Ohio

1982-1983.Psychology Intern, Veterans
Administration Hospital, Highland
Drive, Pittsburgh, Pennsylvania

FIELD OF STUDY

Major Field: Counseling Psychology

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STATEMENT OF THE PROBLEM

Sex Bias and Sex-Role Stereotyping

In 1970, Broverman, Broverman, Clarkson, Rosenkrantz and Vogel (1970) published a study reporting that psychotherapists held different standards for healthy adult males and adult females and that these differences corresponded to traditional sex-role stereotypes. The same year, Neulinger, Stein, Schillinger and Welkowitz (1970) examined counselors' perceptions of the optimally integrated female and male using a questionnaire based on Murray's need system. Results were similar to those reported by Broverman et al. Counselors rated women and men differently and selected sex stereotyped items to describe each group. These two seminal studies stimulated a decade of research on sex-role stereotyping of mental health standards and sex bias in counseling. This body of research has relied heavily on questionnaires of counselor attitudes and counselor ratings of a client or a client stimuli (Abramowitz & Dokecki, 1977; Sherman, 1980). Not surprisingly, the appropriateness of these dependent measures has been questioned. One criticism has been that unbiased responses may reflect either a lack of sex bias or the counselors' desire to appear non-sexist. Another criticism is that these dependent measures do not generalize to counselor behaviors in actual counseling settings (Abramowitz & Dokecki, 1977; Stricker, 1977).

More recent studies have sampled counselor responses to clients or client stimuli, behaviors which more closely resemble those used in a counseling setting. For example, Pietrofessa and Schlossberg (1970) taped interviews between male and female counselor trainees and a confederate client who was choosing between a major in education and a major in engineering. First, biased statements made by the counselor trainees were identified, then these statements were evaluated for positive or negatively valanced bias toward the two occupations. Pietrofessa and Schlossberg found that both male and female counselor trainees made statements which were biased against a female entering the traditionally masculine occupation of engineering. A later study examined audio tapes of actual counselors and clients to gain information on the way in which sex of client and sex and experience level of counselor influenced behavior in counseling (Hill, 1975). Hill (1975) analyzed these tapes for the activity level of counselor and client and the type of verbal behavior used by both. Not too surprisingly, differences were found between the behaviors of experienced and inexperienced counselors. Furthermore, experienced counselors of both genders gave the female client more advice and asked the female client more questions than the male client. This behavior is suggestive of nuances of sex bias of which the counselors themselves may be oblivious.

Studies of counselor responses to clients or client stimuli generally provide evidence for counselor bias. However, studies such as Hill's (1975) suggest that counselors' responses vary across clients. To test this, Hill, Tanney, Leonard and Reiss (1977) created a counseling analogue in which the presenting problem and age of a female client were

varied. They found that the counselors' reactions to the client stimuli varied with the type of problem, the age of the client and the sex of the counselor. Thus, counselor sex bias is apparently a complex phenomenon influenced by both counselor and client variables. Currently, studies of sex bias in counseling are beginning to explore the effects of specific client problems on counselors' responses. One of the specific areas which has not received much attention is violence in marital interactions (Walker, 1980). An important reason for exploring counselor sex bias in response to clients experiencing this problem is that counselors may be tolerant of violence towards women (APA, 1975) and reluctant to acknowledge violence towards men (Eisenberg & Micklow, 1977). Additionally, marital violence affects many individuals as the material which follows indicates.

Research on Violence Between Marital Partners

With the exception of child abuse, family violence received little attention prior to 1970. During this period, few studies investigated violence between marital partners, and the prevailing belief was that such violence occurred very rarely (Gelles, 1980). Straus (1974) suggested that a number of social and cultural forces changed the prevailing attitudes in such a way that family violence became a high priority issue in the 1970's. The women's movement was one of these forces. During the 1970's, this movement focused public attention on the problems experienced by women who were physically abused (Straus, 1974). In an effort to gather descriptive information about individuals involved in violent marital relationships, women who identified themselves as abused (e.g., Gayford, 1975; Walker, 1979) and men who identified

themselves as abusive towards their wives (e.g., Coleman, 1980) were interviewed. Researchers reported that large numbers of women from all socio-economic classes experienced violence in their marital relationships. They found that these women remained in violent relationships not because they enjoyed being beaten, but because they accepted traditional sex-role stereotypes and assumed responsibility for their marital conflicts (Walker, 1979). While the women's movement supported efforts to identify and assist women experiencing violence, no similar efforts were directed towards men. Despite this, a few reports of abused men have appeared (e.g., The Select Committee on Violence in Marriage). A reasonable question is whether men experience violence with the same frequency as women.

The Incidence of Violence

In a recent nationwide survey, 28% of the couples sampled reported at least one incident of violence during their marriage (Straus, Gelles & Steinmetz, 1980). The researchers suggest that the actual incidence of violence may be higher since this figure represents only intact couples who were willing to acknowledge acts of marital violence to an interviewer. Interestingly, approximately equal percentages of males and females acknowledged or were reported by their partners to have engaged in violent acts directed towards their spouses. The percent of males and females reporting three or more incidents of violence in the year prior to the survey was approximately equal. Of those couples reporting such violence, 47% reported that both the husband and wife used physical violence against his/her partner during conflicts; 27% reported that only the husband used violence, and 24% reported that only

the wife used violence (Straus et al., 1980). The data obtained in this study are consistent with information obtained in earlier studies (Gelles, 1974; Steinmetz, 1978; Straus, 1974). One of the striking features of these figures is the similarity in the proportions of males and females purportedly engaging in violent behavior toward their partners. The researchers caution that although males and females reported using violence with the same frequency, violence by males against females often resulted in greater physical damage than violence by females against males.

Recent Trends in Research on Violence Between Couples

Research on violence between marital partners has most often identified the woman as the recipient of violence. Only more recent studies have explored characteristics of males who experience violence in their marital relationship (Gelles, 1974; Steinmetz, 1978; Straus, 1974). Researchers in this area are beginning to pose more specific questions. For example, different levels of violence have been defined to explore characteristics which distinguish extremely violent couples from less violent and nonviolent couples (Straus et al., 1980).

The Present Study

Despite the prevalence of marital violence, there is no research on the way in which client reports of violence influence the counseling process with women (Walker, 1980) or men. However, counselors have been criticized for sex bias in their responses to physically abused women (Davidson, 1978; Martin, 1976; Nichols, 1976) and men (Eisenberg & Micklow, 1977). To determine empirically whether counselors respond

differently towards men and women who report violence in their relationships, this study examined the effects of counselor and client gender on two dependent variables: (a) counselor recall of information, and (b) exploration of the problem. Since there is no literature on the way marital violence influences the counseling process, exploratory questions rather than specific directional hypotheses were addressed. The major questions which were examined were:

1. Are counselors responsive to clients' reports of marital violence?
2. Does gender of client influence counselor recall of information and exploration of the problem?
3. Does gender of counselor influence recall of information and exploration of the problem?
4. Does the two-way interaction between gender of client and gender of counselor influence recall of information and exploration of the problem?

To assess knowledge of marital violence, a 25-item true-false questionnaire was constructed. Two major questions were asked regarding counselor knowledge of marital violence:

5. Does counselor gender influence knowledge of marital violence?
6. What is the level of knowledge regarding marital violence among community mental health center counselors?

REVIEW OF THE LITERATURE

Overview

No published studies have examined the relationship between client reports of marital violence and the counseling process (Walker, 1980). However, research assessing sex-role stereotyping in standards of mental health and sex bias provides information relevant to three areas of this study:

1. relationships between client gender and sex-role stereotyping by counselors.
2. relationships between counselor gender and responses to client stimuli.
3. methodological considerations in assessing sex bias.

Since no empirical studies have assessed counselors' knowledge of marital violence, presumed areas of misinformation which have been identified in the marital violence literature are presented in the final section of the literature review.

Client Gender

Gender is the client attribute most frequently examined in studies of sex bias (Davidson & Abramowitz, 1980). The earliest studies explored relationships between client gender and counselors' standards of mental health. Later analogue studies examined counselors' responses to client

stimuli in which client characteristics such as activity versus passivity and career aspirations were manipulated.

Standards of mental health. Broverman et al. (1970) assessed counselors' conceptualizations of healthy adults and of healthy women and men using a 122-item "Stereotype Questionnaire". This questionnaire contained a number of characteristics presented in bipolar form (e.g., dependent-independent) which differentiated between females and males (Rosenkrantz, Vogel, Bee, Broverman & Broverman, 1968). Counselors rated females as more submissive, less independent, and less adventurous than adults or males. The researchers concluded that client gender influenced standards of mental health and that differences in standards corresponded to traditional sex-role stereotypes. A replication of this study with 90 counselors-in-training (Maslin & Davis, 1975) produced similar results. Another replication of this study with randomly selected members of APA Division 29 (Psychotherapy) yielded no significant differences in ratings of healthy adult females and males (Maxfield, 1976). Unfortunately the return rate in this study was low (25%). It is possible that counselor variables such as interest in sex bias influenced completion of the questionnaire. Also, several years after the publication of the Broverman et al. study, psychologists might have concealed sex bias in response to a questionnaire obviously assessing sex-role stereotyping (Gilbert, 1977). Reversing the Broverman et al. paradigm, Cowan (1976) had psychologists describe problems of typical female and male patients using the "Stereotype Questionnaire". Responses suggested that problems of typical female patients resulted from excessive conformity to stereotypically feminine behaviors.

This suggests there are limits to counselors' willingness to endorse sex-stereotyped behavior. In conclusion, two studies suggest that counselors' standards of mental health are influenced by sex-role stereotypes (Broverman et al., 1970; Maslin & Davis, 1975). However, Cowan's (1976) study suggests that counselors are likely to identify extremely sex-stereotyped behavior as maladaptive. Although counselors expect healthy adult women to be more passive than similar men (Broverman et al., 1970; Maslin & Davis, 1975), it seems likely that they would identify the passivity which characterizes an abused individual as a problem.

Activity versus passivity. Since passivity characterizes women (Martin, 1976; Walker, 1979) and men (Muncy, Note 1) who report marital violence, analogue studies in which passivity has been manipulated are of special interest. In one study, 67 counselors rated a written protocol of an extremely passive individual as better adjusted when it was identified as female. Passivity was selected as the focus of treatment more frequently for the male protocol (Miller, 1974). In another study, manipulation of aggressive versus passive behavior did not influence counselors' ratings (Fisher, Dulaney, Fazio, Hudak & Zivotofsky, 1976). However, the study did not assess whether this manipulation of client behavior was perceived as intended. Miller's (1974) study suggests that counselors perceive passive behavior as more appropriate for females than males. This is supported by results of an analogue which examined ratings made by graduate students in social sciences in response to videotapes of marital interactions. Confederate client behaviors were manipulated to produce traditional (male aggressive, female passive) and

nontraditional (male passive, female aggressive) marital interactions. Ratings of the traditional interactions were more positive than those of the nontraditional interactions. In conclusion, there is some evidence that counselors are more accepting of clients whose behavior is consistent with sex-role stereotypes.

Career aspirations. In several analogue studies, client gender and/or career aspirations have been manipulated to assess counselor sex bias. Persons (1973) used written client stimuli to examine the effects of client gender and race (black versus white) on counselor trainees' predictions of client occupations. Male counselors predicted significantly higher prestige occupations for the male versus the female protocol. Thomas and Stewart (1971) examined high school counselors' perceptions of written case histories of females with traditional (i.e., home economics) versus nontraditional (i.e., engineering) career aspirations. Counselors rated the career goals of traditional young women as more appropriate. In an attempt to approximate the natural conditions of counseling, Pietrofessa and Schlossberg (1970) audiotaped interviews of 32 counselor trainees with a female confederate client who reported indecision between traditional and nontraditional occupations. Biased responses were identified and examined. The majority of these responses (81%) discouraged the client from entering the nontraditional career. These studies provide evidence that client gender and career aspirations influence counselors' ratings of the client and that counselors are more accepting of females with traditional career aspirations.

Given the limited research, client gender appears to influence counselors' standards of mental health. Differences in these standards

often correspond to sex-role stereotypes. Furthermore, the sex-role appropriateness of client behaviors (e.g., passivity versus activity) and career aspirations appear to influence counselors' perceptions of and responses to clients. It is not known how counselors' perceptions of female and male clients who report experiences of marital violence might vary. Since women (Martin, 1976; Walker, 1979) and men (Muncy, Note 1) who report marital violence often exhibit characteristics which are stereotypically feminine, it seems likely that there would be evidence of sex bias in counselors' responses to this group of clients.

Counselor Gender

Counselor gender has been the most frequently examined moderator of sex bias (Davidson & Abramowitz, 1980). Studies examining the relationship between counselor gender and (a) sex-role stereotyping, (b) severity versus leniency of ratings, and (c) response styles, will be reviewed.

Sex-role stereotyping. Haan and Livson (1973) examined items counselors selected from the California Q-Sort to describe clients. They reported that male counselors emphasized traditional sex-role stereotypes more than their female counterparts. A subsequent study by Billingsley (1977) suggested a more complex relationship between counselor gender and sex-role stereotyping. Counselors read case histories in which client gender and presenting problem were varied. From a list of 18 masculine and feminine characteristics taken from the Stereotype Questionnaire, they selected six initial goals for counseling. Across client gender, female counselors chose a larger number of masculine goals and male counselors chose a larger number of feminine goals

(Billingsley, 1977). Given the limited number of studies in this area, the relationship between counselor gender and sex-role stereotyping is unclear.

Severity of ratings. Haan and Livson (1973) examined psychologists' descriptions of actual clients using the California Q-Sort. Across client gender, male psychologists were generally more negative in their evaluations. Two analogue studies examining the relationship between counselor gender and severity of ratings have been reported (Abramowitz, Weitz, Schwartz, Amira, Gomes & Abramowitz, 1975; Thomas & Stewart, 1971). Abramowitz et al. (1975) reported that male counselors' ratings of adjustment for a written case history of a female client with medical school aspirations were significantly more critical than those of female counselors. Thomas and Stewart (1971) reported that female counselors gave higher acceptance scores to audio tapes of female clients than male counselors. The acceptance score was based on counselors' responses to a 42-item checklist describing the client.

While each of the preceding studies suggests that female counselors are more lenient than males in rating client stimuli, results of a study by Gomes and Abramowitz (1976) suggest an interaction between counselor and client gender for severity of ratings. Counselors read written case histories of females and males who exhibited stereotypical or counter-stereotypical sex-role behaviors. When the client was female, male psychologists were significantly more positive in their ratings of prognosis. When the client was male, there was a trend for female counselors to give more favorable ratings, suggesting an interaction between counselor and client gender and ratings of prognosis.

Responses to clients. In one study examining effects of counselor gender on responses to clients, counselors read written case materials about a female client, then from a list of 19 responses, selected three which they would be likely to use in therapy. Regardless of client gender, female counselors selected a higher proportion of empathic responses and responses focusing on behavior change than male counselors (Abramowitz, Roback, Schwartz, Yasuna, Abramowitz & Gomes, 1976). Similar results were obtained in a study by Persely, Johnson and Hornsby (1975). Counselors viewed a videotape of a counseling session and wrote responses to the client during pauses in the tape. Responses were later rated for empathy. Female counselors used significantly more positive comments and tended to reflect feelings more than males (Persely et al., 1975).

There is not clear evidence of a relationship between counselor gender and sex-role stereotyping. Several studies suggest that ratings made by male counselors are more severe than those of female counselors and that female counselors are more empathic than males.

Methodological Consideration

Most studies of sex bias in counseling are written analogues (Davidson & Abramowitz, 1980). Analogues have predominated because they provide greater control over independent variables than naturally occurring experiments (Munley, 1974). Closed-ended diagnostic and prognostic judgements and treatment recommendations have been frequently used as dependent measures (Davidson & Abramowitz, 1980). Other dependent measures include global evaluations of the client, ratings of specific

aspects of the client (e.g., need for treatment, adjustment) and descriptions of the client on semantic differential scales (e.g., Stereotype Questionnaire). Also, qualities of counselor responses have been assessed (e.g., empathy) and the content of counselor responses have been analyzed (Sherman, 1980). Analogues have been criticized because they restrict the information available to counselors (Davidson & Abramowitz, 1980). In some instances, evaluative tasks are not clearly related to professional behaviors (Davidson & Abramowitz, 1980; Stricker, 1977). Finally sex bias is believed to be an extremely reactive area of research (Tanney & Birk, 1976). Analogues which obviously assess sex bias may not provide evidence of existing stereotypes (Abramowitz & Docecki, 1977; Davidson & Abramowitz, 1980; Sherman, 1980). Given these criticisms, recommendations can be made. Client stimuli should be as realistic as possible (Davidson & Abramowitz, 1980). Similarly, evaluative tasks which resemble actual counselor behaviors are desirable (Davidson & Abramowitz, 1980). It has been suggested that such tasks are more likely to produce evidence of sex bias than surveys of counselor attitudes or counselors' ratings of client stimuli (Sherman, 1980). Overall, qualitative modes of inquiry such as content analysis have been recommended as a replacement for quantitative modes of inquiry (Davidson & Abramowitz, 1980).

Marital Violence

The first shelter for battered women was opened in the United Kingdom by a woman named Erin Pizzey in 1971 (Davidson, 1978; Martin, 1976). Three years later, Pizzey published a book about some of these

women. This book, entitled Scream Quietly or the Neighbors Will Hear (Pizzey, 1974) focused public attention on the problem of marital violence towards women. In 1972 the first telephone information and referral service for battered women in America was opened in St. Paul, Minnesota. Two years later the first American shelter was opened in the same city (Davidson, 1978). During the 1970's, public attention was focused on marital violence towards women. Several books were published on this topic (e.g., Davidson, 1978; Martin, 1976; Moore, 1979; Roy, 1977; Walker, 1979). Studies suggested that women experienced at least one occasion of physical assault by their husbands in 50-60% of all marriages (Davidson, 1978; Gelles, 1974; Moore, 1979; Straus, Gelles, & Steinmetz, 1980). One explanation for the prevalence of marital violence was that the public accepted physical violence by men against women in the context of the family (Davidson, 1978; Martin, 1976; Walker, 1979). This belief received support from a 1975 Harris poll indicating that more than 20% of the American public approved of slapping one's spouse in some situations (Stark & McEvoy, 1970). Recently studies have explored the prevalence of marital violence experienced by both women and men. For example, Straus et al. (1980) conducted structured interviews with a nationwide sample of 2,143 women and men who were either in intact marital relationships or who cohabitated with someone of the opposite gender. Approximately 12% of the women and 12% of the men reported carrying out at least one act of physical violence towards their partner in the year preceding the survey. Similar results were obtained by the same group of researchers in previous studies (Gelles, 1974; Steinmetz, 1977, 1978). The authors

caution that similarities in the frequency of violence should not be interpreted to mean that men and women are exposed to the same physical danger. Violence by men against women is more likely to cause physical damage than violence by women against men (Gelles, 1979; Straus et al., 1980).

Studies have assessed characteristics of the batterer or of the battered individual to identify correlates of marital violence. Demographic variables (e.g., educational level, number of children) and personal characteristics (e.g., psychological disorders, alcohol abuse, history of violence in the family of origin) have been examined. Gayford (1975) and Walker (1979) interviewed women who sought treatment for marital violence and reported that these women represented a variety of levels of academic achievement. Similarly, Straus et al. (1980) found that education and marital violence were not negatively correlated. A study by Petersen (1980) reported mixed results. Marital violence decreased as educational level increased. However, more marital violence occurred among high school graduates than among those who dropped out of high school (Petersen, 1980). Overall, there is little evidence that marital violence and educational achievement are correlated. The only empirical study comparing the prevalence of marital violence in different geographic regions indicated no relationship between geographic location and violence (Straus et al., 1980). In the same study, the probability of marital violence increased as the size of the family increased, peaked in families with five children and then decreased. Families with eight or nine children were among the least violent of all those surveyed (Straus et al., 1980). Since only intact families were

surveyed, one explanation for this finding may be that violent families do not remain intact long enough to have eight or nine children.

Coleman, Weinman and Hsi (1980) examined demographic characteristics of 30 couples who sought marital counseling and reported marital violence and 30 couples who sought counseling yet reported no marital violence. The number of children did not differentiate between these two groups. Overall there is no clear relationship between academic achievement or years of education and marital violence or between geographic location and marital violence. The relationship between number of children and marital violence is unclear. One study suggests there may be a positive relationship between the number of children and marital violence in families which have from one to five children (Straus et al., 1980). In another study the number of children did not differentiate between couples who reported marital violence and those who did not (Coleman et al., 1980).

Early writers suggested that women who experienced marital violence were masochistic (e.g., Snell, Rosenwald & Robey, 1964) and that men who were violent towards their wives were sadistic (e.g., Gayford, 1975). More recent literature suggests that the majority of women and men who are involved in marital violence are not psychologically deviant (Fellingstad, 1980; Kratoski & Kratoski, 1980; Scott, 1974; Walker, 1979). Another erroneous belief is that alcohol is a cause of marital violence (Heppner, 1978; Walker, 1979). One of the few studies of men who acknowledge physical violence towards their wives reported that only 36% of the 33 men assessed reported that alcohol was regularly associated with their violent behavior (Coleman, 1980). In another study which

compared 30 couples who reported marital violence with 30 couples who did not, couples who reported marital violence used alcohol significantly more than the non-violence couples (Coleman et al., 1980). While alcohol is often correlated with marital violence, several authors suggest that it is not a cause of such violence (Davidson, 1978; Hanks & Rosenbaum, 1977; Heppner, 1978; Moore, 1979; Walker, 1979). It has been suggested that alcohol may be used by the couple to excuse violent behavior (e.g., Moore, 1979). Physical abuse during childhood and childhood exposure to marital violence between parents are correlated with marital violence as an adult (Coleman et al., 1980; Gayford, 1975; Straus, Gelles & Steinmetz, 1980). However, everyone who experiences marital violence was not exposed to such violence as a child. Less than 25% of Gayford's sample of 100 women reported childhood experiences of violence. Moore interviewed 120 women who reported physical abuse and suggested that many of these women were over-protected as children rather than exposed to violence (Moore, 1979).

Current literature suggests that the majority of individuals who are involved in marital violence are not psychologically deviant. While alcohol is often associated with marital violence, it is not believed to be a cause of such violence. Although childhood exposure to violence is correlated with experiences of marital violence as an adult, there are many individuals who are involved in marital violence and who report no childhood exposure to violence.

A nationwide survey of more than 1,600 couples seeking help from family service agencies reported that 16% acknowledged physical abuse to be a problem (Beck & Jones, 1973). This study suggests that

counselors are likely to encounter marital violence among their clients. Despite this, no research studies evaluating the psychotherapy process with abusive families (Walker, 1980) or counselors' knowledge of marital violence have been reported. Counselors are presumed to have little accurate information regarding marital violence experienced by women (Heppner, 1978; Walker, 1979). Based on the lack of information regarding males who experience marital violence, it seem likely that counselors would have even less knowledge in this area. At this point it seems important to assess the counseling process with abusive families and counselors' knowledge of marital violence.

METHOD

Participants

The researcher made phone contact with directors of eight community mental health centers located in the city of Columbus, Ohio and surrounding communities. Each director was given a brief description of the research and asked whether counselors from their agency could be contacted regarding participation in the study. Following this initial contact, seven of the eight directors agreed to review a written summary of the study, and four directors agreed to recruit counselors from their agencies.

At two of the participating agencies, counselors were located within a single building. Although counselors within these centralized agencies were subdivided into "teams", there appeared to be interaction between teams; for example, each agency held periodic staff meetings. At the other two agencies, counselors were distributed among smaller "satellite" facilities within the agencies' catchment area. At one of the decentralized facilities, there was a single director who coordinated the different sub-units. The other decentralized agency appeared more autonomous; each sub-unit had a director and held its own staff meetings. Thus the four agencies differed somewhat in physical layout and distribution of authority.

At three of the agencies the director gave counselors a brief description of the research and compiled a list of counselors interested

in participating. At the decentralized agency with more autonomous sub-units, this was done by the directors of the satellite facilities rather than the overall director since the overall director had little contact with the counselors. The names of counselors interested in participating in the research were given to the researcher who then contacted each counselor by telephone to set up a meeting. At the two centralized agencies 15 of 25 and 18 out of 28 counselors agreed to participate. At the physically decentralized agency with centralized authority 14 out of 30 counselors agreed to participate. A somewhat higher participation rate was achieved at the physically decentralized agency with decentralized authority. Two out of four counselors agreed to participate at one site, four out of four at another and five out of six at the third yielding an overall participation rate of 11 out of 14. This suggests that inter-agency differences may have influenced counselors willingness to participate.

A total of 58 counselors (37 females, 21 males) actually participated. Of these, two females and two males had Ph.D.'s in psychology; 22 females and 16 males had M.S.'s in psychology, education or social work; and 12 females and two males had either bachelor's degrees or nursing degrees. One male had a Ph.D. in pastoral counseling and one female had a Master's in graphics. The ages of the counselors varied between 21 and 58 years, the mean age was $33\frac{1}{2}$ ($M = 33.62$, $SD = 8.08$). The level of experience ranged from six students who had completed prior practica to individuals with extensive professional experience. The number of years of previous paid counseling experience for the 52 counselors who were not students ranged from one year and two months

to 27 years. The average number of years of paid counseling experience for these counselors was six years, four months ($M = 6.30$, $SD = 4.80$). Characteristics of the counselor sample are presented in Appendix A.

Assignment to treatment conditions. Within each agency, counselors who agreed to participate were randomly assigned to one of four experimental conditions with the exception that approximately equal proportions of females and males were assigned to each client stimulus condition.

Interview Script

In developing a client script, a major consideration was selecting behaviors, feelings, and concerns which were representative of those experienced by clients who report marital violence.

Client behaviors and feelings. A substantial body of literature describing characteristics of women who report experiences of marital violence exists. This literature suggests that these women are dependent in their relationships with their husbands (e.g., Heppner, 1978; Martin, 1976; Walker, 1981) and devoted to their homes and family (e.g., Martin, 1976). They generally exhibit feelings of low self-esteem (e.g., Davidson, 1978). These descriptive characteristics were also identified by a professional who works primarily with battered women in Columbus (Weeks, Note 2). Since there is a dearth of information on the behaviors or feelings of men who experience marital violence, a professional who has extensive experience with this population was consulted. This individual described such men as dependent and highly invested in their families. The feelings which this professional felt were most characteristic of these males were low self-esteem, depression and humiliation

(Muncy, Note 1). This information suggests that there may be considerable similiarity between the behaviors and feelings of women and men who experience marital violence.

Client concerns. Straus et al. (1980) identified 25 factors which strongly correlate with acts of marital violence reported by clients. Furthermore, 19 of the 25 factors were equally predictive of violence experienced by a female or a male. Some of these factors are demographic (e.g., income, type of employment), while others relate to client concerns (e.g., worries about economic security), or characteristics of the marital relationship (e.g., high levels of marital conflict, disagreements about the children). The demographic factors were not used in constructing a client script because marital violence occurs at all socio-economic levels. Instead, the socio-economic status of the client portrayed in the script was ambiguous. The remaining factors identified by Straus et al. were combined with the behaviors and feelings identified in the preceding section to create a client script.

Level of violence. Clients report experiencing acts of violence which range widely in severity (e.g., Gayford, 1975; Straus et al., 1980). Thus, a second consideration in the creation of a client script was selection of the type of violence experienced by the client. Straus et al., (1980) developed operational definitions of the term violence by identifying 10 acts, such as pushing and hitting which were used in violent interactions. Since hitting is one of the acts of violence which occurs most frequently (Straus et al., 1980), the client script included a reference to this behavior. (See Appendix B for the experimental script.)

Content validity. To assess whether the scripts adequately portrayed the desired client characteristics and were representative of concerns presented by female and male clients, the scripts were evaluated by two professionals who work primarily with individuals who report violence in marital relationships. These professionals were asked to identify the level of dependence, depression and self-esteem suggested by the script using 7-point Likert scales (see Appendix C). Each perceived the client portrayed in the script as a dependent individual who was moderately depressed and lacking in self-esteem. Information was also solicited about the general content validity of the scripts and the professionals were asked to identify any portions which did not seem representative of client behavior. Based on these comments, the initial scripts, which consisted of a monologue, was modified to create a dialogue between client and counselor. The script was also modified so that the client's initial statements about presenting problem were vague. Both professionals expressed satisfaction with the content areas which had been included in the script.

Audiotaped Stimuli

Rationale. In previous studies examining the effects of various modalities employed in analogue research, no differences between role play, audio-, and video-tape procedures have been reported in subjects' verbal and perceptual responses (Baum, 1974; Galassi & Galassi, 1976; Highlen & Szkiba, Note 3). Based on these studies, presentation of the client script via audio tape was believed to be appropriate.

Construction. Two male and two female graduate students who were approximately the same age and had considerable experience role

playing clients were recruited to portray the client. Each individual selected had demonstrated an ability to be emotionally expressive in previous role plays. Using these assistants, four client tapes were made. For each tape the researcher assumed the role of counselor. The assistants received a description of the client role, information about the emotional state of the client, and descriptions and demonstrations of the paralinguistic cues which were to be emitted with each client statement. They then read portions of the scripts aloud and received feedback on their use of paralinguistic cues. After this training and rehearsal, each assistant made a client tape.

Content validity. These tapes were evaluated for accuracy of content, technical quality and paralinguistic adequacy. First, tapes were compared to the original scripts to make sure the audio tapes adhered to the verbal content. Second, tapes were reviewed for technical quality. One tape was remade because extraneous noises interfered with the clarity of the presentation. Finally, tapes were evaluated by four judges (two male, two female) using two measures of paralinguistic adequacy modeled after Howell and Highlen (1981). Measures of paralinguistic adequacy consisted of two 7-point Likert scales: (a) realism: Did the person sound like an actual client disclosing a problem to a counselor?; (b) emotional style: Was the emotional expression appropriate, not too stilted? (See Appendix D.) The criterion for adequacy was that the average rating on each scale be two or less. One of the male tapes was judged to be inadequate on both paralinguistic dimensions. The raters indicated that the "client" lacked affect and spoke too rapidly. This tape was remade, and the new tape was evaluated. It too was judged to

be inadequate, suggesting that individual paralinguistic qualities of the male making the tape were perceived as inappropriate for the role. Another male assistant was recruited. This individual was a graduate student in psychology with previous experience in role playing and who spoke at a slower rate of normal speech than the first individual. Another male tape was made following the procedure described previously. This tape was evaluated as acceptable on both paralinguistic dimensions.

Procedure

Counselors were tested singly or in small groups in the counseling agencies in which they were employed. The researcher read an overview of the experiment (see Appendix E), then asked counselors to complete an informed consent form (see Appendix F) and the Demographic Data Form (see Appendix G). Counselors heard an audio tape of either a male or a female client and completed the Counselor Response Form (Appendix H) and the Violence in Marital Relationships Questionnaire (Appendix I). Finally, questionnaires were collected, and subjects were fully debriefed and given an opportunity to receive a summary of the findings of the study at the conclusion of the research.

Measures

Personal data form. This form contains five demographic questions about the counselor: (a) age, (b) gender, (c) highest degree obtained, (d) years of work experience, and (e) current work setting (see Appendix F).

Counselor response form. This consists of measures of (a) recall of information, (b) exploration of the problem, (c) perceptions of the

client, and (d) awareness of the purpose of the study (see Appendix for a complete form).

Buczek (1981) suggested that incidental memory tasks are a non-reactive means of assessing counselor sex bias. The measure of recall adapted from Buczek (1981) was used to assess counselors' attentiveness to violence experienced by a female or a male client. After hearing an audio-tape of the client, counselors were asked to write down the five most important pieces of information communicated by the client. Each response was typed on an index card as it had been written by the counselor with two exceptions: the term spouse was substituted for "husband" or "wife" and the term client was substituted for the pronouns "him" or "her". These changes were made so that the gender of the client would not be apparent to the judges. Two judges, working independently, placed each response into one of 11 categories: (a) Client Information, (b) Depression, (c) Family, (d) Feelings, (e) Financial Problems, (f) Job, (g) Marital Problems, (h) Marital Violence, (i) Medication, (j) Stress, (k) Other. A description of each category is presented in Table 1. These categories were initially derived by examining the content of the five most important pieces of information reported by 10 counselors-trainees who heard the client tapes. Additional categories were defined based on the responses of the counselors.

To assess exploration of the problem, counselors were asked to generate up to five questions they would ask the client and to number these from most to least important. It was expected that some of the areas of exploration suggested by the script would involve the client's feelings of dependency, depression and low self-esteem. To test this

Table 1
Description of the Categories Used to Classify Information

Category	Definition	Examples
a) Client Information	Descriptions of patterns of behaviors exhibited by the client.	Passivity, non-assertive behavior.
b) Depression	References to physical symptoms of depression, changes in eating and sleeping patterns, feelings of depression and/or suicidal ideation.	Sleep disorders and loss of energy.
c) Family	References to the client's relationship with children or parents.	Difficulty separating from parents. Problems with children.
d) Feelings	References to the client's personal feelings, excluding feelings of depression.	Low self-esteem. Client feels alone.
e) Financial Problems	References to financial problems.	
f) Job	References to job-related problems.	Does not get along with the boss at work.

Table 1 - Continued

Category	Definition	Examples
g) Marital Problems	References to the marital situation or marital problems, excluding references to marital violence.	Client's marriage is unsatisfying.
h) Marital Violence	Specific references to physical fighting or hitting in the marital relationship.	Client reports being hit by spouse.
i) Medication	References to prescribed medication or client's use of such medication.	Client has been prescribed medication.
j) Stress	References to situational stress, either without specifying a particular stressor, or by listing several stressors.	Increased stressed in client's life.
k) Other	Responses which do not fit into any of the categories and items which counselors did not respond to.	

expectation and to generate additional questions which were suggested by the script, five counselor trainees who had completed practicum experiences listened to the male audio tape and identified questions they wanted to ask the client. The female audio tape was similarly rated by a different group of counselor trainees to maximize the number of questions generated. The questions identified in this way were grouped into categories based on an examination of their content. Additional categories were defined based on the responses of the counselors. The final categories used were: (a) Client Information, (b) Depression, (c) Family, (d) Feelings, (e) Financial Problems, (f) Goals, (g) Job, (h) Marital Problems, (i) Marital Violence, (j) Medication, (k) Spouse Counseling, and (l) Other. Descriptions of these 12 categories and examples of the items contained in each are presented in Table 2.

The measure of perceptions of the client consisted of two items used in previous research (Hill, et al., 1977; Howell & Highlen, 1981; Lee, Hallberg, Hassard & Haase, 1979). These are an estimate of the severity of the client's problems and an estimate of the client's level of adjustment. Both items were rated on 7-point Likert scales.

Two final items were used to assess counselors' awareness of the study's purpose. These items, which were developed by Kennedy and Zimmer (1969), asked the subjects to complete the following open-ended statements: (a) "The purpose of the experiment is _____." and (b) "My evidence for this _____."

Violence in marital relationships questionnaire. To assess the counselors' information on violence, 25 true-false items were used

Table 2
 Descriptions of the Categories Used to Classify Questions

Category	Definition	Examples
a) Client Information	Questions about the client's manner of handling situations and the client's self-perceptions.	What do you do when you become angry? What do you perceive as your greatest strengths?
b) Depression	Questions about feelings of depression, suicidal ideation and physical symptoms associated with depression.	Are you thinking of killing yourself? How long have you felt depressed?
c) Family	Questions about the client's relationship with children or parents.	What is your relationship with your father like?
d) Feelings	Questions about the client's feelings, excluding references to feelings of depression.	How are you feeling about yourself?
e) Financial Problems	Questions about the client's financial status or financial problems.	How long has financial stress been present?
f) Goals	Questions about the client's goals for counseling.	What specifically do you want to change?
g) Job	Questions about job-related problems.	What has been happening on the job?

Table 2 - Continued

Category	Definition	Examples
h) Marital Problems	Questions about the marital situation or marital problems, excluding questions about marital violence.	When was the last time you were able to maintain open communication with your spouse?
i) Marital Violence	Specific questions about physical fighting or hitting in the marital relationship.	When you say your spouse hits you, how severely do you mean?
j) Medication	Questions about the client's use of medication.	What kind of medication were you given?
k) Spouse Counseling	Questions about the client's willingness to seek counseling with his/her spouse or the spouse's willingness to seek counseling with the client.	How would you feel about asking your husband to come in with you the next time?
l) Other	Questions which did not fit into any of the other categories and items for which the counselor gave no response.	

(see Appendix I for the questionnaire). The content of these items was derived from research on violence between couples. The source of information for each item is identified in Appendix I. Some of the items were worded positively, and others were worded negatively to avoid creating a response set. Two professionals were asked to identify items which did not seem relevant from a pool of 28 items and to suggest additional items which would be important to counselors working with this population. Both individuals agreed that the items contained in the questionnaire were appropriate to assess information on marital violence. Although no additional questions were suggested, these professionals noted that it was not always clear whether the information pertained to people in a specific city, state or country. Based on this suggestion, individual items were revised to clarify geographic specificity.

Content validity. These two professionals were asked to evaluate the overall content validity of the questionnaire using a 5-point Likert scale (see Appendix J). Both rated it as very appropriate for assessing information on marital violence. The questionnaire was then administered to five female counselors who specialized in working with individuals experiencing marital violence and five female counselors who were not specialized in this area. Only female counselors were used since it was not possible to obtain an adequate sample of male counselors who specialized in working with individuals experiencing marital violence. It was expected that the professionals who were experienced with marital violence would receive higher scores than the other counselors. The mean number of correct responses for the counselors who specialized in working with individuals who experience marital violence

($\bar{M} = 17.4$) was significantly higher than that of the other counselors ($\bar{M} = 13.0$) ($t = 3.11, p < .05$). Thus, these expectations were met. To increase the clarity of the items, these 10 individuals were also asked to identify any items which were poorly worded or unclear. Two confusing items were identified; one was dropped from the questionnaire, and one was revised to increase clarity. A redundant item was also dropped from the questionnaire leaving a total of 25 items.

Data Analysis

Using the information obtained on the Demographic Data Form the number of paid versus practicum counselors and the number of counselors with bachelors, masters and doctorates was computed for each group. Means and standard deviations of age and years of experience, were computed for each group. Responses to the open-ended item assessing awareness of the purpose of the study were categorized based on their content. The categories used were: (a) marital violence, (b) counselors' perceptions of clients, (c) areas counselors explore in counseling, (d) relationships between counselor training and responses, and (e) all other responses. The number of responses in each category was computed. To assess potential differences in counselors' perceptions of the two tapes of the same client gender, ratings of the (a) client's level of adjustment, and (b) severity of the client's problem were combined. Then t -tests were computed for the summed measure of perceptions of the client. For recall of information and exploration of problems, interrater agreement was calculated using the kappa statistic for nominal data (Tinsley & Weiss, 1975). This statistic was used as an indicator of the proportion of agreement between the judges after chance agreement had been

removed. A chi-square test (Lawlis & Lu, 1972) was computed on the inter-rater agreement to assess whether the observed agreement was greater than would be expected by chance. Since responses to the open-ended questions were categorized using a nominal, descriptive system, non-parametric statistics (e.g., chi-square) were believed to be appropriate. However, because of the small number of subjects per cell non-parametric statistics were unwarranted. Thus the calculation of percentages was considered to be the most appropriate way of analyzing the data. To allow descriptive comparisons the percentage of information in each category was computed for each tape and for client gender by counselor gender. To ascertain whether counselor gender influenced the number of correct responses to the Marital Violence Questionnaire, a t-test comparing the number of correct responses for female versus male counselors was computed. To assess whether responses to any of the individual items were influenced by counselor gender, a one-way multivariate analysis of variance (MANOVA) was computed for the 25 questionnaire items. The proportion of correct responses to each item was computed. The Cronbach alpha for all 25 items were computed as a measure of the reliability and homogeneity of the questionnaire.

RESULTS

Manipulation Checks

Counselor awareness of purpose. Of the 58 counselors who participated in the study, only one, a female counselor who heard a tape of a female client, suggested that the purpose of the study was to explore counselors' reactions to spouse abuse. This counselor cited the manner and content of the client presentation as the reason for this belief, adding, "Sounds like a possible abuse cycle." Since the content of the client presentation was chosen to be representative of an abused client, this conclusion seemed reasonable. Responses to the open-ended statements assessing counselors' awareness of the purpose of the experiment indicated that the remaining counselors accepted the stated purpose. Forty-two suggested that the purpose was to assess either (a) perceptions of clients ($n = 24$), or (b) areas to be explored in counseling ($n = 18$). An additional six counselors suggested that the purpose was to explore the relationship between counselors' responses and their training. The remaining nine responses included suggestions that the purpose was to do research, to explore listening skills, and to develop an assessment instrument. Thus, 57 of the 58 counselors had no awareness of the actual purpose of the study. Responses of all 58 counselors were used in the analyses.

Comparison of tapes. A different person assumed the role of client in each of the four tapes (two females, two males). To ensure that

tapes of the same gender were perceived similarly, two t-tests were computed, one comparing ratings of the two male tapes, the other comparing ratings of the two female tapes. The dependent variable, a measure of counselor perceptions of the client, was obtained by summing ratings of: (a) the client's level of adjustment, and (b) the severity of the client's problem. As Table 3 indicates, the t-tests were not significant. However, a strong but nonsignificant trend for differences in perceptions of the male tapes occurred. For these tapes, a t-test was then computed for (a) level of adjustment, and (b) severity of problem. Differences were not significant for either measure (see Table 4). Therefore tapes of the same client gender were believed to be comparable. Counselor responses to tapes of the same client gender were combined.

Information

The two raters agreed on categorization of 261 of the 290 pieces of information. Disagreements occurred most often when only one judge used the Client Information category (14 of the 29 disagreements). For example, the response "Client identifies self as a failure." was categorized by one judge as Client Information and by the other judge as Feelings. The kappa for the two judges' categorizations (.89) indicated high interrater agreement. In addition, a chi-square test (Lawlis & Lu, 1972) conducted on the interrater agreement for categorization of information was significant, $\chi^2(1) = 2,289.35$, $p < .001$, indicating that the observed agreement was greater than the agreement that would be expected by chance. Since the calculation of percentages was considered the most

Table 3
t-tests Comparing Counselor Perceptions of the
Two Female and Two Male Tapes

Client Gender	Tape	<u>M</u>	<u>SD</u>	<u>t</u>
Female	1	9.38	1.12	1.77
	2	8.96	.86	
Male	1	9.57	1.60	2.00
	2	8.50	1.38	

Table 4
t-tests Comparing Counselor Perceptions of Adjustment
 and Severity of Problem for the Two Male Tapes

Dependent Variable	Tape	<u>M</u>	<u>SD</u>	<u>t</u>
Adjustment	1	3.50	1.16	-1.24
	2	4.00	1.08	
Severity of the Problem	1	5.07	.82	1.90
	2	4.50	.86	

appropriate way of analyzing the data, percentages of information by category were computed for the 261 items which judges had categorized in the same way. These are presented in Table 5. For male and female tapes, proportions of information in each category were descriptively compared.

Information about marital violence was identified much more frequently when the client was female (11%) than when the client was male (3%). In contrast, general information about the marital relationship was identified somewhat more frequently when the client was male (12%) than when the client was female (8%). Information about job-related problems was also identified more frequently for the male client (13%) than for the female client (7%).

Most important information. Frequencies were also calculated using only the piece of information identified as most important by each counselor. The results are presented in Table 6. When the client was female, 24% of the most important information mentioned the client's experience of marital violence. In contrast, when the client was male, no references to marital violence occurred. A larger proportion of information about the marital relationship, excluding references to marital violence, occurred when the client was male (10%) versus female (5%). A larger percentage of references to job-related problems occurred when the client was male (7%) versus female (0%). Each of these findings is consistent with the results when all five pieces of information were considered. Regardless of client gender, about the same proportion of responses focused on financial problems when all five pieces of information were considered (Female = 9%; Male = 9%). However, financial

Table 5
Percent of Information by Category
for Female and Male Tapes

Category of Information	Client Gender	
	Female	Male
Client Information	15.18	13.42
Depression	16.07	18.12
Family	10.71	8.05
Feelings	10.71	8.05
Financial Problems	8.93	8.72
Job	7.14	13.42
Marital Problems	8.04	12.08
Marital Violence	10.71	3.36
Medication	1.79	3.36
Stress	4.46	2.68
Other	6.25	8.72

Table 6
 Percent of Most Important Information by Category
 for Female and Male Tapes

Category of Information	Client Gender	
	Female	Male
Client Information	14.29	10.34
Depression	23.81	24.14
Family	0.00	0.00
Feelings	19.05	20.69
Financial Problems	0.00	6.90
Job	0.00	6.90
Marital Problems	4.76	10.34
Marital Violence	23.81	0.00
Medication	0.00	6.90
Stress	4.76	10.34
Other	9.52	3.45

problems were identified among the most important information only when the client was male (Female = 0%, Male = 7%).

Counselor gender and information. To explore possible relations between counselor gender and categories of information identified as important, the percentage of information in each category by counselor and client gender was computed. These percentages are reported in Table 7. When the client was female, female counselors identified a higher percentage of information in the Marital category (10%) than male counselors (4%). Regardless of the client gender, a higher percentage of information in the Other category occurred when the counselor was female (Female clients = 10%; Male clients = 11%) than when the counselor was male (Female clients = 0%; Male clients = 2%). Examination of these responses indicated that two female counselors, one who heard a tape of a female client, and one who heard a tape of a male client, gave no responses to the open-ended items regarding information. When information from these two individuals was excluded, differences in the proportion of information in the Other category between female (Female clients = 3%; Male clients = 5%) and male (Female clients = 0%; Male clients = 2%) counselors decreased.

Questions

The two raters classified 262 of the 290 items in the same way. Disagreements occurred most frequently when only one of the judges used the Other category (12 of the 28 disagreements). For example, the question "What do you do when you become angry?" was categorized as Client Behavior and as Other. The kappa for the two judges' categorizations

Table 7

Percent of Information by Client and Counselor Gender and Category

Category of Information	Client Gender			
	Female		Male	
	Counselor Gender			
	Female (<u>n</u> = 18)	Male (<u>n</u> = 11)	Female (<u>n</u> = 19)	Male (<u>n</u> = 10)
Client Information	13.43	17.78	10.58	20.00
Depression	14.93	17.78	16.35	22.22
Family	11.94	8.89	8.65	6.67
Feelings	8.96	13.33	8.65	6.67
Financial Problems	7.46	11.11	8.65	8.89
Job	7.46	6.67	14.42	11.11
Marital Problems	10.45	4.44	12.50	11.11
Marital Violence	11.94	8.89	1.92	6.67
Medication	0.00	4.44	3.85	2.22
Stress	2.99	6.67	2.88	2.22
Other	10.45	0.00	11.54	2.22

(.85) indicated a high interrater agreement. A chi-square test (Lawlis & Lu, 1972) conducted on the interrater agreement for categorization of information was significant $\chi^2(1) = 3,017.34, p < .001$, indicating that the observed agreement was greater than the agreement that would be expected by chance. Percentages of questions by category were computed for the 262 items which judges categorized in the same way. These are presented in Table 8.

Counselors asked female clients a larger percentage of questions about violence in the marital relationship (10%) than male clients (0.7%). A larger percentage of questions about job-related problems occurred when the client was male (12%) versus female (5%). These findings are consistent with the patterns which occurred when information was considered. Counselors asked a larger percentage of questions about feelings when the client was male (12%) versus female (4%). The proportion of questions about the spouses' willingness to seek counseling was greater when the client was female (8%) versus male (4%). A larger proportion of the questions about the client's goals for treatment occurred when the client was female (18%) versus male (10%).

Most important questions. The distribution of questions identified as most important was also examined (see Table 9). A larger percentage of the most important questions focused on marital violence when the client was female (16%) than when the client was male (0%). The opposite pattern occurred for questions about feelings (Female = 12%; Male = 34%). The proportion of questions about goals for treatment was larger when the client was female (28%) than when the client was male (10%). These

Table 8
 Percent of Questions by Category
 for Female and Male Tapes

Category of Information	Client Gender	
	Female	Male
Client Information	19.33	13.29
Depression	9.25	10.49
Family	4.20	5.59
Feelings	4.20	11.88
Financial Problems	2.52	1.40
Goals	17.65	10.49
Job	5.04	11.89
Marital Problems	10.08	13.28
Marital Violence	10.09	0.70
Medication	4.20	11.19
Spouse Counseling	8.40	4.20
Other	5.04	5.60

Table 9
 Percent of Most Important Questions by Category
 for Female and Male Tapes

Category of Information	Client Gender	
	Female	Male
Client Information	12.00	3.45
Depression	20.00	24.13
Family	0.00	3.45
Feelings	12.00	34.48
Financial Problems	0.00	3.45
Goals	28.00	10.34
Job	0.00	0.00
Marital Problems	8.00	10.34
Marital Violence	16.00	0.00
Medication	4.00	6.90
Spouse Counseling	0.00	0.00
Other	0.00	3.45

differences are consistent with differences which occurred when all five questions were considered.

Counselor gender and questions. The percentage of questions in each category by counselor and client gender are summarized in Table 10. For the female client, female counselors asked a larger percentage of questions regarding marital violence (15%) than male counselors (4%). This is consistent with the finding that for female clients a slightly larger proportion of information regarding marital violence was identified by female (12%) versus male counselors (9%). For the male client, the percentage of questions regarding marital violence was low for both female (0%) and male counselors (2%). This is consistent with the finding that when the client was male, a low proportion of information regarding marital violence was identified by female (2%) and male (7%) counselors. When the client was male, male counselors asked a larger percentage of questions regarding marital problems (21%) than female counselors (9%). This is not consistent with the results obtained when counselor gender and information were examined. Regardless of client gender, a larger percentage of questions about depression were asked by male counselors (Female clients = 18%; Male clients = 15%) than by female counselors (Female clients = 3%; Male clients = 8%). This is consistent with the finding that male counselors identified a slightly larger percentage of information regarding depression than female counselors. Also, across client gender, a slightly larger percentage of questions about the spouse's willingness to seek counseling was asked by female counselors (Female clients = 10%; Male clients = 6%) than by male counselors (Female clients = 6%; Male clients = 0%).

Table 10
Percent of Questions by Client and Counselor Gender and Category

Category of Information	Client Gender			
	Female		Male	
	Counselor Gender			
	Female	Male	Female	Male
Client Information	20.59	17.65	12.63	14.59
Depression	2.94	17.65	8.42	14.59
Family	5.88	1.96	6.32	4.17
Feelings	4.41	3.92	12.63	10.42
Financial Problems	2.94	1.96	1.05	2.08
Goals	17.65	17.65	11.58	8.33
Job	2.94	7.84	12.63	10.42
Marital Problems	10.29	9.80	9.47	20.83
Marital Violence	14.71	3.92	0.00	2.08
Medication	1.47	7.84	14.74	4.17
Spouse Counseling	10.29	5.88	6.32	0.00
Other	5.88	3.92	4.21	8.33

Marital Violence Questionnaire

No significant differences were observed on the t -test comparing the number of correct responses for female versus male counselors ($t(56) = -1.03, p < .31$). No significant effects for counselor gender were noted on the MANOVA of the 25 questionnaire items, $F(25,29) = .79, p > .05$. A summary of the 25 univariate analysis is presented in Appendix K. Since counselor gender did not affect responses to the questionnaire, responses were collapsed across counselor gender. The proportion of correct responses to each item is presented in Table 11. Counselors responded correctly to about half the items ($M = 12.26; SD = 3.3$). The Cronbach alpha, a measure of the reliability and homogeneity of the questionnaire was .20, suggesting items were not highly correlated.

Responses to several items suggested that counselors were unfamiliar with literature on marital violence. A majority of counselors indicated that literature on marital violence had increased in the 1960's. Actually, this increase did not occur until the 1970's. Counselors' awareness of the literature on marital violence was also examined by asking whether: (a) Del Martin, (b) Helene Deutsch, and (c) Erin Pizzey had contributed to the understanding and treatment of marital violence. Over half the counselors responded incorrectly to items regarding Helene Deutsch (64%) and Erin Pizzey (51%). A larger percentage of counselors (64%) responded correctly to the item regarding Del Martin.

Potential sex bias was assessed via the questionnaire. An overwhelming majority of counselors (91%) agreed with the following item: "In a recent nationwide survey done by sociologists, more women than men reported being assaulted by the partners." Actually, a recent study

Table 11
Violence in Marital Relationships Questionnaire^a

Item	Correct Response	Percent Correct
4. Slapping one's spouse is approved in some situations by at least 20% of the American population.	T	93
5. It is common for married couples who are violent towards one another to have experienced such violence prior to their marriage.	T	84
12. Women are more likely than men to throw objects at their spouse.	T	84
24. In 1975, murder of a spouse accounted for about 10% of all criminal homicides reported in the U.S.	T	84
11. In 50% to 60% of all marriages, women experience at least one occasion of assault by their husbands.	T	77
18. Most women who push, kick or beat up their husbands are psychologically deviant.	F	77
9. Couples who are verbally aggressive are less likely to be physically aggressive towards one another than couples who are not verbally aggressive.	F	75
6. Most men who kick or beat their wives are psychologically deviant.	F	71

^aOrdered from least to most difficult

Table 11 - Continued

	Correct Response	Percent Correct	
20. A couple with eight children is more likely to experience marital violence than a couple with five children.	F	71	
25. Del Martin contributed to the understanding and/or treatment of marital violence.	T	64	
19. Violence by husbands against wives is more likely to cause physical damage than violence by wives against husbands.	T	61	
15. Men are more likely to murder their spouse than women.	F	57	
21. People who do not complete high school report more violence in their marital relationships than people who do complete high school.	F	50	
8. Erin Pizzey contributed to the understanding and/or treatment of marital violence.	T	49	
23. Violence between husbands and wives is more prevalent in some geographic regions of this country than others.	F	48	
10. Women are more likely than men to use a weapon such as a knife or a gun against their spouse.	F	45	
14. Helene Deutsch contributed to the understanding and/or treatment of marital violence.	F	36	
2. Couples with one child are less likely to experience marital violence than couples with two children.	T	30	52

Table 11 - Continued

	Correct Response	Percent Correct
22. Alcohol is an established cause of marital violence.	F	27
13. During the 1960's there was a sudden increase in the research and literature on marital violence.	F	25
16. The first shelter in America was established in New York.	F	25
1. About 80% of women who tolerate violence from their husbands were abused as children or witnessed violence between their parents as children.	F	12
7. About 75% of women who are abusive towards their husbands were abused as children or witnessed violence between their parents as children.	F	12
17. In a recent nationwide survey done by sociologists, more women than men report being assaulted by their partners.	F	9
3. About 75% of men who are violent in their relationships with their wives were abused as children or witnessed violence between their parents.	F	5

(Straus, Gelles & Steinmetz, 1980) indicated that approximately equal proportions of men and women reported that their partner had exhibited one or more physically violent actions in the past year (e.g., hitting, shoving spouse, attacking spouse with a knife or gun). Counselors believed that more women than men report marital violence. Given this belief, it is not surprising that a larger proportion of responses to open-ended items dealt with marital violence when the client was female. With the exception of item 17, there was little evidence that counselors responded differently to females than males.

The questionnaire identified areas of misinformation. Counselors grossly overestimated the relationship between childhood exposure to violence and abusive behavior as adults when the individual was female (88%) or male (95%). A majority of counselors (63%) incorrectly agreed with a statement that alcohol was an established cause of marital violence. Half incorrectly agreed with an item which suggested a relationship between marital violence and the level of education and about the same proportion (52%) incorrectly agreed with an item suggesting a relationship between marital violence and geographic region.

Accurate information was also identified. An overwhelming majority of counselors (93%) agreed that slapping a spouse was accepted by about 20% of the population. Over three-fourths of the counselors (77%) agreed that in many marriages women experience as least one occasion of assault. Many counselors (75%) were also aware of the relationship between verbal and physical aggression. Most counselors did not feel either female (77%) or male (71%) batterers were deviant.

DISCUSSION

Overview

The purpose of this study was to assess the effects of client and counselor gender on counselors' identification of information and exploration of the problems with female and male clients reporting marital violence. Findings will be summarized, and results and methodological considerations will be discussed. Finally, limitations of the study and implications and directions for future research will be explored.

The most striking finding was that regardless of client gender, the proportion of information and questions about marital violence was low. However, counselors who heard an audio tape of a female client were much more likely to: (a) identify information, and (b) ask questions about marital violence than counselors who heard an audio tape of a male client. Without exception, this finding occurred when all five pieces of information or questions were considered and when the most important piece of information or question was considered. In addition, a larger percent of information regarding work and general marital problems occurred when the client was male. Also a larger proportion of the most important information dealt with financial problems for the male client. Finally, a larger percent of questions concerning the spouses' willingness to seek counseling occurred when the client was female. These results suggest that client gender was related to the proportion of information in sex-stereotyped categories. Effects of counselor gender were noted. When the client was female, female counselors identified a larger

proportion of information in the marital category and were more likely to ask questions about marital violence than their male counterparts. Regardless of client gender, female counselors asked a larger proportion of questions about the spouse's willingness to seek counseling than male counselors. Interestingly, male counselors identified a larger percent of information and questions dealing with depression for both female and male clients. Results of the questionnaire assessing counselor knowledge of marital violence suggested that female and male counselors were not very familiar with the marital violence literature sampled on the questionnaire. Most counselors were aware of the prevalence of marital violence towards women and the American public's acceptance of physical violence in marital relationships. However, counselors were misinformed about the relationships between demographic characteristics (e.g., educational level and experiences of marital violence).

Identification of Information and Exploration of the Problem

Counselors were reluctant to explore marital violence reported by female and male clients. This is consistent with speculations about counselors' reluctance to deal with marital violence (e.g., Davidson, 1978; Eisenberg & Micklow, 1977; Martin, 1976). Counselors may be reluctant to deal with marital violence because they feel violence is acceptable within the confines of the family (Walker, 1980). Another hypothesis is that counselors are more accepting of violence towards women than of violence towards men (Walker, 1980). This hypothesis does not appear to be supported by the results of this study.

Client gender. The consistent relationship between client gender and exploration of marital violence strongly suggests a general bias

for all counselors to ignore male client's self-reported experiences of marital violence. This finding is not surprising given the paucity of information on marital violence experienced by males. For example, information on marital violence experienced by females was available in professional literature and popular media in the 1970's (Straus, 1974; Walker, 1980), while similar information regarding males has only become available recently (e.g., Straus et al., 1980).

Counselors' responses to clients appeared to foster traditional sex roles (APA, 1975). A larger proportion of information regarding work and financial problems was identified for male clients. This finding is consistent with studies done in the early 1970's which reported sex bias in counselors' responses to women expressing interest in nontraditional careers (Schlossberg & Pietrofessay, 1973; Thomas & Stuart, 1971). Schlossberg and Pietrofessa (1973) analyzed 32 counselor-trainees responses to audiotapes of a female confederate client who experienced indecision about a career in home economics versus engineering. The overwhelming majority of biased statements discouraged the female client from pursuing the presumably "nontraditional" career in engineering.

A larger proportion of questions was asked about the client's feelings when the client was male and about the spouse's willingness to seek counseling when the client was female. Given the emphasis in the marital violence literature on females as recipients of marital violence, it seems plausible that counselors felt comfortable inferring the general feelings of a female who reported marital violence and yet sought additional affective information regarding a comparable male. By asking female clients a large proportion of questions about the spouse's

willingness to seek counseling, the counselor assumed a directive role and conveyed interest in problem resolution. Presuming a lack of information regarding males who experience marital violence, counselors might have been hesitant to move towards resolution of the problems for the male client. The interpretation that counselors were more directive for female clients is consistent with Hill's (1975) finding that experienced counselors gave more advice to female clients.

Client gender influenced the information and questions counselors identified as important. The relationship between client gender and counselors' responses to open-ended items is not surprising. Previous research on sex bias suggests that subtle differences in counselors' responses to male and female clients may emerge when non-questionnaire measures which resemble counseling behaviors are used (e.g., Pietrofessa & Schlossberg, 1970).

Counselor gender. Female counselors were more likely than males to ask female clients questions regarding marital violence. A plausible explanation for this difference is that female counselors were more sensitized than their male counterparts to female clients' experiences of marital violence. Another difference was that regardless of client gender, female counselors were more likely than males to ask questions about the spouse's willingness to seek counseling. In contrast, male counselors were more likely to ask questions about the client's symptoms of depression. These differences may be interpreted as evidence of a relationship between counselor gender and counselors' responses to clients. Two analogue studies provide some evidence of such a relationship (Abramowitz et al., 1976; Billingsley, 1977). In one study,

female counselors selected more responses which focused on behavior change and gave more subtle guidance than their male counterparts. Male counselors were more likely to select responses which would elicit clarification than female counselors (Abramowitz et al., 1976). In the other study, there was a significant difference in the treatment goals chosen by female and male counselors. Regardless of client gender, female counselors chose a larger number of stereotypically masculine goals and male counselors chose a larger number of stereotypically feminine goals (Billingsley, 1977).

Knowledge of Marital Violence

While no previous studies have assessed counselors' knowledge of marital violence, previous studies assessing counselors' knowledge about women in general report high levels of incorrect responses (Bingham & House, 1973; Sherman, Koufacos & Kenworthy, 1978). Thus it is not surprising that counselors' level of information regarding a relatively specific population of clients, those experiencing marital violence, was low. Although studies assessing information about women in general reported that women were significantly more informed than men (Bingham & House, 1973; Sherman et al., 1978), counselor gender did not influence responses to the Marital Violence Questionnaire. This finding is not surprising. Many items of this questionnaire assessed very specific knowledge (e.g., Item 25: "Del Martin contributed to the understanding and treatment of marital violence."). While counselors may be aware of broad trends regarding marital violence, specific percentages and specific names may not be recalled.

Also, knowledge about marital violence is still emerging. Information reported in the 1960's has not always been replicated by subsequent research (Heppner, 1978; Walker, 1979). Several items assessed knowledge of battered males and battering females, topics which have appeared in the literature only in the past few years. A majority of counselors were unaware of a recent study which indicated that approximately equal proportions of males and females report experiences of marital violence (Straus et al., 1980). Since many items of the questionnaire were drawn from information provided by this study, the number of incorrect responses obtained by counselors whose knowledge of marital violence was derived from other sources may have been inflated. Although no relationship between counselor gender and knowledge of marital violence occurred, responses to open-ended items on the Counselor Response Form indicated that female counselors were more responsive to female client reports of marital violence than male counselors. It seems likely that this discrepancy occurred because the Marital Violence Questionnaire assessed highly specific information, whereas the open-ended items assessed more general attitudes. The low Chronbach alpha suggests that counselors were selecting responses randomly. Overall, the results suggest that the questionnaire was too difficult. Although the sample of counselors who worked in shelters gave more correct responses than counselors who worked in community mental health centers, even the counselors with knowledge of marital violence missed an average of eight items ($M=7.6$). It would have been helpful to have had the experts who evaluated the questionnaire also take it to identify misleading items. To develop a better instrument,

items which discriminated between counselors with a great deal of knowledge about marital violence and those with little knowledge of this topic could be identified by conducting an item discrimination analysis on the 25 items. Sherman (1980) suggested that studies of sex-bias might use measures of knowledge as a non-reactive means of assessing attitudes. Results of this study suggest that measures of behaviors similar to those used in counseling may provide a better means of assessing sex bias than measures of knowledge.

Methodological Considerations

Differences in counselors' perceptions of the two male tapes approached, but did not reach, significance. It may be recalled that initially there were difficulties in creating two male tapes which were judged to be acceptable. Since a male who experiences marital violence does not conform to societal expectations, the male assistants may have had more difficulty portraying such a client than the female assistants. In retrospect, subtle differences in the paralinguistic cues emitted by the two males who portrayed the client were noted. One male used a variety of subtle paralinguistic cues (e.g., soft exhalations, varied pitch and rate) while the other generally spoke at a steady rate and in a steady pitch. The tape produced by the male who used a greater variety of paralinguistic cues more closely resembled the tapes produced by the two female assistants. At the same time, the client portrayed by this male was rated as less adjusted and having more serious problems than the client portrayed by the other male or the clients portrayed by either female assistant. This suggests that

differences may exist in the paralinguistic qualities (e.g., voice tone, rate of speech) judged to be acceptable for females versus males in this society. Thus creating equivalent female and male stimuli may be complicated by existing sex-role stereotypes.

The proportion of information or questions in a category sometimes varied depending on whether five items were considered versus the most important item. In the Financial Problem category, evidence of sex bias occurred only when the most important piece of information was considered. For the most important information measure, references to financial problems occurred only for male clients. In contrast for questions regarding vocational problems, evidence of sex bias occurred only when all five questions were considered. Regardless of client gender, none of the most important questions dealt with vocational problems. However, when all five questions were considered, counselors asked more questions regarding work-related problems when the client was male versus female. The manner in which information was collected influenced the results, particularly whether or not there was evidence of sex bias. Blatant examples of sex bias occurred when there were differences in the information and questions counselors identified as most important for females versus males. More subtle forms of sex bias were apparent only when all five pieces of information or all five questions were examined. This finding is particularly relevant given the mixed results of studies examining sex bias (Abramowitz & Dokecki, 1977; Striker, 1977). It would be useful to re-examine these studies paying particular attention to the way information was gathered and the results which were obtained.

Limitations and Implications:

Counselors were recruited from community mental health centers located within a small geographic area. Generalization of results should be restricted to counselors in similar settings and with similar demographic characteristics. Since this was an analogue study, it is unclear whether results would be replicated with counselors interviewing actual clients. Given the evidence that counselors are fairly unresponsive to marital violence and the evidence of sex bias in counselors' responses to the open-ended items, additional research under more naturalistic conditions is warranted. Counselors' verbal responses to audio or video tapes of confederate or actual clients might be recorded and analyzed for sex bias (e.g., Persely, Johnson & Hornsby, 1975), or actual counselor-client interactions using "bogus" clients might be recorded for later content analysis (e.g., Pietrofessa & Schlossberg, 1970).

The proportion of information or questions in a category sometimes varied depending on whether five items or the most important item were considered. Some sex bias was blatant; it was apparent in gender-related differences in the most important information (e.g., marital violence). Other sex bias was subtler and was apparent only when five items were considered (e.g., exploration of spouses' willingness to seek counseling). Researchers should be aware of this possibility in selecting dependent measures. They should consider including measures which assess subtle as well as blatant forms of sex bias. Researchers should also work to develop more open-ended measures which make it possible to measure subtle forms of sex bias.

Client gender influenced counselor responsiveness to marital violence. Although many studies of sex bias have focused on counselors' responses to female clients, it is important to assess responses to clients of both genders. Sex bias is not necessarily limited to inappropriate treatment of females.

Counselors were reluctant to deal with marital violence reported by female and male clients. Clients may also be reluctant to openly discuss experiences of marital violence. They may feel embarrassed or ashamed about such violence and may assume responsibility for the marital problems (Davidson, 1978; Eisenberg & Micklow, 1977; Walker, 1979). At the same time, marital violence is prevalent (Davidson, 1978; Gelles, 1974; Moore, 1979; Straus et al., 1980) and potentially dangerous to those involved (Davidson, 1978; Gelles, 1979; Walker, 1979). Given this information, it is important for counselors to be aware of the potential for marital violence and capable of exploring this area with a client. It is important to increase counselors' ability to deal with marital violence in counseling situations. To achieve this goal (a) counselors need information on how to deal effectively with such violence, and (b) counselors need information about how they currently deal with such violence. Models for intervening in situations of marital violence have appeared in professional journals and books (e.g., Barnhill, 1980; Saunders, 1977; Walker, 1980). Counselors can gather information about how they deal with marital violence by assessing audio or video tapes of their interactions with confederate clients who report such experiences. Future research might examine counselors' responsiveness to marital violence before and

after receiving this sort of information.

The results obtained on the Marital Violence Questionnaire raise questions about the kind of knowledge which is important to counselor performance. It may be critical for counselors to have information regarding general trends in marital violence rather than knowledge of specific facts. The Marital Violence Questionnaire could be revised to reflect knowledge which is most relevant for counselors. Given the prevalence of marital violence, it is important to increase counselors' knowledge in this area. Counselor trainees' knowledge might be increased if information on marital violence were included in practicum seminars and/or seminars on marital counseling. Counselors' knowledge of marital violence might be increased via ongoing professional training. Hopefully, knowledge will be increased as more research is published in professional journals and as information is disseminated through the popular media. Therefore, it is important that counseling psychology researchers increase (a) understanding of marital violence, and (b) understanding of the counseling process with individuals who report marital violence. Longitudinal research might assess whether counselors' knowledge of marital violence increases over time.

Finally, it is important to increase counselor awareness of sex-role stereotypes which potentially influence the counseling process. Measures which closely approximate actual counseling behaviors appear to be the most effective means of assessing sex-role stereotyping in counseling. To increase awareness of sex-role stereotyping, counselors might examine their own responses to female and male clients for evidence of bias. Counselors could gain awareness of their own attitudes

by receiving feedback on their behavior in counseling from a supervisor or a colleague. Counselors could also increase their awareness by examining their own responses to video or audio-tapes of client stimuli and/or written case histories designed to elicit potential sex bias. Future research might examine the effects of such feedback on subsequent behavior in counseling situations.

While this was an exploratory study, the results are tantalizing. Additional research under conditions which closely approximate those of actual counseling is needed to further examine the relationship between client gender and counselor responsiveness to marital violence. Additional research assessing knowledge of marital violence among (a) counselors in general, and (b) counselors with specialized training about marital violence, is needed.

APPENDIX A

Characteristics of the Counselor Sample

Highest Degree Obtained	Tape Heard							
	Female 1		Female 2		Male 1		Male 2	
	Female N = 9	Male N = 6	Female N = 9	Male N = 5	Female N = 9	Male N = 5	Female N = 10	Male N = 5
B.A.	2	0	1	0	2	1	2	1
R.N.	1	0	1	0	0	0	3	0
M.A. Psychology	2	1	1	1	2	1	0	0
M.A. Social Work	3	4	4	1	5	1	4	3
M.A. Education	1	1	0	2	0	1	0	0
PhD Psychology	0	0	2	1	0	0	0	1
Other	0	0	0	0	0	1*	1**	0
Type of Position:								
Paid Counselor	8	5	7	5	8	4	10	4
Practicum Student	1	1	2	0	1	1	0	1

*PhD - Pastoral Counseling

**M.A. - Graphics

	Tape Heard															
	Female 1				Female 2				Male 1				Male 2			
	Counselor Gender															
	Female N = 9		Male N = 6		Female N = 9		Male N = 5		Female N = 9		Male N = 5		Female N = 10		Male N = 5	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
Age	31.7	8.5	31.5	4.2	35.7	9.9	31.0	3.8	31.4	5.9	31.2	5.5	40.50	10.7	31.2	4.4

	Tape Heard															
	Female 1				Female 2				Male 1				Male 2			
	Counselor Gender*															
	Female N = 8		Male N = 6		Female N = 7		Male N = 5		Female N = 8		Male N = 4		Female N = 10		Male N = 4	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
Years of Experience	4.55	2.67	7.63	4.44	7.09	8.90	6.18	2.27	5.76	4.32	5.36	3.86	7.43	5.25	6.27	4.42

*The number of counselors in each group varies from the numbers presented previously since only paid counselors are included in this table.

APPENDIX B
Client Script

- Co. Lee, I'd like to spend the first part of this session getting to know more about you. Can you tell me about uh about what brings you here...
- Cl. Well, uh, it's just that things aren't going too well for me. I guess that's why I uh, why I decided to come in. You know, I'm not sure what's happening, but, but right now things just aren't going right. . . Sometimes I just can't handle things, little things that shouldn't upset me, but, well, they do. . . Like I'll start crying, just out of the blue. That, that shakes me up, kinda makes me wonder what's going on. I dunno, I'm just not feeling right. . . I worry about things a lot and get nervous. My doctor gave me some pills to take for my nerves, but they didn't seem to make much of a difference. Jeez, I don't know what I want to talk about.
- Co. It's kind of hard. . .
- Cl. Yeah, it's hard, . . . hard to talk about what's going on. It seems like, like everything's piling up and I don't know what to do.
- Co. What are some of the things that are going on?
- Cl. Well, I guess work. . . I got along well with my old boss, but then he was transferred to, uh to Cleveland.
- Co. Uh huh.
- Cl. The new boss and I don't get along at all. Seems like he blames me whenever anything goes wrong. I've worked for that place for a long time. You know, I like the company, think I'm doing a decent job. But right now all that gets noticed are the problems and the mistakes. I dunno, I've thought about looking for another job, but, but that's. . . Well, I guess it's just that there aren't that

many places that are hiring and besides. . .I'm basically satisfied with the company and the people I work with. It's, it's just that I don't get along with Steve.

Co. Steve's the boss?

Cl. Yeah.

Co. What are some of the problems you're having?

Cl. Nothing in particular. It just seems like he's always got some complaint about the way I do things. I guess what bothers me most is that I'll be up for a raise in two more months. With my old boss, I, I was pretty confident that uh, that I'd get the raise. But the way things have been going. . .well, I'm not so sure.

Co. Uh huh.

Cl. I guess it makes me mad to think that so much depends on how Steve feels about me. I mean, I could work uh, as hard as I want and end up with nothing to show for it. It's well, there's not much I can do about that. . .But, but what makes this even worse is that I'm feeling pressure from home. . .What I mean is, we could really use the money.

Co. Mmm.

Cl. You know, Chris, that's my husband, well, Chris and I had really been counting on the extra cash. It's, it's just financially we should be in good shape. We're both working and so we're bringing in more money than we ever have. But somehow the way things turn out, it seems like we're always short of cash. . .I guess, for the most part the bills get paid, but some months uh, it's really a struggle.

Co. You're feeling a lot of financial pressures.

Cl. Yeah. I guess what worries me is that if anything goes wrong, like one of us gets sick, then what? We, we really depend on both our incomes. You know, I'd, I'd feel a lot better if we had some set aside for emergencies, especially the way things are for me at work right now. I haven't even told Chris this, but I'm worried that I may get laid off, or maybe, maybe even fired. That would really make things tough.

Co. Sounds like there's a lot of stresses.

Cl. Uh, yeah, and just these past few weeks, I've been having trouble, trouble falling asleep. Or sometimes I wake up at two or three in the morning. When I get restless like that, I go in the living room so I don't bother Chris. But what happens is that I feel tired and don't have a lot of energy. I've never been like this. Before, I've slept seven, seven and a half hours a night, no matter what.

Co. Mmm hmm.

Cl. I uh, guess I've been worrying too about the way Chris and I have been getting along. We get into arguments really easily.

Co. Uh huh. . .

Cl. Like last week we were trying to decide what to do with the children when school's out this summer. Terri, the older one will probably be in summer school, but, but I thought it would be nice for Rob and Megan, the two younger ones to spend some time with Chris' parents. They've done that before and uh, since we both work, it kind of gives the kids more of a vacation. But Chris said her/his

parents wouldn't want to be bothered with the kids and besides they would spoil them. So I guess she/he wanted the kids to stay at home. Well, that means we'd have to find a sitter. I don't know where we'd find the money to pay for that. It'd be just one more thing that we really can't afford. And besides, the three kids would probably get on one another's nerves. They seem to do better when they have some time apart. We got into an argument over that and pretty soon, uh, we were both yelling and she/he hit me. She/he didn't want to listen to what I was saying, like, like where the money for a sitter was going to come from. And I guess what she/he was saying didn't make a lot of sense to me. So we never decided what to do with the kids this summer. Well, anyways, it seems like we argue a lot, about really little things.

Co. Uh huh.

C1. I get pretty upset, because well, I don't understand why we get into fights. I really don't. The kids get upset when we argue and that kind of bothers me too. But I'm not sure what to do. We really love each other. . . I thought about maybe both of us coming here, but I don't think Chris would come. She/he says that I cause the problems, because, because I say things that make her/him mad. And after we fight, sometimes she'll/he'll start to cry and say how much she/he loves me and how much she/he tries to make me happy. . . I guess I do things that make her/him mad. And I've been trying to please her/him, I really have. Things go well, for awhile. It's, it's really nice. That's when I realize how wonderful Chris is and how very much I love her/him. Even the kids seem

to notice a difference and get along better. And then something happens. . .

Co. What kinds of things have you done about this?

Cl. Well, I tried to talk things over with my parents, but they, they really weren't that much help. From the beginning they uh, haven't been too pleased about our marriage, even though they never really came out and said so. But now, now when I try to tell them what's going on, it seems like they don't want to be involved. Mmm, I guess their idea is that we should work it out ourselves.

Co. Mmm hmm.

Cl. Well, they may be right, but I really wanted to be able to talk with them and it kind of hurt that they, well that they just didn't listen. . .I don't think that was asking a lot. But now it's hard to ask for anything. Three weeks ago my Dad had to be operated on for some sort of tumor. He's been in and out of the hospital since then and my Mom is really tense, between taking care of him and trying to manage their place all by herself. So right now I don't feel right going to them.

Co. Uh huh.

Cl. I suppose I could talk to friends, but it's hard to talk about things like this. You know, it sort of seems like other people have problems of their own and don't want to be bothered with you. Or else, they're doing OK and it just makes me feel worse to be with them. I dunno, is that a terrible thing to say? It's just

that I'm not a very good parent, I don't suppose I'm a very good wife/husband. I don't feel like I'm much good at anything. . .

APPENDIX C
Script Rating Scale

Using the three scales below, please rate each script by circling a number from 1 to 7.

1. How dependent is this client?

	1		2		3		4		5		6		7
very dependent												not at all dependent	

2. How depressed is this client?

	1		2		3		4		5		6		7
very depressed												not at all depressed	

3. How much self-esteem does this client possess?

	1		2		3		4		5		6		7
very much self-esteem												very little self-esteem	

4. Please rate the overall content validity of the script, that is, the extent to which it resembles clients with whom you have worked, by circling a number from 1 to 7.

	1		2		3		4		5		6		7
very similar												very dissimilar	

5. Please underline any portions of the script which do not seem representative of clients you have worked with. In the space below, please explain why these portions are unrepresentative;

6. There may be client concerns or psychological characteristics which you feel are generally found in the clients you work with and which were not presented in the script. Please list these below:

APPENDIX D

Tape Rating Scale

APPENDIX E

Instructions to Subjects

This study examines the decisions made by counselors during an initial interview. You will read an intake form, hear an audio-tape of a client and complete some questions about your responses to this client and information which might be useful in working with this client. This should take under an hour. To ensure confidentiality, your responses will be identified only by number. Your participation is voluntary. If you should decide not to participate after the experiment begins, please turn in your response form and leave quietly. Do you have any questions? (Pause).

Please read and sign the informed consent form. When you have done this, return the forms (Collect forms and pass out response forms). You will be hearing a tape of a client during an initial interview. Please listen to this tape as if you were the counselor for this client. You are to assume that you will be meeting with the client on a regular basis and that the client is motivated to seek treatment. After the tape has played, please complete the questions in your booklet.

APPENDIX F

Informed Consent Form

PROTOCOL NO. _____

--THE OHIO STATE UNIVERSITY--

CONSENT FOR PARTICIPATION IN
SOCIAL AND BEHAVIORAL RESEARCH

I consent to participating in (~~or my child's participation in~~) a study
entitled Counselor's Reactions to a Client Following an Initial Interview

Dr. P. Highlen or Robin R. Hikida has
(Investigator/Project Director or his/her authorized representative)

explained the purpose of the study and procedures to be followed. Possible
benefits of the study have been described as have alternative procedures, if
such procedures are applicable and available.

I acknowledge that I have had the opportunity to obtain additional in-
formation regarding the study and that any questions I have raised have been
answered to my full satisfaction. Further, I understand that I am (my child
is) free to withdraw consent at any time and to discontinue participation in
the study without prejudice to me (~~my child~~). The information obtained from
me (~~my child~~) will remain confidential and anonymous unless I specifically
agree otherwise.

Finally, I acknowledge that I have read and fully understand the consent
form. I have signed it freely and voluntarily and understand a copy is avail-
able upon request.

Date: _____ Signed: _____
(Participant)

(Investigator/Project Director or
Authorized Representative)

(Person Authorized to Consent
for Participant - If Required)

PA-027 (2/79) -- To be used only in connection with social and behavioral re-
search for which an OSU Human Subject Review Committee has determined
that the research poses no risk to participants.

APPENDIX G
Demographic Data Form

1. Age _____
2. Gender (circle one) M F
3. What is the highest degree you have obtained:
 - _____ High School Diploma
 - _____ Some college, no degree
 - _____ Bachelor's Degree
 - _____ Master's Degree
 - _____ Doctorate
 - _____ Other (specify) _____
4. What was the specialty area of your most recent training program:

_____ Psychology--no specialty	_____ Education--Spl. Services
_____ Psychology--Counseling	_____ Education--Guidance and Counseling
_____ Psychology--Clinical	
_____ Education--Counseling	_____ Nursing
	_____ Social Work
_____ Other (specify) _____	
5. What type of position do you hold in your current setting:
 - _____ Paid counselor
 - _____ Practicum counselor
 - _____ Volunteer counselor
 - _____ Other (specify) _____
6. How many years of your counseling experience have been in your current setting? Please round to the nearest year and month.

_____ years, _____ months.
7. How many total years of paid counseling experience do you have? Please round to the nearest year and month.

_____ years, _____ months.
8. How many total practicum (non-paid, school-related) counseling experience do you have? Please round to the nearest week.

_____ weeks.
9. How many total years of volunteer (non-paid, non-school related) counseling experience do you have? Please round to the nearest year and month.

_____ years, _____ months.

10. In what type(s) of counseling settings have you had previous experience? Check all that apply:

<input type="checkbox"/>	Community Mental	<input type="checkbox"/>	Residential Treatment Center
<input type="checkbox"/>	Health Center	<input type="checkbox"/>	University Counseling Center
<input type="checkbox"/>	Hospital	<input type="checkbox"/>	None, this is my first job
<input type="checkbox"/>	Other (specify) _____		

APPENDIX H

Counselor Response Form

1. Based on the tape you just heard, what information will be most important in working with this client? In your role as a counselor, select the 5 most important pieces of information and write these in the space below. Indicate the relative importance of each piece of information by assigning the number "1" to the one which you feel is most important, "2" to the piece of information which you feel is second most important, and so on until all 5 items have been numbered.

<u>Number</u>	<u>Information</u>
---------------	--------------------

PLEASE GO ON TO THE NEXT PAGE

2. What questions would you ask the client during the next session? Select the 5 questions you feel are most important and list these in the space below. Indicate the relative importance of each question by assigning the number "1" to the question you feel is most important, "2" to the question which you feel is second most important, and so on until all 5 questions have been numbered.

Do not use compound questions. For example: "What color is your hat, and what color is your jacket?" should be written as two separate questions.

Number Question

APPENDIX I

Violence in Marital Relationships Questionnaire

The following items refer to American men, women and couples. Please read each statement and indicate whether it is true or false by circling "T" for true and "F" for false. If you are unsure of a response, please guess. It is important that you respond to each question.

- T F 1. About 80% of women who tolerate violence from their husbands were abused as children or witnessed violence between their parents.
- T F 2. Couples with one child are less likely to experience marital violence than couples with two children.
- T F 3. About 75% of men who are violent in their relationships with their wives were abused as children or witnessed violence between their parents.
- T F 4. Slapping one's spouse is approved in some situations by at least 20% of the American population.
- T F 5. It is common for married couples who are violent towards one another to have experienced such violence prior to their marriage.
- T F 6. Most men who kick or beat their wives are psychologically deviant.
- T F 7. About 75% of women who are abusive towards their husbands were abused as children or witnessed violence between their parents as children.
- T F 8. Erin Pizzey contributed to the understanding and/or treatment of marital violence.
- T F 9. Couples who are verbally aggressive are less likely to be physically aggressive towards one another than couples who are not verbally aggressive.
- T F 10. Women are more likely than men to use a weapon such as a knife or a gun against their spouse.
- T F 11. In 50 to 60% of all marriages, women experience at least one occasion of assault by their husbands.
- T F 12. Women are more likely than men to throw objects at their spouse.

PLEASE GO ON TO THE NEXT PAGE

- T F 13. During the 1960's there was a sudden increase in the research and literature on marital violence.
- T F 14. Helene Deutsch contributed to the understanding and/or treatment of marital violence.
- T F 15. Men are more likely to murder their spouse than women.
- T F 16. The first shelter in America was established in New York.
- T F 17. In a recent nationwide survey done by sociologists, more women than men report being assaulted by their partners.
- T F 18. Most women who push, kick or beat up their husbands are psychologically deviant.
- T F 19. Violence by husbands against wives is more likely to cause physical damage than violence by wives against husbands.
- T F 20. A couple with eight children is more likely to experience marital violence than a couple with five children.
- T F 21. People who do not complete high school report more violence in their marital relationships than people who do complete high school.
- T F 22. Alcohol is an established cause of marital violence.
- T F 23. Violence between husbands and wives is more prevalent in some geographic regions of this country than others.
- T F 24. In 1975, murder of a spouse accounted for about 10% of all criminal homicides reported in the U.S.
- T F 25. Del Martin contributed to the understanding and/or treatment of marital violence.

Item	Source	Information
1	Gayford (1975)	Gayford interviewed a nonrandom sample of 100 women who sought counseling at a shelter for battered women. Childhood exposure to violence was reported by 23% of the sample.
	Roy (1977)	Roy interviewed a nonrandom sample of 150 women who sought assistance from a telephone referral service for battered women. No clear relationship existed between childhood exposure to violence and experiences of marital violence as an adult.
	Walker (1979)	Walker interviewed a nonrandom sample of 120 women in England and the U.S. who reported marital violence. Walker suggests that women who experience physical abuse in their marriages were often treated like "fragile dolls" by their fathers.
2	Straus, Gelles, & Steinmetz (1980)	These researchers interviewed a randomly selected, nationwide sample of 2,143 intact couples. Marital violence increased as the number of children increased for couples with one to five children.
3	Coleman (1980)	Coleman assessed 33 men who reported abusing their wives. Childhood exposure to physical abuse or to marital violence by the parents was reported by 39% of the sample.
	Gayford (1975)	Gayford interviewed a nonrandom sample of 100 women who sought counseling at a shelter for battered women. These women were asked whether there was violence in the <u>husband's</u> family of origin during his childhood. Such violence was reported by 51% of the sample.

Item	Source	Information
3	Petersen (1980)	Petersen conducted a telephone survey of 602 randomly selected women who were married or who cohabitated with a male. These women were asked whether there was violence in the partner's family of origin during his childhood. 15% of the men who were abusive were reported to have childhood exposure to violence.
4	Stark & McEvoy (1970)	This study is also cited in Martin (1976), Moore (1979), Roy (1977) and Thorman (1980).
5	Gayford (1975)	Gayford interviewed a nonrandom sample of 100 women who sought counseling at a shelter for battered women. Experiences of physical violence prior to marriage were reported by 25% of the sample. This figure is also cited in Martin (1976).
6	Fellingstad (1980)	Fellingstad describes a treatment approach to marital violence based on the belief that male aggression toward women is a shaped behavior. Violence by males incurs no negative consequences and positive consequences are obtained if the female acquiesces to male demands.
	Kratoski & Kratoski (1980)	These authors state that less than 10% of individuals who are involved in marital violence suffer from serious psychiatric disorders. They provide no source for this information.
	Scott (1974)	Scott suggests that marital violence is a sociological phenomenon. He believes that masochism on the part of the battered individual and sadism on the part of the batterer are not frequent.

Item	Source	Information
6	Walker (1979)	Walker interviewed a nonrandom sample of 120 women in England and the U.S. who reported marital violence. She suggested that batterers are not psychopathic. Theoretical approaches to understanding marital violence are presented (Feminist Political Theories, Sociocultural Theories, and Psychological Theories).
7	Straus et al. (1980)	These researchers interviewed a randomly selected, nationwide sample of 2,143 intact couples. There was relationship between childhood exposure to physical violence and marital violence as adults, less than 50% of the women who were involved in marital violence were exposed to violence as children.
8	Pizzey (1974)	Erin Pizzey initiated the first shelter for battered women in the United Kingdom. She is the author of <u>Scream Quietly or the Neighbors Will Hear</u> . Her name is cited by Davidson (1978) and Martin (1976).
9	Coleman, Weinman, & Hsi (1980)	These researchers assessed 30 couples who sought counseling and reported marital violence and 30 couples who sought counseling and did not report marital violence. The marital violence group reported significantly more verbal arguments than the non-violent couples.
	Straus et al. (1980)	These researchers interviewed a randomly selected, nationwide sample of 2,143 intact couples. Those couples reporting marital violence reported significantly more arguments than non-violent couples.

Item	Source	Information
10	Straus et al. (1980)	These researchers interviewed a randomly selected, nationwide sample of 2,143 intact couples. Women were less likely to use knives and guns during marital arguments than men.
11	Steinmetz (1977)	Steinmetz assessed 57 randomly selected, intact families with two or more children. More than 60% reported some sort of marital violence during their marriage.
	Walker (1979)	Walker interviewed a nonrandom sample of 120 women in England and the U.S. who reported marital violence. She reported that 50% of the sample reported one or more incidents of marital violence during their marriage.
	Davidson (1978) Moore(1979)	Davidson and Moore also cite this figure. They do not identify the source of this information.
12	Straus et al. (1980)	These researchers interviewed a randomly selected, nationwide sample of 2,143 intact couples. Women were more likely to throw objects at their husbands during marital arguments than men.
13	Davidson (1978) Gelles (1979, 1980) Straus et al. (1980) Walker (1981)	Each of these authors says there was little information on marital violence until the 1970's.
14	Bingham & House (1973)	Helene Deutsch did not contribute to the understanding and/or treatment of marital violence.
15	Gelles (1979) Steinmetz (1978)	Gelles and Steinmetz report that about as many men kill their wives as vice versa. The source of this information is Wolfgang (1958). The writers caution that the reasons for murder may vary. Women are more likely to murder a spouse in self-defense than men.

Item	Source	Information
16	Davidson (1978)	The first shelter in America was established by Women's Advocates, Inc., in St. Paul, Minnesota.
17	Straus et al. (1980)	These researchers interviewed a randomly selected, nationwide sample of 2,143 intact couples. About 12% of women reported assaulting their husbands and about 12% of men reported assaulting their wives during the preceding year. The authors caution that while the frequency with which men and women experience marital violence appears similar; women are more likely to be physically harmed by marital violence than men.
18	Kratoski & Kratoski (1980)	These authors stated that less than 10% of individuals involved in marital violence have serious psychiatric disorders. They provide no source for this information.
	Scott (1974)	This author suggests there is no clear relationship between mental illness and battering.
19	Gelles (1979)	Gelles states that violence by husbands against wives is more likely to cause physical damage than violence by wives against husbands. He provides no source for this information.
	Straus et al. (1980)	Straus et al. report that violence by husbands against wives is more likely to cause physical damage than violence by wives against husbands. This conclusion is based on the results of their survey which indicated that men engage in behaviors which are more likely to cause physical harm than women.

Item	Source	Information
20	Coleman et al. (1980)	These researchers assessed 30 couples who sought counseling and reported marital violence and 30 couples who sought counseling and did not report marital violence. The number of children did not differentiate between couples who reported violence and those who did not.
	Straus et al. (1980)	These researchers interviewed a randomly selected, nationwide sample of 2,143 intact couples. Families with eight or nine children were the least violent.
21	Gayford (1975)	Gayford interviewed a nonrandom sample of 100 women who sought counseling at a shelter for battered women. The range of academic achievement varied widely.
	Petersen (1980)	Petersen conducted a telephone survey of 602 randomly selected women who were married or who cohabitated with a male. There was more wife abuse among men who had less than nine years of education or who completed high school than among men who completed nine to 11 years of school. Women whose husbands were college graduates reported the least marital violence.
	Straus et al. (1980)	These researchers interviewed a randomly selected, nationwide sample of 2,143 intact couples. The number of years of education did not appear to be negatively correlated with marital violence.
	Walker (1979)	Walker interviewed a nonrandom sample of 120 women in England and the U.S. who reported marital violence. She concluded that marital violence affects women from a variety of educational backgrounds.

Item	Source	Information
22	Coleman (1980)	Coleman assessed 33 men who reported abusing their wives. 64% of the sample reported that alcohol was not always present when they engaged in marital violence.
	Davidson (1978)	This author suggested that alcohol may be used by couples to excuse incidents of marital violence.
	Hanks & Rosenbaum (1977)	These researchers interviewed 22 women who were abused. Alcohol was often present; however, the author believes it played a secondary role in relationship to the marital violence.
	Walker (1979)	Walker interviewed a nonrandom sample of 120 women in England and the U.S. who reported marital violence. Half of the women in the sample reported that their husbands abused alcohol. However, Walker concluded that alcohol did not appear to be a precipitating factor of the marital violence.
23	Straus et al. (1980)	These researchers interviewed a randomly selected, nationwide sample of 2,143 intact couples. The geographic region in which the couple lived did not affect the frequency of marital violence.
24	Miller & Miller (1980)	In 1975 the FBI reported 2,359 spouse murders. These accounted for 11.5% of all criminal homicides in that year.
25	Martin (1976)	Author of <u>Battered Wives</u> .

APPENDIX J

Questionnaire Evaluation Form

1. Using the scale below, please rate the appropriateness of the attached questionnaire for assessing knowledge of marital violence.

The overall content of the questionnaire is

	<u>1</u>	2	3	4	<u>5</u>
very					Not at all
appropriate					appropriate

2. In the space below, identify (a) items which should be deleted from the questionnaire, (b) items which should be added to the questionnaire, and (c) make any other comments about individual items or the entire questionnaire.

APPENDIX K

Univariate Analyses for
Responses to the Marital Violence Questionnaire

Question and Source of Variation	<u>df</u>	<u>MS</u>	<u>F</u>
¹ Counselor Gender	1	.166	1.48
Residual	53	.112	
² Counselor Gender	1	.109	.50
Residual	53	.219	
³ Counselor Gender	1	.000	.01
Residual	53	.053	
⁴ Counselor Gender	1	.023	.34
Residual	53	.064	
⁵ Counselor Gender	1	.006	.04
Residual	53	.142	
⁶ Counselor Gender	1	.374	1.81
Residual	53	.207	
⁷ Counselor Gender	1	.016	.14
Residual	53	.115	
⁸ Counselor Gender	1	.110	.43
Residual	53	.257	
⁹ Counselor Gender	1	.665	3.61
Residual	53	.184	
¹⁰ Counselor Gender	1	.001	.00
Residual	53	.257	
¹¹ Counselor Gender	1	.042	.22
Residual	53	.186	
¹² Counselor Gender	1	.042	.29
Residual	53	.141	

Question and Source of Variation	<u>df</u>	<u>MS</u>	<u>F</u>
13 Counselor Gender	1	.286	1.50
Residual	53	.191	
14 Counselor Gender	1	.127	.54
Residual	53	.238	
15 Counselor Gender	1	.006	.02
Residual	53	.255	
16 Counselor Gender	1	.093	.48
Residual	53	.195	
17 Counselor Gender	1	.374	4.75*
Residual	53	.079	
18 Counselor Gender	1	.127	.69
Residual	53	.185	
19 Counselor Gender	1	.079	.32
Residual	53	.248	
20 Counselor Gender	1	.053	.25
Residual	53	.213	
21 Counselor Gender	1	.260	1.02
Residual	53	.254	1.02
22 Counselor Gender	1	.473	2.40
Residual	53	.197	
23 Counselor Gender	1	.016	.06
Residual	53	.258	
24 Counselor Gender	1	.042	.29
Residual	53	.141	
25 Counselor Gender	1	.234	.99
Residual	53	.236	

*p < .05

Notes

1. Muncy, S. Personal Communication, October 23, 1981.
2. Weeks, F. Personal Communication, October 20, 1981.
3. Highlen, P.S., & Szkiba, J.D. Assessing verbal performance: Sex modality and situational factors on affective self-disclosure with strangers. Unpublished manuscript, 1979. (Available from Ohio State University, Columbus, Ohio), 1979.

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