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# **Exploring Attitudes towards Intimate Partner Violence**

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## **Abstract**

Intimate partner violence (IPV) is a significant societal problem which causes extensive costs, not only to the individuals involved but also to the wider community. Consequently a considerable amount of resources are invested into preventing and reducing the occurrence of IPV. Underpinning all of these initiatives is the focus on changing societal attitudes towards IPV, including attitudes of perpetrators and victims. Most of the focus thus far has been on changing attitudes towards male perpetrated physical IPV, and this continues despite the knowledge that psychological IPV is just as damaging as physical IPV and that IPV is perpetrated equally by males and females. Therefore, the purpose of this study was to identify what the New Zealand publics' attitude towards IPV is, by looking at male and female perpetrated IPV and physical and psychological IPV. In addition, this study also explored the impact that gender, history of IPV, and age of the participant had on their attitudes towards IPV.

Results of this study established that generally participants had attitudes that were disapproving of IPV, although they were more tolerant of IPV when the perpetrator was female or when the IPV was psychological. In addition, participants younger than 46yrs had more accepting attitudes towards IPV than older participants. It was also found that participant gender and history of IPV did not significantly impact on participants' attitudes towards IPV. The findings of this study provide important areas for future prevention and reduction initiatives to focus on. After all, it is important that the public develop an attitude that IPV is completely unacceptable, for as long as IPV is tolerated it will not be possible for the goal of eradicating the occurrence of IPV to be achieved.

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## Chapter 1: Introduction

Intimate partner violence (IPV) is a significant societal problem both internationally and here in New Zealand (Robertson & Murachver, 2009). The cost of IPV on the individuals involved, their families, and the wider community is extensive (Areyouok.org.nz, 2009; Nectoux, Mugnier, Baffert, Albagly, & Thelot, 2010; Niolon et al., 2009). In the United States of America approximately 1.3 million women and 800,000 men are physically assaulted by their intimate partner each year, resulting in an estimated cost of 6 billion dollars per year in direct healthcare costs and loss of productivity (Niolon et al., 2009). In New Zealand significant underreporting of IPV makes gaining accurate prevalence rates difficult (Areyouok.org.nz, 2009). However, a conservative estimate suggests that as many as 26% of women and 18% of men have experienced physical and/or psychological abuse from their current or previous intimate partner (Lievore & Mayhew, 2007). The economic cost of IPV in New Zealand is believed to range between 1.2 – 5.8 billion dollars per year (Areyouok.org.nz, 2009).

The acknowledgement of the seriousness of the IPV epidemic has only really developed over the last 20 years (Walker, 1999). Historically, the occurrence of IPV was kept hidden behind closed doors as it was considered a private matter and victims tended not to report the abuse and were frequently blamed for its occurrence (Bryant & Spencer, 2003). Furthermore, it was not uncommon for legal professionals, such as police and magistrates to similarly hold the view that IPV was a private family matter, which led to the law not being enforced when violence occurred between intimate partners (Busch & Robertson, 1993). These attitudes towards IPV often resulted in families suffering in silence with little or no support for either the victim or perpetrator (Locke & Richman, 1999).

Over the last 20 years, primarily in Western societies, the traditional view of IPV as a taboo subject has slowly changed and has become less common. This shift can largely be credited to the introduction of violence prevention campaigns (Walker, 1999). These campaigns have highlighted the damage that IPV causes in families and have endeavoured to change

how societies think and act about family violence (Keller, Wilkinson, & Otjen, 2010). The primary aim of these campaigns is to encourage victims and perpetrators to seek help. A secondary aim is to educate and inform the wider community that IPV is a societal problem and what people can do to help, and includes information to help people who are involved in IPV so that they can seek help and support. As a consequence of violence prevention campaigns there are now more open conversations about IPV and more support for victims, perpetrators, and their families (Robertson & Murachver, 2009).

Despite initiatives to develop a more accurate and broader understanding about IPV, there are still many inaccurate societal beliefs about who can be affected by IPV (Robertson & Murachver, 2007). For instance, a common belief is that IPV only occurs within families of particular cultures with low socio-economic status (Russell & Hulson, 1992). Although research has shown that IPV tends to happen more frequently in less affluent cultures and that having a low socio-economic status is a risk factor for IPV perpetration, this does not mean that IPV does not occur in other cultures and in more wealthy households (Locke & Richman, 1999). For example, Marie and et al. (2008) identified that as many as 22.2% of European women and 18.4% of European men have been victims of IPV.

One of the common beliefs about IPV is that males are the main perpetrators of IPV. However, the information on which this assumption is based on is biased. For example, data gathered regarding IPV perpetration from police records and obtaining samples from womens' shelters leads to a failure to include the large number of cases of IPV that have not been reported (Robertson & Murachver, 2009). In addition, police records will only include those cases of IPV that result in police being called, hence excluding other types of IPV such as psychological IPV and IPV perpetrated by females (Melton & Sillito, 2012). Furthermore, samples from womens' shelters also fail to include male victims or female perpetrators as neither seek support from womens' shelters (Sorenson & Taylor, 2005).

To gather a more accurate representation of IPV, alternative research methods may be more suitable. For example, community based studies involve a broader sample of participants, which does not limit the sample to those that report being victims of IPV (Magdol et al.,

1997). Furthermore, by primarily using questionnaires and surveys to gain data, participants can remain anonymous and are therefore more likely to be truthful in reporting their experience with IPV (Robertson & Murachver, 2009). By including a more representative sample, community based studies have established that both men and women are equally likely to be perpetrators of IPV (Magdol et al., 1997; Robertson & Murachver, 2009). Therefore, there is now evidence which shows that the effects of IPV are significantly more wide spread throughout society than historical beliefs may suggest. It is therefore essential that the next stage in violence prevention aims to eradicate these inaccurate beliefs about IPV, as attitudes that are not disapproving of all aspects of IPV can actually help to perpetuate its occurrence (Worden & Carlson, 2005).

The purpose of this research is to investigate what the current attitudes towards IPV in New Zealand are. By using a community based sample, a more accurate representation of New Zealanders' attitudes towards IPV will be obtained. This research aims to add to the body of knowledge by gathering an understanding of attitudes towards IPV as a whole, by also including attitudes towards female perpetrated IPV and psychological IPV. Consequently the information gathered from this study can provide an avenue for future research to explore, particularly ascertaining a clearer understanding about attitudes towards female perpetrated IPV and psychological IPV. This research will also provide information that could be used to help to develop violence prevention campaigns to educate people to reduce the perpetration of IPV regardless of the gender of the perpetrator or the type of IPV perpetrated.

## **1.1 Thesis structure**

The following chapters present theory and empirical evidence to help explain what sort of attitudes individuals within society might have towards IPV. The structure of this thesis is as follows: Chapter 2 provides a detailed overview of IPV, including definitions used in this research and a discussion and evaluation of the overall focus of IPV research. Chapter 3 explains what attitudes are and how they relate to IPV. Chapter 4 outlines the present study. Chapter 5 provides the methodology, which describes the participants, measures, and outlines the procedure of the thesis. Chapter 6 provides the results relating to the key

hypotheses. Lastly, Chapter 7 will discuss these results, provide an overall of the practical implications of these results, outlines limitations of the study, proposes recommendations for future research, and ends with the overall conclusion of this thesis.

## **Chapter 2: Overview of Intimate Partner Violence**

The purpose of this chapter is to provide an overview of IPV. It begins by outlining key IPV definitions used throughout this thesis. The remainder of this chapter is dedicated to providing an overview of the key areas of interest in IPV research, specifically in the areas of IPV prevention, reduction, and attitude research. The last two sections of this chapter are a critical evaluation of the gaps in the literature and research regarding two significant areas of IPV. It is the intention that this chapter will show that attitudes are important to explore further as they underpin IPV research and initiatives.

### **2.1 Definitions**

The broad array of research into the area of IPV has led to a large and varied number of definitions of IPV (Hetherington, 2009). However, many researchers fail to explicitly state what type of behaviour a perpetrator commits or a victim receives in order for their experience to become IPV perpetration or victimisation (Walker, 1999). This is why the definitions of physical and psychological IPV have also been included in this section, as for the current study it is important to clearly identify the type of IPV. The benefit of the following definitions is that they do not imply mutual exclusivity between IPV perpetration and victimisation, nor do the definitions imply that perpetrators or victims are of a particular gender. Furthermore, the definitions chosen provide a clear, concise explanation of each term.

#### ***2.1.1 Intimate partner violence***

There have been many terms used to describe violence in an intimate relationship including but not limited to domestic violence, spousal abuse, wife or husband battering, and interpersonal violence. These terms are often used interchangeably, however, they generally refer to the following definition. IPV is defined as, an episode or pattern of abusive behaviour(s), which includes a wide range of physical and/or psychological maltreatment used by one (or both) persons in an intimate relationship towards the other person (Arias, 2001; Walker, 1999). However, this definition is limited as it does not

explicitly include what behaviour constitutes physical or psychological abuse, hence why these terms are further defined below. Furthermore, this definition does not include other types of IPV such as sexual or emotional abuse. As these types of IPV are not included in this research they will not be defined in this section. However, this definition has been selected for this research as it encompasses both physical and psychological IPV and the definition does not limit the perpetrator or victim to one gender.

### **2.1.2 Attitude**

An attitude is defined as the way in which we evaluate someone or something, which is demonstrated through ones beliefs, feelings, or intended behaviour (Chaplin, 1985; Myers, 2005). There are three main types of attitudes that researchers seek to indentify, the attitudes of perpetrators, victims, and the general public. It is important to note that there are two types of attitudes, those that are implicit, attitudes that we are not consciously aware we have, although they still effect our beliefs and behaviours, and those that are explicit, attitudes that we are consciously aware of and that clearly influence our beliefs and behaviours (Myers, 2005). It is possible that both implicit and explicit attitudes towards IPV will be identified in this research.

### **2.1.3 Physical abuse**

Although a number of researchers use physical abuse as a variable in their studies, they fail to define what constitutes this form of IPV (Kane, Staiger, & Ricciardelli, 2000; Robertson & Murachver, 2007). However, generally these studies have used the Conflict Tactics Scale (CTS2) measure, and this in itself defines what is meant by physical IPV (Eckhardt, 2007; Fals-Stewart, Golden, & Schumacher, 2003; Robertson & Murachver, 2009). Therefore, this research uses the definition of physical IPV from the CTS2 which defines physical IPV as, the use of physical forces against a person, in this case an intimate partner, including but not limited to pushing, punching, strangling, biting, kicking, and any other behaviour which could lead to injury or pain for the other person. Physical abuse is generally used as a means of resolving the conflict that preceded it (Straus, 1979).

#### **2.1.4 Psychological abuse**

Similar to physical IPV, psychological IPV is infrequently defined by researchers (Eckhardt, 2007; Robertson & Murachver, 2007; Russell & Hulson, 1992). It is important that a detailed definition of psychological IPV is selected for this research as there needs to be a clear understanding of what constitutes psychological IPV and how this differs from physical IPV. Therefore this research uses the definition of psychological IPV from the CTS2 measure which defines psychological IPV as, the use of verbal and non verbal acts against a person, in this case an intimate partner, which symbolically hurts the other person in a psychological or emotional way (Straus, 1979).

#### **2.1.5 Perpetrator**

The term perpetrator is used interchangeably with ‘abuser’ and ‘batterer’ in the IPV literature (Walker, 1999). Regardless of the term used the definition underpinning these terms is consistent across studies (Beasley & Stoltenberg, 1992; Goldenson, Spidel, Greaves, & Dutton, 2009; McLaren, 2008; Robertson & Murachver, 2009). A perpetrator of IPV is defined as, the person who commits the act of abuse (physical or psychological) towards another person, in this case their intimate partner (Langhinrichsen-Rohling, Shlien-Dellinger, Huss, & Kramer, 2004).

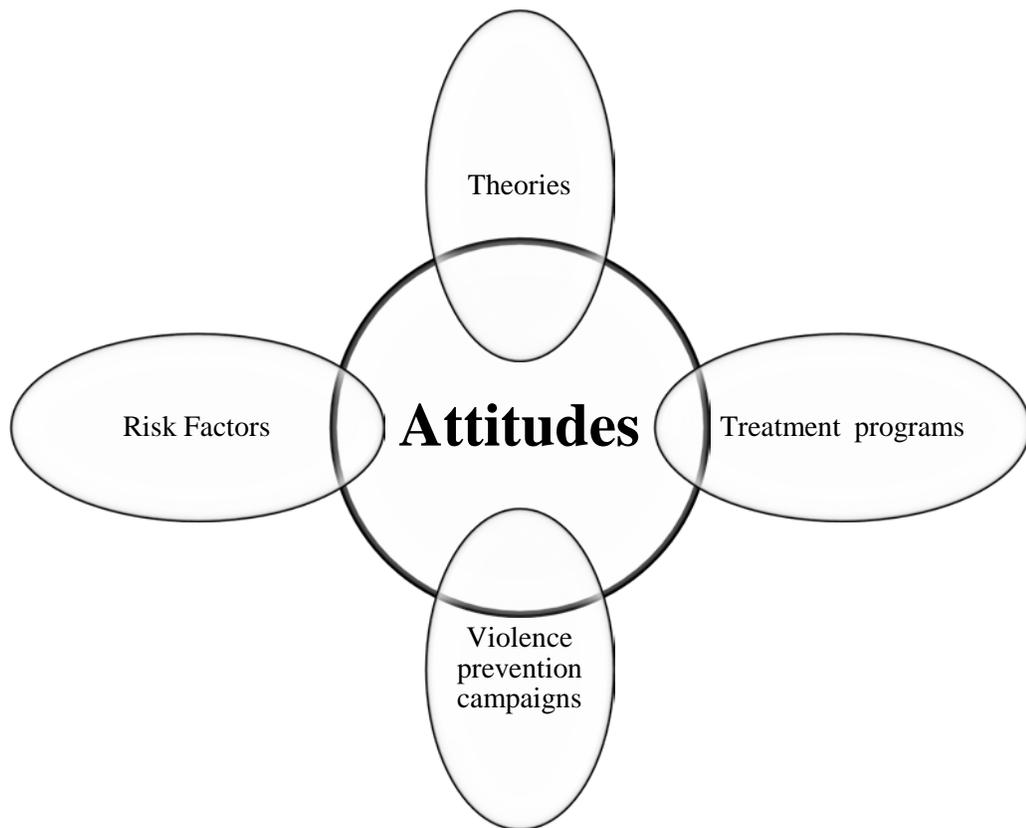
#### **2.1.6 Victim**

As with defining ‘perpetrator’ the definitions used to explain the concept of a ‘victim’ are fairly consistent within the IPV literature (Goldenson et al., 2009; Robertson & Murachver, 2007; Russell & Hulson, 1992; Schumacher, Feldbau-Kohn, Smith Slep, & Heyman, 2001). For the purpose of this research a victim is defined as, the person who has the act of abuse (physical or psychological) happen to them, in this case by their intimate partner (Langhinrichsen-Rohling et al., 2004).

### **2.2 IPV research focus**

Given the significant effects of IPV on victims, perpetrators, and their families, as well as the considerable cost of IPV on the wider community there has been a significant focus on

preventing and reducing the occurrence of IPV (Archer & Graham-Kevan, 2003; Russell & Hulson, 1992; Stith, Smith, Penn, Ward, & Tritt, 2004; Walker, 1999). Research in the area of IPV appears to primarily relate to three key areas: preventative measures (theories and risk factors), reduction techniques (treatment programs and violence prevention campaigns), and attitudes (perpetrator, victim, and general public). As Figure 1 shows, each research area is related to attitudes in one way or another. Each area and its relationship with attitudes will be discussed in turn throughout the next section.



**Figure 1. IPV research relationship**

### ***2.2.1 Preventative research***

The main focus in the area of preventative research is to build a theoretical understanding of why IPV occurs and also to determine what the key risk factors are for IPV perpetration and to a lesser extent IPV victimisation (Schumacher et al., 2001). Identifying what risk factors relate to IPV perpetration and victimisation provides an opportunity for interventions to be put in place early, in order to reduce the likelihood of IPV occurring in the first place (Stith et al., 2004). Although a full review of IPV prevention research is not the core focus of this research, it is important to highlight the main findings within this area, as it emphasises how important it is to understand how attitudes can be both a cause and cure for reducing and preventing IPV.

The two biggest competing theories in IPV literature is the Feminist theory and Family Violence theory (Robertson & Murachver, 2007). Feminist theory argues that IPV is a gendered issue and that IPV arises out of a patriarchal social system from which men feel that they are entitled to assert control over women, and IPV is one way that control can be obtained and maintained within a relationship (Locke & Richman, 1999; Melton & Belknap, 2003; Melton & Sillito, 2012; Robertson & Murachver, 2007). Family Violence theory on the other hand supports the notion that IPV is perpetrated equally by males and females in relationships as a means to end conflict (Caldwell, Swan, & Woodbrown, 2012; Melton & Belknap, 2003; Melton & Sillito, 2012). A more recently theory, Typology theory, explains the very different findings of Feminist theorists and Family Violence theorists by claiming that they are measuring different types of IPV. For example intimate terrorism occurs when one partner is attempting to control the other through the use of IPV, which is likely to be the type of IPV that Feminist theorists' research. On the other hand, Family Violence theorists are more likely to research situational couple violence, which occurs when both partners use violence in order to solve conflicts within the relationship (M. P. Johnson, 2006).

Consequently, by governing bodies supporting one theory over another it significantly impacts on services and initiatives, as they only look at IPV from a certain perspective (Caldwell et al., 2012). For example, Feminist theory has been the most supported

perspective by governing bodies, which has resulted in the attitude that males are the primary perpetrators of IPV and that females only perpetrate IPV to defend themselves from male perpetrators (Sorenson & Taylor, 2005). Therefore, reduction initiatives such as treatment programs are only developed for male perpetrators (Pender, 2012). Furthermore, violence prevention campaigns focus on developing a societal attitude through media campaigns that male perpetrated IPV needs to be eradicated and fail to focus any attention on female perpetrated IPV (Robertson & Murachver, 2007).

The research into the area of risk factors has identified an extensive array of variables that increase the risk of IPV occurring, such as high rates of stress, low education levels, unemployment, and depression (Magdol et al., 1997; Russell & Hulson, 1992; Schumacher et al., 2001; Stith et al., 2004). Furthermore, alcohol use has been identified as a significant risk factor for IPV perpetration (Fals-Stewart, 2003; Foran & O'Leary, 2008; Klostermann & Fals-Stewart, 2006; Taft et al., 2010), with as many as 60% of female victims reporting that alcohol consumption happened prior to IPV occurring (Roberts, 1987). In addition, poor anger management ability has also been identified to be a significant risk factor for IPV, with male perpetrators scoring high on both state (current) and trait (general) levels of anger (Norlander & Eckhardt, 2005; Parrott & Giancola, 2004). Historical experience with IPV has also been determined as a significant risk factor, it seems that both witnessing IPV occurring during childhood (Kalmuss, 1984) or experiencing IPV in a previous relationship leads to a more accepting attitude towards IPV and increases the risk for IPV perpetration in later relationships (Gass, Stein, Williams, & Seedat, 2011; Gray & Foshee, 1997). However, one limitation of research regarding risk factors is that the focus has been primarily on male perpetrated IPV. This can be attributed to the societal attitude that male perpetrated IPV is more of a significant problem than female perpetrated IPV (Nowinski & Bowen, 2012).

### ***2.2.2 IPV reduction research***

Whilst public perception of appropriate consequences for IPV perpetration may be to sentence perpetrators to prison, research has been unable to identify a change in perpetrators attitudes towards IPV and a reduction in recidivism rates of IPV using this

approach (Babcock & Steiner, 1999). Therefore, community based (court ordered if necessary) treatment interventions is the best option for reducing IPV perpetration. Consequently the primary focus of reduction research is to determine the efficacy of treatment programs and other reduction initiatives, such as violence prevention campaigns in changing attitudes towards IPV and in turn reducing the occurrence of IPV (O'Hare, 1996).

IPV treatment programs were first introduced in the 1970s (Walker, 1999). As with treating other behavioural issues over the years there have been many treatment methods developed for IPV treatment (Lawson, Kellam, Quinn, & Malnar, 2012). Two popular methods are the Duluth model and the Cognitive Behavioural model. The Duluth model is derived from the Feminist theory of IPV (Pence & Paymar, 1993; Pender, 2012). The Duluth model is a 28 week psycho-educational program for males, where the primary focus is to change participants' attitudes from beliefs that favour patriarchal sex roles within relationships, to attitudes that support more egalitarian relationships between male IPV perpetrators and their female partners (Lawson et al., 2012). The other popular treatment method the Cognitive Behavioural model focuses on changing learned behaviour, by helping perpetrators to develop non violent alternatives to IPV in order to achieve desired outcomes and address conflict (Babcock, Green, & Robie, 2004).

Critics of the Duluth and Cognitive Behavioural treatment methods argue that they are too narrow in their focus (Scott, 2004). For example, the Duluth model has only been designed for male perpetrators and only considers attitudes favouring sex roles to be the cause of IPV (Pender, 2012). Alternatively the Cognitive Behavioural model only considers IPV to be a learned behaviour and does not focus on any other possible causes of IPV, such as positive attitudes towards IPV (Lawson et al., 2012). Therefore, neither of these treatment programs are entirely suitable for all perpetrators of IPV. Furthermore, the effectiveness of IPV treatment programs in changing perpetrators attitudes towards IPV and stopping reoffending rates has not been established. A meta-analysis conducted by Babcock and colleagues (2004) found that of the 22 studies they examined, the effect of treatment on recidivism rates, as reported by police and IPV perpetrators partners, was small ( $d = .04$  -

.35). Therefore, overall results suggest that the current treatment methods are at best marginally effective at reducing IPV perpetration (Lawson et al., 2012).

Violence prevention campaigns are of significant importance in IPV reduction research as they promote changes in attitudes towards IPV across all levels of the community (Keller et al., 2010). Violence prevention campaigns aim to raise awareness about the severity of IPV and to change societies' acceptance of myths related to IPV, particularly those myths that relate to blame towards victims and denial about the severity of IPV (Keller et al., 2010; Wolfe & Jaffe, 1999). Therefore, target audiences for violence prevention campaigns are entire communities, although specific focus is on perpetrators and victims as violence prevention campaigns often convey messages about services available for both perpetrators and victims (Keller et al., 2010).

In New Zealand various violence prevention campaigns have been implemented over the past 20 years (Busch & Robertson, 1993). The most recent campaign 'It's not OK' was launched in 2007. This initiative uses a social marketing framework, such as television and community based advertisement, to provide an audience focused approach that changes behaviours by establishing an environment that supports appropriate behaviour instead of purely focusing on individual negative behaviour . This approach is not about naming and shaming perpetrators but rather inspiring them to change by providing motivating messages from historical perpetrators of IPV (Areyouok, 2012). Furthermore, this violence prevention campaign focuses on educating New Zealanders to understand that family violence is a serious social issue and that there is a need for social change to occur, meaning all New Zealanders need to be determined to eradicate family violence from society (Areyouok, 2012).

### **2.2.3 Attitude**

The third area of research that will be discussed in this section relates to attitudes. There are three key areas that will be explained. The first looks at research that identifies and explores attitudes of perpetrators, the second focuses on research that has looked at attitudes of

victims, and the third area looks at research that identifies and focuses on attitudes of the general public.

#### ***2.2.4 Attitude of perpetrators***

Attitudes of perpetrators towards IPV are generally explored for two main reasons. Firstly for preventative research, to establish if having a favourable attitude towards IPV is a risk factor for IPV perpetration. Secondly, attitudes of perpetrators are explored for reduction research, in order to determine if attitudes towards IPV change as a consequence of attending treatment programs.

In exploring attitudes towards IPV from a risk factor standpoint, researchers have established that having an attitude that supports the use of IPV is considered to be one of the strongest predictors for IPV perpetration (Russell & Hulson, 1992; Stith et al., 2004). Straus (1980) found that 31% of men and 25% of women could see some justification in using IPV against their partner, and overall perpetrators expressed more approval of the use of IPV than non-perpetrators. Researchers have argued that the link between attitude and IPV perpetration in relationships relates specifically to perpetrators having beliefs that align with the notion of couples maintaining traditional sex roles within relationships (Stith et al., 2004). It is these sex roles that have, at least historically, attributed greater power to one member of that relationship, typically the man (Caldwell et al., 2012). The use of IPV is seen as one way of maintaining power within that relationship (Russell & Hulson, 1992; Schumacher et al., 2001). Therefore, by having an attitude that condones sex roles, it is more likely that the perpetration of IPV is condoned (Finn, 1986) and then used.

The accepting attitudes that perpetrators have towards IPV is challenged and changed when they attend treatment programs. Although the primary purpose of treatment programs is to reduce and stop perpetrators from further committing acts of IPV (see section 2.2.2), in order for this goal to be achieved perpetrators attitudes towards IPV need to change. However, in exploring the effectiveness of treatment programs in changing perpetrators', attitudes towards IPV, there appears to be an inconsistency in results (O'Leary, Woodin, & Fritz, 2006). Evaluation of a Duluth modelled court ordered program did not determine any

significant change in attitudes of male participants towards women and relationships over the course of treatment (S. Johnson, 2007). Comparatively a review of a psycho-educational program in a male correctional facility also found no significant difference in attitudes of men towards women or their sex roles (Wheeler, 2008). On the other hand, research that controlled for response bias was able to determine that male perpetrators who completed a Duluth modelled treatment program did change their attitudes towards acceptability of perpetrating IPV and a reduction in their sex role beliefs after completing the program (Craig, Robyak, & Torosian, 2006). One possible explanation for the mixed results is that perpetrators often have a tendency to under report what their actual beliefs about IPV are, therefore even if their attitudes did change it would only appear to be a minor change as they under reported their beliefs to begin with (Eckhardt, Samper, Suhr, & Holtzworth-Munroe, 2012).

### ***2.2.5 Attitude of victims***

Research in this area seeks to determine what victims' attitudes are towards IPV, specifically focusing on whether victims' attitudes towards IPV is a risk factor of IPV occurring. Furthermore, research in this area also seeks to establish if violence prevention campaigns are successful in helping victims to develop attitudes that disapprove of IPV and to encourage and help them to seek support from services. These two areas will briefly be discussed in the following section.

When establishing the relationship between attitudes towards IPV and victimisation, research appears to focus exclusively on female attitudes, with few studies available that have investigated if attitude is a risk factor for male victims of IPV (Robertson & Murachver, 2007). Research conducted in Eastern societies has consistently found that female victims have an attitude that supports the use of IPV (Archer, 2006; Koenig et al., 2003; Sayem, Begum, & Moneesha, 2012). For example, Sayem and et al. (2012) found that women in their study had an attitude that IPV was an appropriate reaction from males when their wife's behaviour deviates from what is socially or personally acceptable. Females victims in Western societies on the other hand generally tend to have less accepting attitudes towards IPV (Archer, 2006). In fact research completed by Sugarman

and Frankel (1996) established that female victims had even more liberal attitudes towards social norms regarding sex roles than females who were not victims. The accumulation of this evidence shows that there is a cultural difference in female victims' sex role beliefs and approving attitudes towards IPV.

With the historical tendency for victims of IPV to keep their experiences hidden and fail to seek support, there has been a focus on whether violence prevention campaigns have successfully been able to amend victims' attitudes, in particular female victims' attitudes towards the acceptability of seeking help (Keller et al., 2010). Violence prevention campaigns in New Zealand have reported some success in this area. The New Zealand Police Family Violence Campaign, launched in the late 1990's reported that there was a 35% increase in women seeking help from refuges, not only for accommodation but also for advice and support (Batistich, 2004). Furthermore, evaluation of the 'It's not OK' campaign suggests that 22% of people have taken steps to amend their situation and seek help (Areyouok, 2012). On the other hand information reported by the New Zealand Family Violence Clearinghouse (2009) advise that female victims of IPV remain less likely to report the occurrence of IPV than victims of other crimes, as many females still maintain the attitude that IPV is a private matter and that police and other services are unable to help. What this section identifies is that further research is needed to determine how effective violence prevention campaigns are in changing IPV victims' attitudes towards seeking help.

### ***2.2.6 Attitude of the general public***

Research in this field seeks to establish what the attitudes of the general population towards IPV are and to determine what factors may influence these attitudes. This area of attitude research is the focus of the current study and will be explained in greater detail in Chapter 3. However, it is important to note that understanding the attitude of the general public is important in IPV research as it can determine what social norms are regarding IPV, which help to evaluate the effectiveness of violence prevention campaigns and provide areas of development for future campaigns (Keller et al., 2010).

In determining what factors influence the general public's attitudes towards IPV there are two key areas that research has examined, respondent variables and scenario variables. With respondent variables researchers seek to establish if specific characteristics of the general public affect their attitude towards IPV (Robertson & Murachver, 2009). Studies have found that there are certain individual differences which impact on the general public's attitudes towards IPV. For example cultural differences and historical experience has been explored as factors that affect public perception of IPV (Archer & Graham-Kevan, 2003; Arias & Johnson, 1989) Furthermore, a number of studies have explored if men and women differ in their attitude towards IPV, although as discussed further in Chapter 3 conflicting findings have been found between gender and attitude towards IPV (Langhinrichsen-Rohling et al., 2004; Robertson & Murachver, 2009; Shields & Hanneke, 1983).

With scenario variables, researchers present participants with examples of IPV scenarios and manipulate the key components of those scenarios to see if participants' attitudes vary (Sorenson & Taylor, 2005). For example, researchers have explored if attitudes regarding acceptability of IPV vary depending on whether the perpetrator or victim in the IPV scenario is male or female (Arias & Johnson, 1989), and also if attitudes towards severity of the IPV vary depending on type of IPV used and the type of relationship the perpetrator and victim have (Langhinrichsen-Rohling et al., 2004). Therefore, as this section has demonstrated research regarding respondent variables and scenario variables and the impact they have on the general public's attitudes towards IPV varies widely. Therefore, both should be researched further and also taken into consideration when reporting on the general public's attitudes.

### **2.3 Critical analysis of IPV research**

In exploring the literature there is one issue of particular concern with research and initiatives in the field of IPV, that is the very narrow focus on only male perpetrators of physical IPV and female victims. As Figure 2 shows, there is a lack of focus on psychological IPV and female perpetrated IPV. Consequently the narrow focus on male

perpetrated physical IPV can significantly affect IPV prevention, reduction, and attitude research.

	Male Perpetrated Intimate Partner Violence	Female Perpetrated Intimate Partner Violence
Psychological IPV		
Physical IPV		

**Figure 2. Focus of IPV research and initiatives**

### ***2.3.1 Psychological IPV***

Despite evidence that suggests that psychological IPV perpetration happens more often than physical IPV in relationships, and that it is perpetrated by both males and females, there has been very little prevention or reduction research conducted to find out more about it, so as to try and reduce or prevent the occurrence of psychological IPV (Langhinrichsen-Rohling et al., 2004; Leen et al., 2013). Research has identified that psychological abuse is just as debilitating, if not more so, than physical abuse as the fear, humiliation, and psychological degradation can have long term effects on victims self esteem (Follingstad, Rutledge, Berg, Hause, & Polek, 1990; Russell & Hulson, 1992). Having a greater understanding of psychological IPV is important as it has been found to be a strong predictor of physical IPV (Langhinrichsen-Rohling et al., 2004). For example, psychological IPV prior to marriage has been found to be the strongest predictor of physical IPV after marriage. Furthermore, Langhinrichsen-Rohling et al. (2004) suggest that as many as 99% of people who have experienced physical IPV have also experienced psychological IPV.

With the knowledge that psychological IPV frequently happens prior to physical IPV it is therefore essential that risk factors for psychological IPV are explored. However, research conducted by Russell and Hulson (1992) proposed that psychological IPV is in fact a minor form of physical IPV, therefore they predicted that risk factors would be the same. They

found that low self esteem in females is a significant risk factor for both male and female perpetrated psychological IPV and that alcohol use by males predicted their perpetration of psychological IPV. Other research has found that having an attitude that supports the acceptability of psychological IPV is also a strong predictor of psychological IPV perpetration for both males and females (Leen et al., 2013). Although there is some research in this area, more research is needed to determine what are the main risk factors associated with psychological IPV.

Failure of research to focus on psychological IPV has contributed to an absence of psychological IPV included in other prevention or reduction initiatives, such as violence prevention campaigns. Therefore, the focus of these campaigns is on preventing and/or reducing the occurrence of physical IPV, this leads to mass media campaigns frequently depicting the devastating effects of physical IPV, showing pictures of victims with physical injuries, such as black eyes (Areyouok, 2012). Not promoting messages focused on reducing psychological IPV can consequently lead to the development of societal attitudes that consider psychological IPV to be less severe and in turn more acceptable than physical IPV (Langhinrichsen-Rohling et al., 2004). Societal attitudes therefore impact on victims and perpetrators developing a belief that psychological abuse is not IPV and therefore this reduces the likelihood that victims and perpetrators of psychological IPV will seek support or receive treatment (Keller et al., 2010).

However, even if perpetrators of psychological IPV do seek out and attend treatment programs, there has been an absence of evaluation research to determine how well current treatment programs address psychological IPV and if they are suitable for perpetrators of psychological IPV (Batistich, 2004). Furthermore, as there is only a limited understanding of the risk factors that contribute to why people perpetrate psychological IPV in the first place, it is therefore difficult to determine exactly what would make up the essential components of a treatment program for these perpetrators (Langhinrichsen-Rohling et al., 2004). This is certainly an area of research that needs to be focused on in future as currently both violence prevention campaigns and treatment programs are not providing appropriate initiatives to prevent and/or reduce the occurrence of psychological IPV.

### **2.3.2 Female perpetrated IPV**

Family violence research provides statistical evidence that supports the argument that females are equally and in some cases, more frequently perpetrators of IPV than males (Robertson & Murachver, 2007). Therefore, consequently males are just as likely to be victims of IPV as females (Archer, 2002; Caldwell et al., 2012; Magdol et al., 1997; Melton & Belknap, 2003; Robertson & Murachver, 2007). However, despite the knowledge that IPV is perpetrated by females, this information is frequently dismissed. IPV perpetrated by females is often viewed as being less damaging and inconsequential compared to male perpetrated IPV, simply because females are generally smaller in stature and weaker in physical strength compared to males (Carney, Buttell, & Dutton, 2007; M. B. Harris, 1991). Alternatively, female perpetrated IPV is also dismissed due to the belief that females only perpetrate IPV in self defence, despite researchers such as Bland and Orn (1986) establishing that as many as 73% of women who use violence against their husbands do so first. Consequently as Melton and Sillito (2012) argue the fact that the occurrence of female perpetration and male victimization is infrequently recognised as legitimate cases of IPV has historically lead to the exclusion of female perpetrators and male victims from the focus of IPV prevention and reduction research and initiatives.

Whilst prevention research has not begun exploring risk factors for male victimisation (Nowinski & Bowen, 2012) it has however begun to identify risk factors for female perpetration of IPV (Sorenson & Taylor, 2005). Preliminary results suggest that risk factors for female IPV perpetration include, having a cluster B personality disorder, an anxiety attachment style which leads to problems with emotional regulation, jealousy, and a fear of abandonment (Goldenson et al., 2009). Similar to male perpetrators, having a history of abuse including experiencing childhood physical abuse, witnessing parental violence and/or experiencing IPV in previous relationships, as well as alcohol abuse/dependence, and low education levels have all been identified as risk factors for female perpetrated IPV (Gass et al., 2011).

Despite the growth in research that is beginning to identify possible risk factors that could lead to female perpetration of IPV, reduction initiatives are still significantly lacking in this

area (Goldenson et al., 2009). Firstly, female perpetrators are less likely than male perpetrators to be legally reprimanded for committing acts of IPV. This can be contributed to both the lack of male victims reporting IPV occurrences and that police and other components of the justice system lack knowledge about female perpetrated IPV and consequently fail to recognise that females can and do perpetrate IPV (Goldenson et al., 2009; Melton & Sillito, 2012). For that reason female perpetrators of IPV are less likely than male perpetrators to be court ordered to attend treatment programs. Therefore with the knowledge that perpetrators are unlikely to voluntarily attend treatment programs, female perpetrators fail to receive treatment and IPV continues to occur in their relationships (Lawson et al., 2012).

An additional concern with reduction initiatives regarding female perpetrators of IPV relates to treatment programs. Currently, the primary focus of treatment programs and research is to evaluate the efficacy of treatment programs relating mainly to treatment programs for male perpetrators (Goldenson et al., 2009). Therefore with the lack of focus on treatment programs for female perpetrators it is not unusual for convicted female IPV perpetrators to be court ordered to attend treatment programs designed for men (Carney et al., 2007). This continues to occur despite a lack of evidence to confirm the suitability of this (Goldenson et al., 2009). The few studies which have explored suitable treatment programs for female perpetrators have determined that the Duluth model is inappropriate as it focuses on patriarchal views of males (Carney et al., 2007).

The final area of concern related to research and initiatives in this area is regarding violence prevention campaigns. Mass media violence prevention campaigns internationally and in New Zealand focus on stopping male perpetrated IPV (Keller et al., 2010). Consequently these campaigns frequently depict images of male perpetrators and female victims, they provide motivational messages for male perpetrators to enter treatment and change their behaviour, and for female victims to seek support (Areyouok, 2012). By not presenting these messages to female perpetrators and male victims it may be inadvertently conveyed that female perpetrators do not need treatment and that male victims cannot get support (Keller et al., 2010). Furthermore, as violence prevention campaigns fail to focus on female

perpetrators of IPV, this has led to the general public having attitudes that are more approving of female perpetrated IPV. This was demonstrated in research completed by Harris (1991) where he found that aggression against females was viewed more harshly than aggression against males, and that female perpetrators' actions were considered to be more acceptable and justifiable. Clearly there is a great need for prevention and reduction research to focus attention on changing attitudes towards female perpetrated IPV and male victims of IPV.

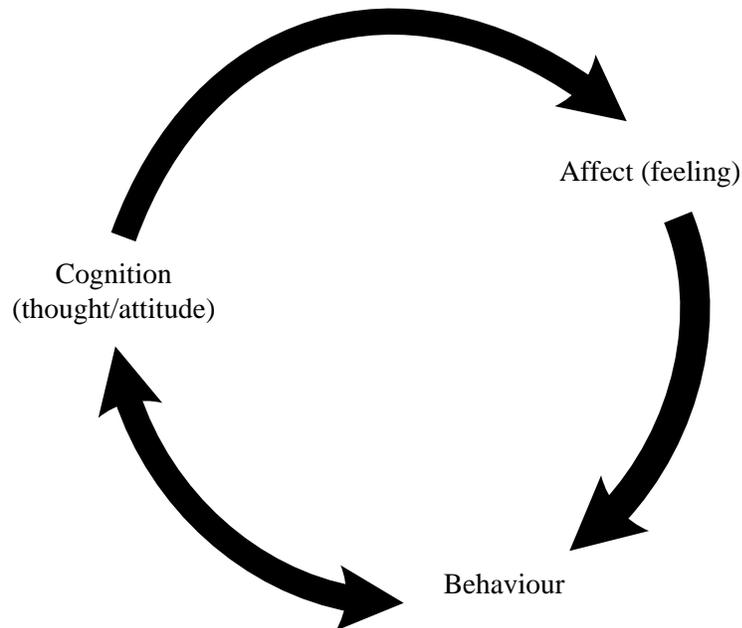
## Chapter 3: Attitudes

When exploring the general public's attitudes towards IPV, research also gains an understanding of perpetrators' and victims' attitudes. Therefore, understanding the attitudes of the general public towards IPV is essential for a number of areas of IPV research and initiatives. For example, preventative research has explored attitudes from a risk factor perspective and has established that having a favourable attitude towards IPV is one of the greatest risk factors for both IPV perpetration and victimisation (Russell & Hulson, 1992; Stith et al., 2004). Reduction research has found how important changing attitudes is in order to stop the perpetration of IPV, therefore research in this area continues to evaluate how successful treatment programs are in changing perpetrators' attitudes towards IPV (Babcock et al., 2004). In addition, violence prevention campaigns endeavour to change victims', perpetrators', and the general public's attitudes towards IPV, with the purpose of encouraging victims to seek support, perpetrators to enter treatment, to provide awareness to the public about the significant problem of IPV, and to help develop an overall disapproving attitude towards the occurrence of IPV (Keller et al., 2010). It is with the above in mind that the purpose of this chapter is to discuss how attitudes are developed in the first place, to illustrate the link between attitude and behaviour, and finally, examine the research which has investigated what individual characteristics can affect the general public's attitudes towards IPV.

### 3.1 Attitude development

Despite beliefs about individuality, in reality the way in which people look at the world and the attitudes and beliefs held about what is right or wrong are largely shaped by the interactions individuals have with the various social circles that they belong to, such as family, sports clubs, etc. (Asch, 1955; Paluck & Shepherd, 2012). Therefore, attitude development can occur in two ways, firstly through observations made from role models and/or society, or secondly through personal experiences gained from interactions with others (Myers, 2005). The ABC model of attitudes (Figure 3) shows how attitudes are developed and can change. In order for any experience or observation to progress into the

development of an attitude towards someone or something, the individual would need to experience a cognition (a thought), an affective reaction (a feeling), and an action (a behaviour or intended behaviour) towards that experience (Myers, 2005). For example, a person sees a violence prevention campaign advertisement with images of a victim of IPV. The individual could think ‘does that really happen, that is disgusting’, and feel sad, annoyed, and shocked, the intended behaviour could be to avoid IPV. Therefore, the individual would likely develop an attitude that IPV is not acceptable and needs to be avoided.



**Figure 3. ABC model of attitude**

### **3.1.1 Social norms**

Individual attitudes are generally a representation of collective attitudes, therefore to establish how attitudes develop it is important to understand social norms. Social norms are collective attitudes, rules although not necessarily laws developed within a society (or culture) that determine appropriate behaviour (Chaplin, 1985). Miller and Prentice (1996) claim that social norms are developed and sustained by observing the behaviours of others,

the more universally acceptable or supported the social norms appear to be, the more likely they will be endorsed by others. The theory of normative social behaviour suggests that when an individual believes that a large number of other people are acting in a certain way (referred to as descriptive norms) and that it is acceptable to act in such a way (referred to as injunctive norms), it is more likely that the individual will take part in that behaviour themselves (Halim, Hasking, & Allen, 2012). An example of this occurs in Eastern societies where male perpetrated IPV is seen as normal behaviour, an attitude fostering the acceptability of this behaviour is held by most members of those societies including both males and females (Locke & Richman, 1999; Walker, 1999). This by no means implies that attitudes are static, for example when violence prevention campaigns use prominent members of society in their advertising campaigns, such as political leaders and celebrities, their positions as influential role models in society can result in social norms and individual attitudes changing (Carcioppolo & Jensen, 2012).

### ***3.1.2 Classical/Operant conditioning***

As attitudes are developed through experience, conditioning theories can also help to further explain how attitudes are formed. The theory of Classical (respondent) Conditioning was developed by Ivan Pavlov (Pavlov & Gantt, 1941), he established that the pairing of two stimuli together will elicit a response, the response is either unconditional, which means that it naturally occurs, or conditioned, meaning that the particular response happens because it is a reinforced response (Martin & Pear, 2007). For example, a person hears their neighbours involved in what appears to be a very heated argument, feeling fearful and worried the natural (unconditioned) response would be thoughts that this behaviour needs to stop, therefore they call the police. Alternatively if an individual has seen IPV occurring between their parents during their childhood, when the individual hears the neighbours arguing the individual is conditioned into having an attitude that these types of arguments happen in relationships, this will likely fail to illicit any feelings of fear and concern. Therefore, the individual's conditioned response might be to ignore the argument as they did not see a need to get involved and the argument eventually stops.

Alternatively with Operant Conditioning, behaviours that are followed by positive outcomes are reinforced (Martin & Pear, 2007). As attitudes and behaviours are strongly linked (Myers, 2005) this theory can help to explain how attitudes are developed and reinforced. For example, if every time a person psychologically abuses their partner s/he stops arguing with them and a positive outcome occurs for the perpetrator such as getting their own way, the use of psychological IPV gets reinforced. Therefore, the perpetrator develops an attitude that this is the appropriate behaviour to use to get the outcome they want and the psychological IPV continues. Attitudes can also be learned through observation, for example, if a child witnesses psychological IPV occurring between their parents they too can also develop the attitude that psychological abuse is acceptable behaviour in order to get what they want (Paluck & Shepherd, 2012). This attitude toward psychological IPV becomes further reinforced when the child becomes an adult and tries this behaviour on his/her partner in order to get a desired outcome and if successful, they will continue to have the attitude that psychological IPV is acceptable and continue to psychologically abuse their partner.

### **3.2 How behaviour changes attitude**

The direction of the relationship between attitude and behaviour has until now been discussed in terms of attitudes and feelings influencing behaviour or a tendency to behave in a certain way. However, as the ABC model of attitude (Figure 3) shows, this relationship is cyclic in nature, therefore it is also possible that a person's behaviour can influence their attitudes (Myers, 2005). Two theories that help to explain this well and will be discussed next are, Cognitive Dissonance and Self Perception theories.

#### ***3.2.1 Cognitive Dissonance theory***

Festinger's (1957) Cognitive Dissonance theory maintains the notion that attitudes change as a direct consequence of a desire to ensure consistency among any two simultaneously occurring cognitions. Festinger's research determined that we feel tension (dissonance) when two thoughts or beliefs are different; dissonance is manifested by feeling unsure about doing or saying something due to the two conflicting thoughts. In an attempt to

reduce the uncomfortable feeling, to increase consonance, and reduce dissonance a person will do one of three things: 1) change one or more of the competing cognitions or beliefs, 2) acquire new information that will strengthen the appropriateness of one or one set of cognitions over the other/s or, 3) forget or reduce the importance of one or more cognitions by rationalising why one belief is better than the other. With IPV, victims generally attempt to rectify dissonance by rationalising why IPV is acceptable, for example, Whiting et al. (2012) established that IPV victims are frequently in denial about their experiences, claiming that their victimisation is not as severe as it seems, that their partner loves them, and that they were at fault for the abuse occurring.

In addition to Cognitive Dissonance theory, Festinger's (1957) research extended to exploring the tension or discomfort when one's thoughts and behaviour are not consistent, a phenomena he called Dissonance theory. Similarly to Cognitive Dissonance theory, when lack of consistency is established between attitudes and behaviour, steps are taken in order to restore the equilibrium and in turn remove the uncomfortable feeling. If an adequate external reason to justify one thought or behaviour over another is not feasible, to reduce the dissonance a thought or behaviour is justified internally, this is referred to as the insufficient justification effect (Myers, 2005). For example, an individual has not intervened, nor offered help to his friend who he knows is getting psychologically abused by his partner. A violence prevention campaign message aired on television reports that it is the public's duty to help people who are in violent relationships. The individual experiences dissonance between their behaviour and thoughts. After rationalising that their friend would ask for help if he needed it and that he would not want someone to intervene if he was in that situation (insufficient justification effect), consonance is returned as his thoughts (attitudes) are now realigned with his behaviour.

### ***3.2.2 Self Perception theory***

An additional theory that can help to explain how behaviour can lead to change in attitudes is called Self Perception theory. We make inferences about other peoples' attitudes by looking at their behaviour and attribute their actions as either being driven by their attitudes or environmental factors. With Self Perception theory if our own attitudes are weak or

ambivalent then we would infer what our attitudes are by observing our own behaviour and the context in which it occurs (Myers, 2005). The theory of Self Perception can help to explain the attitude differences towards IPV of people with and without a history of IPV. For example, Arias and Johnson (1989) found that both men and women who reported experiences as either a perpetrator or victim of IPV considered IPV acts to be more acceptable than people without a history of IPV. Therefore, it is possible being involved in IPV type behaviour lead to the inference by both the perpetrator and victim that IPV is acceptable. What is difficult to determine is whether the accepting attitude towards IPV occurred before or after the IPV behaviour took place. However, as the ABC model of attitude (see Figure 3) suggests, thoughts, feelings, and behaviour are all interconnected. Therefore, if we can identify how we are feeling by looking at our behaviour and change how we are thinking and feeling by changing our behaviour it is only logical that we could infer how we are thinking (our attitude) by looking at how we are behaving (Olson & Kendrick, 2008).

### **3.3 Changing attitudes**

The previous discussion illustrates that there are a number of ways in which attitudes are formed. Whilst at times our attitudes may appear rigid they are changeable, and the same ways in which attitudes are formed can also explain how attitudes can be changed (Myers, 2005). For example, through Operant Conditioning, if the consequences of perpetrating IPV were not positive, this behaviour would not be reinforced and therefore would not be considered appropriate behaviour. Furthermore, if societal norms changed and IPV was not considered to be normal or acceptable behaviour, our attitudes would change to reflect the same (Carcioppolo & Jensen, 2012). Therefore, knowing that attitudes are changeable highlights the importance of continuing to develop effective violence prevention campaigns which focus on changing societal attitudes regarding IPV towards attitudes that are disproving of the occurrence of IPV under all circumstances.

### **3.4 Factors influencing public attitudes towards IPV**

Exploring the attitude of the general public towards IPV can help to develop an understanding about what the collective attitudes (social norms) are towards IPV (Miller & Prentice, 1996). Research in this area has focused on whether individual differences may influence the public's attitudes towards IPV (Bryant & Spencer, 2003; Langhinrichsen-Rohling et al., 2004). Having an understanding of attitudes towards all aspects of IPV, and what factors may influence these attitudes is important to know as they provide suggestions for areas of focus for future violence prevention campaigns. Furthermore, as long as societal attitudes are not disapproving of all types of IPV or are more tolerant to IPV under certain circumstances then the occurrence of IPV will continue to go under reported, there will continue to be a lack of empathy and support for some victims, and there will fail to be a change in the social stigma and consequences to deter IPV perpetration (Gracia, 2004; Robertson & Murachver, 2009). Therefore, this thesis seeks to determine what the attitude of the New Zealand public is towards the occurrence of both male and female perpetrated, physical and psychological IPV. Additionally, respondent characteristics of gender, history of IPV, and age will also be explored to determine if respondent characteristics impact on attitudes towards IPV. The aforementioned areas of focus in this study will be outlined over the remainder of this chapter to provide a clear understanding on the reasons for their inclusion.

#### ***3.4.1 Gender of perpetrator***

Intimate partner violence theories, in particular Feminist theory, have shaped public opinion towards IPV (Finn, 1986; Locke & Richman, 1999; Melton & Belknap, 2003; Robertson & Murachver, 2009). A consequence of this focus is that research and violence prevention campaigns have generally focused on exploring and changing attitudes towards male perpetrated violence (Robertson & Murachver, 2009). This male focused bias continues even though there is now evidence to show gender symmetry in IPV perpetration (Caldwell et al., 2012; M. P. Johnson, 1995; Melton & Belknap, 2003). An example of this traditional theory view is the current violence prevention campaign in New Zealand 'It's not ok' which still focuses on male perpetrators (Areyouok, 2012). In addition, there is a significant lack of research focusing on female perpetrated IPV (as discussed in Chapter 2),

due to the occurrence of female perpetrated IPV being generally dismissed, being viewed as justified, or insignificant (Arias & Johnson, 1989; Bland & Orn, 1986; Carney et al., 2007; M. B. Harris, 1991; Robertson & Murachver, 2009).

Consequently when research has explored what the general publics' attitudes are towards male and female perpetrated IPV, significant differences in attitudes emerge. Research by Carlson (1999), Harris (1991), and Robertson and Murachver (2009), established that participants were more disapproving of male perpetrated IPV than female perpetrated IPV. Furthermore, Robertson and Murachver (2009) found that gender of the perpetrator was one of the most influential factors in determining a respondent's attitude towards the IPV scenario. Researchers have suggested that social norms are reflected in public attitudes towards IPV (Robertson & Murachver, 2007), and these results highlight the seemingly different rules around male and female perpetrated IPV and attitudes condoning the occurrence of both.

### **3.4.2 *Type of IPV***

In attempting to reduce the occurrence of IPV, violence prevention campaigns have focused on changing and/or ensuring that the general public have an attitude that IPV is unacceptable (Keller et al., 2010). Despite this the focus of violence prevention campaigns is on stopping physical violence with little or no mention of psychological violence (Leen et al., 2013). The focus on physical IPV continues regardless of the knowledge that psychological IPV happens more often and can be more debilitating than physical IPV (Follingstad et al., 1990). As discussed in Chapter 2 only limited research has compared public attitudes towards psychological and physical IPV (Leen et al., 2013). Exploring this area is important as public attitudes towards psychological IPV impacts of perpetrators receiving treatment and victims seeking support (Langhinrichsen-Rohling et al., 2004).

Furthermore, exploring differences in attitudes towards (physical and psychological) IPV can help to determine if psychological IPV is actually considered to be abuse by the general public. This question has been explored by Carson (1999; 2005) on two occasions. On the first occasion students were asked to rate a number of IPV scenarios for the level of

severity of abuse. Threatening to inflict physical IPV (psychological IPV) was not considered to be abusive when compared to committing even minor forms of physical IPV. Similarly, with a large community based sample in America, Carlson and Worden (2005) established that only acts of physical aggression were considered to be IPV, not verbal aggression. In addition, Langhinrichsen-Rohling et al. (2004) found that participants considered physical IPV to be significantly more abusive and violent than psychological IPV. Further exploration to determine if there is a difference in attitudes towards physical and psychological IPV can therefore lead to suggested areas for violence prevention campaigns to expand on in the future.

### ***3.4.3 Gender of participant***

In addition to the above discussed scenario characteristics, respondent characteristics are also a focus of this research. This study intends to identify if differences exist between the gender of participants and their attitudes towards IPV. Participant gender has previously been identified as an important contributing factor in influencing attitudes towards IPV (Langhinrichsen-Rohling et al., 2004; Shields & Hanneke, 1983).

The majority of research in this area has identified that there is a clear difference between male and female attitudes towards IPV. Men tend to be less disapproving of IPV and believe, more than women, that males have the right to use force against their female intimate partners (Langhinrichsen-Rohling et al., 2004). Women on the other hand are more sympathetic towards victims and view abuse more harshly than males (R. J. Harris & Cook, 1994). However, research conducted by Robertson and Murachver (2009) with a New Zealand sample found that men and women were equally likely to be opposed to IPV. Although there is no clear reason as to why the results from Robertson and Murachver's study differed from those of other researchers (Bryant & Spencer, 2003; R. J. Harris & Cook, 1994; Langhinrichsen-Rohling et al., 2004), Robertson and Murachver (2009) did suggest that a possible reason is that the violence prevention campaign 'It's not OK' was promoting a media campaign at the time encouraging society to develop or maintain an attitude that male perpetrated IPV is not acceptable (Areyouok, 2012), this campaign could

have contributed to both males and females presenting an attitude that was equally disapproving of IPV.

Researchers have found that there are two key reasons as to why there are differences in male and female attitudes towards IPV and these are sex roles and gender specific socialisation processes (Bryant & Spencer, 2003; Langhinrichsen-Rohling et al., 2004). Men and women are generally socialised in different ways and are consequently socialised to have notions about how each gender should behave (sex role beliefs). Men with more traditional sex role beliefs are more likely to find male perpetrated IPV more acceptable than females and males with more egalitarian attitudes (Langhinrichsen-Rohling et al., 2004). Finn (1986), found that men far more often than females continue to hold traditional sex role attitudes and for men traditional sex role attitudes is one of the stronger predictors for attitudes supporting IPV.

#### ***3.4.4 History of IPV***

The relationship between people having a history of IPV and their attitudes towards IPV has been extensively researched (Arias & Johnson, 1989; Reitzel-Jaffe & Wolfe, 2001; Robertson & Murachver, 2009; Russell & Hulson, 1992; Spaccarelli, Coatsworth, & Bowden, 1995; Stith et al., 2004), particularly since there is an understanding that attitudes are developed through experience, either direct experience or through observations (Myers, 2005). Therefore, attitudes towards IPV are thought by some to develop as a result of experiences within one's family of origin (Reitzel-Jaffe & Wolfe, 2001). If the acceptability of IPV is role modelled to children, through witnessing their parents committing IPV acts towards one another, they are more likely to develop positive beliefs regarding IPV and perceive it to be an appropriate way to address conflict within a relationship (Robertson & Murachver, 2009). For example, in a study of 213 adolescent males, it was established that violence in their family of origin had a significant effect on their attitudes towards violence in general and specifically on their attitudes towards IPV (Spaccarelli et al., 1995).

Alternatively, other researchers have suggested that attitudes towards IPV are influenced by an individual's personal abuse history, in that people who have experienced IPV as either a

perpetrator or victim have attitudes that condone the occurrence of IPV (Arias & Johnson, 1989; Robertson & Murachver, 2009; Stith et al., 2004; Straus, 1980). In addition, Arias and Johnson (1989) found that there are also gender differences in attitudes among perpetrators with a history of IPV, with male perpetrators viewing IPV less negatively than female perpetrators. Victims on the other hand, regardless of gender rated female perpetrated and less severe forms of male perpetrated IPV less negatively than those without such history (Arias & Johnson, 1989). On the other hand Bethke and Dejoy (1993) found that having a history of IPV did not impact on attitudes towards IPV, they suggested that as their sample was college students, they had relatively limited exposure to IPV in past relationships, and therefore had only a minimal history of IPV.

Although the findings on whether a history of IPV influences attitudes towards IPV seem mixed, it does appear that people with a history are more tolerant of IPV, than those without a history (Bryant & Spencer, 2003). Self Perception theory discussed earlier in this chapter can provide one possible explanation for why people with a history of IPV tend to have a more accepting attitude towards IPV. After experiencing IPV in a previous relationship the individual rationalises their experience and changes their attitude to match their behaviour, consequently maintaining an attitude that IPV is acceptable (Cate, Henton, Koval, Christopher, & Lloyd, 1982). Therefore, as the ABC model of attitude suggests (see Figure 3), it is possible that behaviour can influence attitude, rather than only attitude influencing behaviour.

### **3.4.5 Age**

The final factor of interest in the present study is age. Of particular interest is exploring the impact that age has on attitudes towards IPV and to establish if there are differences in attitude between different age cohorts. As previously discussed, attitudes are shaped by experience (Myers, 2005). It is this notion that helps to explain why it would be more likely that younger generations would hold more negative views towards IPV, as they have had less experience with IPV and more exposure to stopping violence campaigns (Wolfe & Jaffe, 1999). While older generations have also in later years been exposed to stopping violence campaigns, as Cognitive Dissonance theory explains it is more likely that their

historical experience of IPV in childhood and in previous relationships, would maintain their accepting attitude towards IPV (Festinger, 1957). As when dissonance occurs between thoughts about acceptability of IPV developed through experience, and thoughts about unacceptability of IPV produced by exposure to violence prevention campaigns, older stronger beliefs are upheld and weaker beliefs are forgotten or rationalised away (Festinger, 1957; Wolfe & Jaffe, 1999).

The finding that older generations have more acceptable attitudes towards IPV has been further supported by other researchers particularly in relation to attitudes towards physical IPV differing across age cohorts (Bryant & Spencer, 2003; Cate et al., 1982; Sayem et al., 2012). For example, Carlson and Worden (2005) found that older generations were more likely to believe that IPV is more acceptable than younger generations. Furthermore, they also found that men over the age of 55 were more accepting of the act of slapping their female partners than younger men, to the extent that many did not consider the behaviour to be IPV (Carlson & Worden, 2005).

However, there is also research to show that younger generations tend to be more accepting of IPV than older generations (Hindin, 2003; Koenig et al., 2003; Simon et al., 2001; Sorenson & Taylor, 2005). For example, research conducted in Uganda (Koenig et al., 2003) and Zimbabwe (Hindin, 2003), found that younger people, in particular younger women were more accepting of male perpetrated IPV and could justify situations in which IPV perpetration was acceptable. In addition, research conducted in the United States found that men younger than 35yrs were more justifying of IPV perpetration than other age groups (Simon et al., 2001). One possible explanation for these results relates to the greater susceptibility to peer pressure and social norms of younger generations (Carlson, 1999). Younger generations are more likely than older generations to have larger social networks and are more likely to be influenced into developing attitudes regarding acceptable behaviour by observing the behaviour of their peers (Paluck & Shepherd, 2012). Therefore, with the rate of physical and psychological IPV peaking between the ages of 25 – 39yrs (26.6% and 42.8% respectively) and reducing thereafter, there would be a significant number of younger people who are either involved in IPV relationships or know someone

who is (McLaren, 2008). This section highlights that there is a difference between older and younger generations and attitudes towards IPV. However, the results are mixed as to which age groups are more accepting of IPV, therefore more research is needed to help to gain clarity.

## Chapter 4: Present Study

The purpose of this study is to explore what the general public's attitudes are towards IPV.

The aims of this study are to:

- Explore difference in attitudes towards IPV.
- To contribute to the research literature on public attitudes towards IPV in New Zealand.
- To explore the impact specific factors have on public attitudes towards IPV.
- To provide suggestions for future research and violence prevention campaigns.

### 4.1 Hypotheses

1. Male perpetrated IPV will be scored lower on the attitude towards IPV measure than female perpetrated IPV. Therefore male perpetrated IPV will be viewed as more unacceptable than female perpetrated IPV.
2. Physical IPV will be scored lower on the attitude towards IPV measure than psychological IPV. Consequently physical IPV will be considered as more unacceptable than psychological IPV.
3. Men will score higher on the attitude towards IPV measure than females. Suggesting that men will consider IPV to be more acceptable than females.
4. Participants with a history of IPV will score higher on the attitude towards IPV measure than participants without a history of IPV. Therefore participants with a history of IPV will have an attitude that is more accepting of IPV than participants without a history of IPV.
5. Older generation (46yrs or greater) will score higher on the attitude towards IPV measure than the younger generations (less than 46yrs). Consequently the older generation will have a more accepting attitude towards IPV than the younger generations.

## Chapter 5: Method

### 5.1 Research design

A between subjects cross sectional design was used for the present study. This research explored participants' overall attitude towards intimate partner violence (IPV), by also examining attitudes towards male and female perpetrated IPV, and physical and psychological IPV. Furthermore, participants were assigned to groups based on their gender, age, and history of IPV, resulting in a 2 x 3 x 2 factorial design. This enabled comparisons to occur between participants in these three categories and their attitudes towards IPV.

### 5.2 Participants

A total of 216 people ( $n = 179$  females and  $n = 37$  males) consented to participating in the study by completing the electronic questionnaire. The demographic characteristics of the sample are shown in Table 1. According to Pallant (2011) there was an adequate range of ages throughout the first three categories, since the number of participants in each age group varied by no more than 50%, although only 1.4% of participants were aged over 66yrs. In addition, 36.3% of participants reported earnings less than \$20,000, this is reasonably aligned with the 2006 New Zealand census where 43.2% of people in New Zealand reported earning less than \$20,000 per year (New Zealand Statistics, 2006). Furthermore, 81.5% of participants indentified as having obtained post school qualifications, this is high compared to the 2006 census where only 39.9% of New Zealanders have obtained a qualification after leaving school (New Zealand Statistics, 2006).

What this suggests is that although attempts were made to obtain a generalised sample of the New Zealand population this has not been entirely successful. Therefore, results obtained from this study need to be interpreted with caution as they may not be applicable to the New Zealand public as a whole.

**Table 1. Demographic characteristics of the sample**

N = 216		
Gender	Male	37 (17%)
	Female	179 (83%)
Age	Under 30 years	85 (39.4%)
	31-46 years	81 (37.5%)
	47-65 years	47 (21.8%)
	66 and above	3 (1.4%)
Ethnicity	NZ European	166 (76.9%)
	Maori	21 (9.7%)
	Asian	6 (2.8%)
	Samoan	2 (0.9%)
	Indian	3 (1.4%)
	English	4 (1.9%)
	South African	4 (1.9%)
	Other	10 (4.6%)
Income	Below \$20,000	79 (36.6%)
	\$20,000-\$39,000	54 (25%)
	\$40,000-\$59,000	39 (18.1%)
	\$60,000-\$79,000	30 (13.9%)
	More than \$80,000	14 (6.5%)
Education	No Qualifications	10 (4.6%)
	Secondary School Qualification	31 (14.4%)
	Tertiary Qualification	173 (80.1%)
	Other Qualification	2 (0.9%)
Employment	Unemployed	13 (6.0%)
	Student	63 (29.2%)
	Retired	7 (3.2%)
	Part Time/Casual/Temp	31 (14.4%)
	Full Time	77 (35.6%)
	Self Employed/Business Owner	13 (6.0%)
	Stay at Home Parent	10 (4.6%)
	Other	2 (0.9%)

### 5.3 Measures

There were three main parts to the questionnaire used in the present study. The first section included demographic questions. The second section consisted of 8 scenarios used to determine what participants' attitudes were towards IPV. The third section was made up of the revised Conflict Tactics Scale (CTS2) (Straus, Hamby, Boney-McCoy, & Sugarman, 1996), which was used to establish whether participants had a history of abuse.

### **5.3.1 Demographic questions**

A total of 6 demographic questions were included in the questionnaire. The items were used to establish whether the sample included in this study was a fair representation of the intended population (people residing in New Zealand over the age of 16).

In addition to this, answers to the two demographic questions regarding age and gender, were used to establish if there was a relationship between these variables and attitudes towards IPV. As Table 1 shows, a very small number of participants identified as being over the age of 66yrs (1.4%). When completing statistical analysis, in order to get accurate results, it is important that comparison groups are similar in size (Pallant, 2011). Therefore a decision was made to exclude participants over the age of 66yrs from the analysis that explored whether the respondent characteristic of age affected attitude towards IPV.

There was also a significant difference in the number of male ( $n = 37$ ) and female ( $n = 179$ ) participants in this sample, however as discussed in Chapter 6 a non-parametric alternative to an independent t-test was able to be used to address this concern.

### **5.3.2 Attitude questionnaire**

The attitude questionnaire was used to determine what participants' overall attitudes towards IPV were, as well as attitudes towards both psychological and physical IPV, perpetrated by either a male or female. To measure these variables researchers have previously used techniques such as semi-structured interviews (Langhinrichsen-Rohling et al., 2004; Robertson & Murachver, 2009), indirect measures of attitudes (Robertson & Murachver, 2007), complex vignettes (Sorenson & Taylor, 2005), or have focused on only female victims (Saunders, Lynch, Grayson, & Linz, 1987). Therefore, the present study's attitude questionnaire was established by adapting items from both the psychological and physical abuse subscales from the CTS2. To endeavour to have an adequate range of questions, items that were described as both minor and severe forms of physical and psychological abuse by the CTS2 authors were used (Straus et al., 1996). Items with strong Cronbach alpha scores (greater than .70) were selected to endeavour to ensure adequate reliability for this measure.

The measure consisted of 8 items, participants selected on a 5-point Likert scale how acceptable they felt the abusive act was (1 = Completely unacceptable, 2 = Somewhat unacceptable, 3 = Neither acceptable or unacceptable, 4 = Somewhat acceptable, and 5 = Completely acceptable). Half of the items included acts of psychological abuse and half physical abuse. In each of these subgroups, half of the items consisted of female perpetrators and the other half male perpetrators. The attitude measure included items such as ‘While having a verbal disagreement about something at home a man insulted his female partner and swore at her’ and ‘In anger a woman slapped her male partner’ (see Appendix A). Scores ranged from 8 to 40, high scores indicate an attitude that IPV was considered acceptable and low scores indicate an attitude that IPV was considered unacceptable. Participants were also provided with the option to comment on their answers.

To have adequate internal consistency a measure should have a Cronbach alpha coefficient of above .70 (De Vellis, 2003). The Cronbach alpha score for this measure is .83 indicating sufficient internal consistency. As subscales of the measure are used, Cronbach alpha scores were obtained for each of the four subscales. Attitude towards physical IPV and psychological IPV produced Cronbach alpha scores of .89 and .71 respectively. Attitude towards male perpetrated IPV and female perpetrated IPV produced Cronbach alpha scores of .61 and .71 respectively. The Cronbach alpha score of .61 is slightly lower than the acceptable level mentioned above. However, since this measure has not been used before and the items of the subscale were taken from the CTS2 scales which have adequate alpha scores, this subscale was still utilised.

### **5.3.3 Revised Conflict Tactic Scale (CTS2)**

The Conflict Tactic Scale (CTS) is a well known self-report measure, it has been used in over 400 studies since it was devised in 1979 by Murray Straus (Straus, 1979). It measures the extent to which partners in intimate relationships engage in psychologically and physically abusive attacks on each other (both severe and minor acts of IPV) and also their use of reasoning or negotiation tactics to address conflicts (Straus et al., 1996).

The CTS was revised (CTS2) in 1996, it was reformatted to simplify administration, wording was revised to increase clarity and specificity, and two new scales were included (sexual coercion and physical injury), this led to an enhancement in content validity and reliability (Straus et al., 1996). The total number of items in this measure is 78, half of which ask about acts perpetrated by the participant (for example 'I insulted and swore at my partner') and the other half about acts perpetrated by their partner (for example 'my partner insulted and swore at me'). Therefore, the measure ascertains if the participants had been a perpetrator, a victim, or both in either their current or previous relationships (Straus et al., 1996). High scores indicate a history of IPV, whereas low scores indicate little or no experience of IPV.

History of IPV was assessed using a 6-point Likert scale (0 = did not happen, 1 = happened once, 2 = happened twice, 3 = happened 3-5 times, 4 = happened 6-10 times, 5 = happened 11-20 times, and 6 = happened more than 20 times). The CTS2 consists of 5 subscales (Injury, sexual coercion, negotiation, psychological aggression, and physical assault) (Straus et al., 1996). As the focus of this study is on attitudes towards physical and psychological IPV and the purpose of using this measure is to ascertain whether participants have a history of these types of IPV, the 24 items of the physical attack subscale and 16 items of the psychological aggression subscale were used for the present study (see Appendix A). As the purpose of using this measure was to determine if participants had a history of IPV, rather than the extent of their exposure to IPV, participants with a score above 0 on either the physical or psychological subscale was considered to have had a history of that type of IPV.

Previously conducted statistical analysis of the two subscales used in this study indicates good levels of reliability. In Straus and et al. (1996) revision of the CTS they found that the CTS2's physical assault and psychological aggression subscales have adequate internal consistency with Cronbach alpha levels of .86 and .79 respectively (Straus et al., 1996). In the present study, Cronbach alpha scores for the physical abuse (.92), psychological abuse (.89) subscales, and an overall Cronbach alpha score of .93 confirmed the measure to have reasonable internal consistency.

## 5.4 Procedure

Prior to the commencement of this study ethical approval was obtained from the Massey University Human Ethics Committee at the Albany Campus (MUHECN 11/017).

### 5.4.1 *Recruitment of participants*

Participants were recruited for this study through one of three different methods: postgraduate email lists through a New Zealand University, an advertisement via the social network website, Facebook, and an advertisement through a recruiting website, Getparticipants.com. As responses were anonymous it was not possible to ascertain exactly which recruitment method was the most successful, however as the advertisements were advertised at different times (with only a small overlap) it was possible to gauge some idea of recruitment numbers via the submission dates. A description of these three methods will be explained below, followed by the data collection procedure.

To recruit participants through the New Zealand University an email was sent to administrators of four randomly selected departments. The email asked for a recruitment message to be sent out to their postgraduate students via their email list and to notify the researcher that this had been completed. Of the four administrators that were emailed two responded to advise that they had sent out the email. This method of recruitment was fairly successful, obtaining approximately one third of the total number of participants in this study. The second method of recruitment involved an advertisement being posted on Facebook. In using this method it was possible to limit the advertisement to be made available only to specific users to keep in line with the selection criteria for the present study. This method was not highly successful, possibly due to the very large number of members of Facebook and the large numbers of advertisements regularly posted on this site. The third and most successful method of recruitment was advertising via a research recruitment website called Getparticipants.com. As with Facebook, this method ensured that the advertisement was only available to participants who met the selection criteria. Furthermore, as this website's specific purpose is to be a forum for people wanting to either advertise or complete research it ensured a higher likelihood that recipients of the advertisement would be interested in completing the questionnaire.

Selection criteria of participants included the following: that they resided in New Zealand, had internet access, had sufficient knowledge and understanding of the English language and literacy ability to complete the questionnaire, were over the age of 16, and had experience in a close intimate relationship. The selection criteria was clearly outlined on the information sheet (see Appendix B) that participants were instructed to read prior to completing the online questionnaire.

#### **5.4.2 Data collection**

Participants received a recruitment advertisement via one of the three above mentioned methods that invited them to take part in the research. Once participants clicked on the link, within that advertisement, they were taken to the online questionnaire on the Massey University website.

The front page of the survey included the information sheet (see Appendix B), this outlined participant rights including: that participation was voluntary, and anonymous, that they could decline from answering any question and that completion and submission of the online questionnaire was considered as their consent to take part in the research. Participants were advised that they could withdraw from the research at any stage prior to the submission of the questionnaire, as due to anonymity it would not be possible to do after this point.

Due to the possibility that answering the questionnaire could have caused distress, contact details of both Victim Support and Lifeline was provided at both the beginning and end of the questionnaire, and again after the questionnaire was submitted.

Once participants had read the information sheet they clicked the start button which commenced the questionnaire. The 54 item questionnaire included 6 demographic questions, the 8 items from the attitude questionnaire and the psychological aggression (16 items) and physical assault (24 items) sub scales of the CTS2 (see Appendix A).

Once participants submitted their questionnaire they were prompted to select one of three New Zealand charities (The SPCA, New Zealand Cancer Society, and Red Cross) for a \$2.00 donation to be made as appreciation for their participation. Participants were also prompted to provide their email details if they wanted the results of the study to be emailed to them. To ensure that anonymity was maintained the email addresses were sent and stored as separate data files. Both the charity donation and the option to receive results were also mentioned on the information sheet.

Completion of the questionnaire took approximately 15 minutes. The recruitment and data collection stage was completed within 14 weeks during the months of July to October 2011.

## Chapter 6: Results

### 6.1 Data analysis and preliminary analyses

Data analysis for the present research was completed utilising IBM's SPSS v19 for Windows (Pallant, 2011). Participants' attitudes towards IPV were determined by summing their scores on the 8 items of the Attitude towards IPV measure. Low scores indicated an attitude that IPV is unacceptable, whereas high scores indicated acceptability of IPV. Despite participants being given the opportunity to comment on their answers in order to provide a rationale for their responses, very few comments were received, and as a result a decision was made to not qualitatively analyse these remarks as part of this research. Participants' scores on the Conflict Tactics Scale (CTS2) (Straus et al., 1996) measure determined if they had a history of psychological or physical IPV and demographic information was obtained to establish participants age and gender.

Preliminary analyses were carried out to check for missing data and errors within the data. In addition, preliminary analyses determined if the data violated any of the assumptions underlying the statistical techniques that were used in the data analysis. The entire data set, including both continuous and categorical variables, was checked for any errors, in particular any missing data or any values that fell outside of the possible range of values for the measures in this study. Assessment of the data set found that all data fell within the appropriate range of scores. Missing data analysis found that less than 0.2% of data was missing. Due to the small percentage of missing data, mean imputation was utilised to rectify this, as this technique has been found to be appropriate with a small amount of missing data (Peyre, Coste, & Leplège, 2011).

Further preliminary exploration of the raw data identified that of the total number of participants ( $N = 216$ ), only a small numbers of participants  $n = 9$  (4.2%) identified as not having a history of psychological IPV. On the other hand, there was a more even distribution of participants who identified with  $n = 127$  (58.8%) and without  $n = 89$  (41.2%) a history of physical IPV. Stevens (1996) states that with very different sized comparison

groups it would be highly unlikely that meaningful results could be obtained. Consequently a decision had to be made to modify the hypothesis by excluding psychological IPV from the analysis. Therefore, an independent t-test was conducted to determine if there was a difference between participants with and without a history of physical IPV and their attitudes towards IPV.

A bivariate analysis was conducted using Pearson's product-moment correlation coefficient to identify the correlations between the subscales of the attitude measure, in order to ensure that they were related to each other but not too highly correlated. As shown in Table 2 all of the subscales had a strong positive correlation with the total attitude towards IPV measure, with correlations ranging from  $r = .84$  to  $r = .96$ . This was expected given that the four subscales made up the total attitude towards IPV measure. Attitude towards female perpetrated and male perpetrated IPV produced a strong positive correlation of  $r = .80$ . The attitude towards psychological IPV and physical IPV developed a correlation  $r = .44$ , this moderate correlation was considered to be acceptable given that both subscales assessed two different types of IPV (Pallant, 2011). Therefore, with these correlations and the Cronbach alpha scores (as discussed in Chapter 5) this measure was determined to be an adequate measure of attitude towards male/female perpetrated IPV and psychological/physical IPV for this study.

**Table 2. Bivariate correlation matrix**

	Mean	St. Dev	1	2	3	4	5
1 Attitude Female Perpetrator	6.83	2.55	1				
2 Attitude Male Perpetrator	5.66	2.00	.80**	1			
3 Attitude Psychological IPV	7.68	2.61	.81**	.80**	1		
4 Attitude Physical IPV	4.82	2.48	.80**	.79**	.44**	1	
5 Total IPV Attitude	12.50	4.32	.96**	.94**	.86**	.84**	1

\* $p < .05$  level, \*\*  $p < .01$  level

As the attitude subscales made up the total attitude towards IPV measure, normality testing was only completed with the primary dependent variable, total attitude towards IPV. Normality values obtained were interpreted using guidelines set out by Pallant (2011). To check for normality, Skewness and Kurtosis values were obtained. A Skewness value of 2.70 indicated a positive skew of the data set, with scores clustered to the left at the low values. The Kurtosis value of 10.57 indicates a fairly peaked distribution of scores, which can result in an underestimate of variance, however this risk is reduced due to the reasonably large sample size of this research (Pallant, 2011). Furthermore, as this measure ascertained participants' attitudes towards IPV, it was expected that scores would be more heavily clustered towards the unacceptable and somewhat unacceptable end of the continuum. The difference between the mean for the attitude towards IPV and the 5% trimmed mean was 0.51, this suggests that there were not any extreme scores that were strongly influencing results. To further test for normality the Kolmogorov-Smirnov statistic was obtained, the significance value of .000 obtained suggests violations to the assumption of normality. In order to further investigate normality the histogram and normal probability plots were explored. The histogram indicated a positive skew in the data as suggested by the above Skewness statistic. On the normal Q-Q plot most of the data fell within a reasonably straight line, suggesting a fairly normal distribution.

When testing for differences between or within groups certain assumptions need to be met prior to parametric techniques such as t-tests and ANOVAs being implemented. Assumptions of level of measurement, sampling, and independence of observations were met. The assumption of homogeneity of variance has not been met on all except two occasions, when exploring the difference between older vs. younger generations, and again when identifying the difference between participants with and without a history of physical IPV and their attitudes towards IPV. Statistical techniques such as t-tests and ANOVAs are robust to the violation of the assumption of normality and homogeneity of variance, especially with sample size over 30 and when comparison groups are reasonably similar in size (Pallant, 2011). Therefore, the decision was made in the present research to continue with the use of independent and paired-sample t-tests as well as a one way between groups ANOVA on all except one hypothesis despite the violations. Consequently due to the

significant difference in sample sizes and the skewed distribution of scores for the gender hypotheses the non-parametric alternative to independent t-tests, Mann-Whitney U analysis was utilised.

## 6.2 Hypotheses testing

A paired-samples t-test was conducted to evaluate the differences between participants attitude towards female and male perpetrated IPV. There was a statistically significant difference between participants' attitudes towards female perpetrated IPV ( $M = 6.63$ ,  $SD = 2.55$ ) and male perpetrated IPV ( $M = 5.66$ ,  $SD = 2.00$ ),  $t(215) = 11.24$ ,  $p < .0005$  (2 tailed). With female perpetrated IPV, it was considered to be more acceptable than male perpetrated IPV. The mean difference in attitude towards female perpetrated IPV and attitude towards male perpetrated IPV was 1.17 with a 95% confidence interval ranging from .97 to 1.38. The eta squared statistic (.81) indicated a large effect size (Pallant, 2011). This suggested that 81% of the variance in participants' attitudes towards IPV can be explained by the gender of the perpetrator. Therefore, the results show that Hypothesis 1, (male perpetrated IPV will be scored lower on the attitude towards IPV measure than female perpetrated IPV. Therefore male perpetrated IPV will be viewed as more unacceptable than female perpetrated IPV) was supported.

For Hypothesis 2 a paired-samples t-test was conducted, this was to establish if a difference existed between participants' attitudes towards psychological and physical IPV. Results showed that there was a statistically significant difference in participants' attitudes towards psychological IPV ( $M = 7.68$ ,  $SD = 2.61$ ) and physical IPV ( $M = 4.81$ ,  $SD = 2.48$ ),  $t(215) = 15.61$ ,  $p < .0005$  (two tailed). With psychological IPV considered more acceptable than physical IPV. The mean difference in attitude towards psychological IPV and physical IPV was 2.86 with a 95% confidence interval ranging from 2.50 to 3.22. The eta squared statistic (.89) indicated a large effect size (Pallant, 2011), this result showed that 89% of the variance of attitude towards IPV can be explained by the type of IPV. Therefore, Hypothesis 2, (physical IPV will be scored lower on the attitude towards IPV measure than psychological IPV. Consequently physical IPV will be considered as more unacceptable than psychological IPV) was supported.

To explore the impact of gender on attitudes towards IPV the non parametric Mann-Whitney U Test was utilised. As shown in Table 3, the results indicated that there was no statistical difference between male and female participants and their attitudes towards IPV. Therefore, Hypothesis 3, (men will score higher on the attitude towards IPV measure than females. Suggesting that men will consider IPV to be more acceptable than females) was not supported.

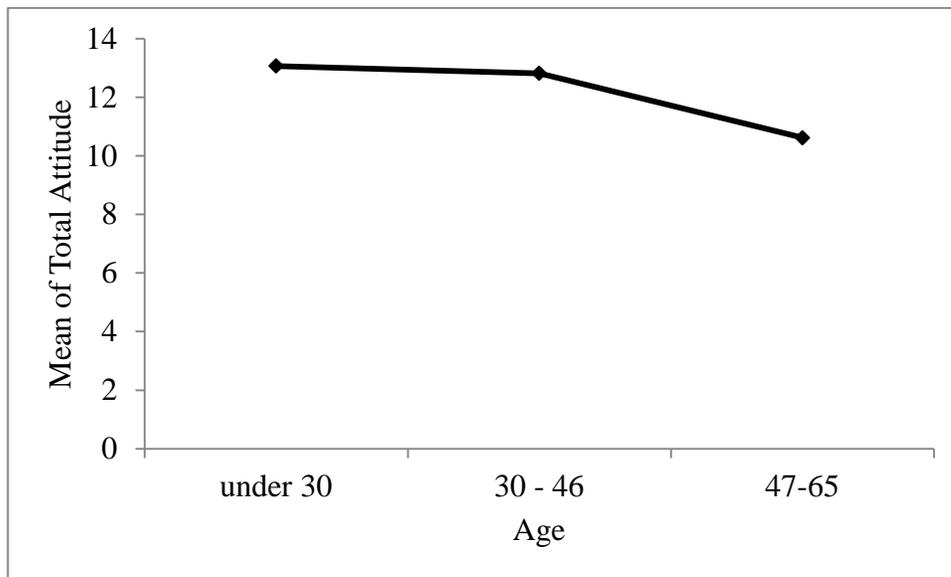
**Table 3. Mann-Whitney U test results**

Dependent variable	Categorical variable		U	z	p	r
	Md (n)					
Attitude towards IPV	Males	Females	3070.5	-.70	.48	.04
	10 (37)	12 (179)				

As discussed earlier, Hypothesis 4 was modified in order to explore the difference in attitude towards IPV between people with a history of physical IPV ( $n = 127$ ) and those participants without a history of physical IPV ( $n = 89$ ). An independent-samples t-test was conducted. Results indicated that there was no statistically significant difference in scores between participants without a history of physical IPV ( $M = 12.11$ ,  $SD = 3.59$ ) and participants with a history of physical IPV ( $M = 12.76$ ,  $SD = 4.76$ ;  $t(213) = 1.15$ ,  $p = .25$ , two tailed).

In order to establish if differences exist between people younger than 46yrs and those older than 47yrs and their attitudes towards IPV, a one-way between groups ANOVA was conducted. Due to a very small number of participant who identified as older than 66yrs ( $N = 3$ ) this age group was excluded from analysis, leaving three age groups for analysis (younger than 30,  $n = 85$ ; aged between 30 – 46yrs,  $n = 81$ ; aged between 47 – 65yrs,  $n = 47$ ). There was a statistically significant difference at the  $p < .05$  level in attitude towards IPV across the three age groups:  $F(2, 210) = 5.8$ ,  $p = .004$ . The effect size, calculated using eta squared, was .05. This suggests a small effect size, although just below the moderate effect size level of .06 (Pallant, 2011). Post-hoc comparisons using the Tukey HSD test and as shown in Figure 4 indicated that the mean score for participants aged under 30 ( $M =$

13.07,  $SD = 3.12$ ) and participants aged between 30 – 46yrs ( $M = 12.82$ ,  $SD = 5.77$ ) were significantly different from participants aged between 47-65yrs ( $M = 10.62$ ,  $SD = 2.00$ ). There was no statistically significant difference between participants aged less than 30yrs and those aged between 30-46yrs and their attitude towards IPV. Mean scores indicate that people 46yrs and younger had a more accepting attitude towards IPV than people older than 47yrs. Therefore, the hypothesis that the older members of the public (older than 47yrs) will have a more acceptable attitude towards IPV than younger members of the public (younger than 46yrs) was unsupported, as results indicated the opposite.



**Figure 4. Mean difference in attitudes towards IPV across age groups**

## Chapter 7: Discussion

The aim of the current study was to investigate the general publics' overall attitudes towards IPV by also exploring attitudes towards male and female perpetrated IPV, and attitudes towards physical and psychological IPV. A secondary focus of the study was to establish how participant gender, history of IPV, and age affected attitudes towards IPV. This chapter will begin by discussing the results of each hypothesis and the practical implications of these results. It will then be followed by limitations of the study, recommendations, and conclusions.

### 7.1 Hypotheses

Hypothesis 1: Male perpetrated IPV will be scored lower on the attitude towards IPV measure than female perpetrated IPV. Therefore, male perpetrated IPV will be viewed as more unacceptable than female perpetrated IPV.

Results showed that neither male nor female perpetrated IPV was completely acceptable. However Hypothesis 1 was supported, with the public viewing female perpetrated IPV as more acceptable than male perpetrated IPV, a strong effect size suggested that the gender of the perpetrator in the scenario significantly affected the difference in attitudes towards male and female perpetrated IPV. This result is in alignment with previous studies (Carney et al., 2007; M. B. Harris, 1991; Robertson & Murachver, 2009). These studies suggest that the reason female perpetrated IPV is not considered to be as serious as male perpetrated IPV is because females are generally smaller and weaker than males, and are therefore thought to be unable to inflict as much damage as males, resulting in IPV perpetrated by females being dismissed as inconsequential.

Hypothesis 2: Physical IPV will be scored lower on the attitude towards IPV measure than psychological IPV. Consequently, physical IPV will be considered as more unacceptable than psychological IPV.

Results showed support for this hypothesis with participants' attitudes considerably more approving of the perpetration of psychological IPV than physical IPV. These results reflected previous findings which suggest that the public consider physical IPV to be significantly more abusive and violent than psychological IPV (Carlson & Worden, 2005; Keller et al., 2010; Langhinrichsen-Rohling et al., 2004). Keller et al. (2010) suggests that the reason the public view physical IPV more harshly than psychological IPV is that there is a lack of focus on psychological IPV in violence prevention campaigns. Therefore, as Follingstad et al. (1990) explained, not including psychological IPV in violence prevention campaigns leads to the public having a lack of knowledge about the damaging effects that psychological IPV has on victims.

Hypothesis 3: Men will score higher on the attitude towards IPV measure than females. Therefore, males will consider IPV to be more acceptable than females.

Although the median score comparisons showed that female participants appeared to be slightly more accepting of IPV than male participants, the results showed that there was no significant difference between male and female participants' attitudes towards IPV. However, low numbers of male participants in this sample could have contributed to these findings, and it is possible that a Type I error occurred. A Type I error occurs when no statistical differences were found (the null hypothesis is supported) when in fact there were differences between groups (Pallant, 2011). Although results from the present study are contrary to the findings of some studies (R. J. Harris & Cook, 1994; Langhinrichsen-Rohling et al., 2004), they do support the findings of another New Zealand study by Robertson and Murachver (2009). Robertson and Murachver suggested that finding no gender difference in attitudes towards IPV could be reflective of the New Zealand violence prevention campaigns focus on stopping male perpetrated IPV, by ensuring that males and females have a disapproving attitude towards IPV. This implies that as a consequence of New Zealand violence prevention campaigns males are therefore now just as disapproving of IPV as females.

Hypothesis 4: Participants with a history of IPV will score higher on the attitude towards IPV measure than participants without a history of IPV. Therefore, participants with a history of IPV will have an attitude that is more accepting of IPV than participants without a history of IPV.

The majority of participants (95.8%) identified as having a history of psychological IPV, therefore this led to an inability to test the above hypothesis due to the considerably different comparison group sizes. Consequently, this hypothesis was modified to establish if people with a history of physical IPV were more approving of IPV than people with no history of physical IPV. No statistically significant difference between these two groups was found. These results are contrary to other studies in this area (Arias & Johnson, 1989; Reitzel-Jaffe & Wolfe, 2001; Stith et al., 2004) that have found that historical experience led to more accepting attitudes towards IPV. While no qualitative data was collected to help determine why the current study found no difference in attitudes, previous research has suggested the reason for these results could be that if a change in societal norms regarding the acceptability of IPV has occurred, this could have a stronger influence on attitude than prior experience of IPV (Robertson & Murachver, 2007).

Hypothesis 5: Older generation (46yrs or greater) will score higher on the attitude towards IPV measure than the younger generations (less than 46yrs). Consequently the older generation will have a more accepting attitude towards IPV than the younger generations.

Results from this study did not find support for this hypothesis. Although significant differences were found, the results showed that participants who were less than 46yrs were more accepting of IPV than participants' older than 47yrs. Due to the closed ended questions asked and lack of participant comments in this research, it is not possible to ascertain why the differences were found in this sample, which provides an avenue for future research in New Zealand to explore. However, previous research has also found that older generations are less tolerant of IPV than younger generations (Carlson, 1999; Hindin, 2003; Koenig et al., 2003; Simon et al., 2001; Sorenson & Taylor, 2005). Carlson (1999) proposed that the reason for this is because younger generations are more influenced by

peer pressure and social norms than older generations (Carlson, 1999). With rates of IPV higher among younger generations than older generations (McLaren, 2008) it is more likely that the occurrence of IPV within younger generation's social groups leads to this behaviour being normalised and consequently considered acceptable (Paluck & Shepherd, 2012).

## **7.2 Practical implications**

Overall, it was found that participants were not accepting of IPV, although participants did not perceive female perpetrated IPV and psychological IPV to be as problematic as male perpetrated IPV and physical IPV. Yet Langhinrichsen-Rohling et al. (2004) and Robertson and Murachver (2007) have established that psychological IPV and female perpetrated IPV are significant societal problems that lead to considerable pain and suffering for victims and their families. The costs of not considering psychological and female perpetrated IPV to be as severe as male perpetrated or physical IPV is extensive. For example, male victims do not have access to support services, such as help lines and emergency housing, and female perpetrators do not have access to treatment programs tailored to their specific gender (Robertson & Murachver, 2009). Furthermore, as public attitudes are not disapproving of female perpetrated and psychological IPV it is possible that both are considered appropriate in relationships and/or that the public will not intervene and offer support to couples when psychological or female perpetrated IPV does occur (Keller et al., 2010; Robertson & Murachver, 2009). Therefore, more research is needed to determine why the public do not perceive female perpetrated IPV and psychological IPV to be as severe as male perpetrated IPV and physical IPV. Once reasons for these discrepancies are determined this will help to provide useful information for future violence prevention campaigns.

It is also important to note the large number of participants that identified with having a history of psychological IPV (95.2%) and that participants had a more accepting attitude towards psychological IPV. Whilst the lack of focus on psychological IPV by violence prevention campaigns is one explanation for the more accepting attitudes towards psychological IPV, there are other possible reasons for these findings. For example, as a large number of participants in this sample were perpetrators and/or victims of

psychological IPV this could help to explain why they had a more favourable attitude towards psychological IPV. As Dissonance theory suggests, victims and perpetrators rationalise their behaviour as acceptable in order to maintain harmony between their attitudes and behaviour (Festinger, 1957). Furthermore, as Self Perception theory suggests victims and perpetrators would infer that they must consider IPV to be acceptable behaviour in order for their attitude to align with their own behaviour (Myers, 2005). Therefore, because participants were perpetrators and/or victims of IPV they could have rationalised that psychological IPV was not as bad as physical IPV and was therefore considered as acceptable behaviour in relationships. This is certainly an area that could warrant from further exploration.

### **7.3 Limitations**

The current study used self-reported data to establish participants' attitudes towards IPV which could have led to socially desirable responding by participants (Helfritz et al., 2006). This is problematic as this could have resulted in participants over or under reporting their history of IPV. Furthermore, socially desirable responding could have influenced participants to not provide an accurate representation of their attitudes towards IPV. Therefore, future research using self-reported measures of attitudes towards IPV would benefit from including a measure to check if participants are responding in a socially desirable way.

Furthermore, participants were asked to recall the entire timeframe of a significant relationship and report on any occurrences of IPV. This could have led to participants guessing the number of occurrences of both perpetration and victimisation of IPV, which could have inflated or deflated the results (Schwarz, 1999). It would be useful for future research to use interviewing techniques or open ended questions, whilst neither would aid in participants' recall of the number of IPV experiences they have had, they both allow for participants to provide more details about what type of experience they have with IPV and the extent of this experience. Furthermore, by using these techniques a clearer understanding of participants' attitudes towards IPV and what other factors may contribute to the attitudes can be obtained.

Another limitation of the study was the significant difference in the numbers of males ( $n = 37$ ) and females ( $n = 179$ ) in the study. Given the low number of male participants it would be unrealistic to determine whether the differences that were or were not found are reflective of the attitudes of males within the general public. Further research would benefit from ensuring that recruitment methods used help to increase the chances of having a more even distribution of both male and female participants.

Whilst items in the attitude measure were selected from the CTS2 measure, a questionnaire that has extensively been checked for reliability and validity (Straus et al., 1996), this was the first time that this measure had been used in this way. Therefore, further research would benefit from further testing the suitability of this measure in assessing public attitudes towards IPV and modifying it where needed to ensure that there is a reliable and valid measure for attitudes towards IPV. For example, it would be useful for future research to determine if increasing the number of items in each subgroup and including open ended questions leads to a broader understanding of attitudes towards IPV.

#### **7.4 Recommendations**

It is suggested that in addition to what has already been recommended, that future research could also benefit from exploring if there is a difference between male and female participants and their attitudes towards male and female perpetrated IPV. This could ascertain if participants are more or less accepting towards IPV that is perpetrated by their own gender.

As this research was able to identify that there is a difference in public attitudes towards physical and psychological IPV, it would be useful for future research to determine if there are additional differences in attitudes towards minor and severe forms of both physical and psychological IPV.

Due to the large number of participants with a history of psychological IPV in this study, it would be beneficial for future research to firstly determine what psychologically abusive behaviour the public perceive to be IPV and establish why the public does not perceive

psychological abuse to be IPV. Furthermore, it would be useful for future research to establish how common psychological IPV is in New Zealand and whether attitudes towards IPV differ between people with and without a history of psychological IPV. In addition, future research would benefit from exploring if there are differences in attitudes towards IPV between people without a history of IPV and those with historical experience as a perpetrator or victim of IPV.

Lastly, as violence prevention campaigns are the primary reduction techniques used to challenge and change the general public's attitudes towards IPV, it would be valuable if further pre and post evaluations of New Zealand violence prevention campaigns are conducted. This would provide evidence to determine if changes in attitudes occur over the course of the campaigns and if the changes in attitudes are sustained for any significant period of time after the campaign is completed.

## **7.5 Conclusion**

The purpose of this research was to determine what the New Zealand public's attitudes are towards IPV, if there are differences in attitudes towards IPV, and to establish whether respondent characteristics affects perceived acceptability of IPV. This research was able to identify that there were significant differences in the level of tolerance that the New Zealand public has towards certain types of IPV, with male perpetrated and physical IPV being the least tolerated. Consequently this study provides important areas for future research to explore and valuable information for future violence prevention campaigns to consider as the New Zealand anti-violence campaigns endeavour to achieve the goal of changing the attitudes of the New Zealand public towards IPV. Changing the public's perception of IPV is a vital step in the path to reducing and eventually eradicating the occurrence of IPV in New Zealand society.

## Chapter 8: References

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## Appendix A: Questionnaire



# Massey University

### *Exploring attitudes towards intimate partner violence.*

Thank you for agreeing to participate in my research. Please ensure that you have read the information sheet before beginning the questionnaire. The answers you provide are anonymous so please try to answer as honestly as possible. If you do not wish to answer any of the below questions please leave it blank. Throughout the questionnaire there are opportunities for you to make comments about your answers if you wish.

#### **Part 1. Demographic Information**

Please select the answer which is most appropriate for you, by removing the box and replacing it with an X.

**Gender:** Male  Female

**Age:** Under 30  30-46  47-65  66 or older

**Ethnicity:**

New Zealand European

Maori

Asian

Tongan

Fijian

Samoan

Cook Island

Middle Eastern

Indian

Other  \_\_\_\_\_

(State your ethnicity)

**Individual income per year:**

\$0.00 - \$19,000

\$20,000 - \$39,000

\$40,000 - \$59,000

\$60,000 - \$79,000

\$80,000 +

**Education status (please indicate your highest level of qualification):**

No Qualifications  Secondary School Qualification   
 Tertiary Qualification (not obtained from a university)  Trade Qualified   
 University Qualification  Other  \_\_\_\_\_  
 (State your highest qualification)

**Occupation status:**

Unemployed  Student  Retired   
 Casual/Temp Worker  Employed Part time  Employed Full Time   
 Self Employed  Business Owner  Stay at home parent   
 Other  \_\_\_\_\_  
 (State your occupation)

**Part 2. Scenarios**

Please read the eight scenarios and indicate by selecting one of the five options how acceptable you feel the behaviour is.

1	2	3	4	5
Completely	Somewhat	Neither	Somewhat	Completely
Unacceptable	unacceptable		acceptable	acceptable

1) While having a verbal disagreement about something at home a man insulted his female partner and swore at her. 1 2 3 4 5

Comment:

2) While having a verbal disagreement about something at home a woman shouted or yelled at her male partner 1 2 3 4 5

Comment:

3) A man destroyed something important belonging to his female 1 2 3 4 5

partner

Comment:

4) A woman threatened to hit or throw something at her male partner 1 2 3 4 5

Comment:

5) In anger a man pushed and shoved his female partner 1 2 3 4 5

Comment:

6) In anger a woman slapped her male partner 1 2 3 4 5

Comment:

7) A man choked his female partner 1 2 3 4 5

Comment:

8) A woman punched or hit her male partner with something that could hurt 1 2 3 4 5

Comment:

### **Part 3. Relationship behaviours**

No matter how well a couple gets along, there are times when they disagree, get annoyed with the other person, want different things from each other, or just have spats or fights because they are in a bad mood, are tired, or for some other reason. Couples also have many different ways of trying to settle their differences. This is a list of things that might happen when you have these differences. Please circle how many times you did each of these, and how many times you partner did them.

#### **How often did this happen:**

1 = Once

5 = 11-20 times

2 = Twice

6 = More than 20 times

3 = 3-5 times

0 = Did not happen

4 = 6-10 times

1) I insulted or swore at my partner	1	2	3	4	5	6	0
2) My partner insulted or swore at me	1	2	3	4	5	6	0
3) I threw something at my partner that could hurt	1	2	3	4	5	6	0
4) My partner threw something at me that could hurt	1	2	3	4	5	6	0
5) I called my partner fat or ugly	1	2	3	4	5	6	0
6) My partner called me fat or ugly	1	2	3	4	5	6	0
7) I used a knife or gun on my partner	1	2	3	4	5	6	0
8) My partner used a knife or gun on me	1	2	3	4	5	6	0
9) I shouted or yelled at my partner	1	2	3	4	5	6	0
10) My partner shouted or yelled at me	1	2	3	4	5	6	0
11) I twisted my partner's arm or hair	1	2	3	4	5	6	0
12) My partner twisted my arm or hair	1	2	3	4	5	6	0
13) I destroyed something belonging to my partner	1	2	3	4	5	6	0
14) My partner destroyed something belonging to me.	1	2	3	4	5	6	0
15) I punched or hit my partner with something that could hurt	1	2	3	4	5	6	0
16) My partner punched or hit me with something that could hurt	1	2	3	4	5	6	0
17) I pushed or shoved my partner	1	2	3	4	5	6	0
18) My partner pushed or shoved me	1	2	3	4	5	6	0
19) I choked my partner	1	2	3	4	5	6	0
20) My partner choked me	1	2	3	4	5	6	0
21) I stomped out of the room or house or yard during a disagreement	1	2	3	4	5	6	0
22) My partner stomped out of the room or house or yard during a disagreement	1	2	3	4	5	6	0
23) I kicked my partner	1	2	3	4	5	6	0
24) My partner kicked me	1	2	3	4	5	6	0
25) I grabbed my partner	1	2	3	4	5	6	0
26) My partner grabbed me	1	2	3	4	5	6	0
27) I slammed my partner against a wall	1	2	3	4	5	6	0
28) My partner slammed me against a wall	1	2	3	4	5	6	0
29) I did something to spite my partner	1	2	3	4	5	6	0

30) My partner did something to spite me	1	2	3	4	5	6	0
31) I slapped my partner	1	2	3	4	5	6	0
32) My partner slapped me	1	2	3	4	5	6	0
33) I threatened to hit or throw something at my partner	1	2	3	4	5	6	0
34) My partner threatened to hit or throw something at me	1	2	3	4	5	6	0
35) I burned or scalded my partner on purpose	1	2	3	4	5	6	0
36) My partner burned or scalded me on purpose	1	2	3	4	5	6	0
37) I accused my partner of being a lousy lover	1	2	3	4	5	6	0
38) My partner accused me of being a lousy lover	1	2	3	4	5	6	0
39) I beat up my partner	1	2	3	4	5	6	0
40) My partner beat me up	1	2	3	4	5	6	0

Thank you for completing my questionnaire. If completing this questionnaire has caused you any distress or discomfort and you would like to talk to someone about this you can contact **Victim Support** on 0800 842846 or **Lifeline** on 0800 543 354.

If you have any questions regarding the research please feel free to contact me via email [morganfacey.research@yahoo.co.nz](mailto:morganfacey.research@yahoo.co.nz) or phone 0212114107. Alternatively if you would like to make any comments about this questionnaire or the answers you have provided please do so either after the item (part 2) or below.

Comments:

**Now you have completed the questionnaire please submit it and select a charity for your donation to go to.**

## Appendix B: Information Sheet

# Exploring attitudes towards intimate partner violence

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### Information Sheet

My name is Morgan Facey and I would like to invite you to participate in my research which I am conducting for a Masters of Arts in Psychology through Massey University. The purpose of this research is to find out what people's attitudes towards intimate partner violence are.

For this research I am advertising electronically via Facebook and [getparticipants.com](http://getparticipants.com) for approximately one month. To take part in this research you need to be residing in New Zealand, have access to a computer with the internet, have a good command of the English language, be over the age of 16 and have had experience in a close intimate relationship. If you wish to participate in this research, it will involve you completing a questionnaire online; this should take you no longer than 15 minutes to complete. Once you submit the questionnaire and to thank you for participating in the research, you will have the option to select one of three New Zealand charities (The SPCA, The Cancer Society or The Red Cross) and a \$2.00 donation will be made to them.

Taking part in this research is voluntary; you are under no obligation to accept this invitation. Please be aware that once you submit the questionnaire this implies your consent to take part in the research. If you do decide to participate you have the right to decline to answer any question or withdraw from the research at any time prior to submitting the questionnaire. As taking part in the research is anonymous please do not put your name anywhere on the questionnaire.

There are two options for you to obtain the findings from this research. Firstly, the results can be emailed to you, which if you choose this option, please provide your email address below before you proceed to the questionnaire. There is no way that your completed questionnaire could be linked to your email address. Alternatively you can access the results yourself from the School of Psychology web site as linked from this page's address or from [Online research surveys and results](#). The findings will be available (or emailed to you) on or about the 31st of October 2011.

To ensure all information you provide is kept confidential the completed questionnaires, email contact information and charity selection will be stored separately on a password secured computer or external hard drive which only the main researcher Morgan Facey and her supervisor will have access to.

### **What are my rights as a participant?**

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

1. decline to answer any particular question;
2. withdraw from the study (at any time prior to you submitting the questionnaire);
3. provide information on the understanding that your name will not be used;
4. be given access to a summary of the project findings when it is concluded.

It is important for you to know that completion of the questionnaire implies consent.

### **What do I do now?**

If you are happy to continue, please ensure you have read your rights above and Click through to the questionnaire.

### **Project Contact Information**

If completing this questionnaire causes you any distress or discomfort and you would like to talk to someone about this you can contact

[Victim Support](#) - 0800 842-846 or

[Lifeline](tel:0800543354) - 0800 543-354

Please do not hesitate to contact me if you have any concerns or questions regarding this research. Our contact details are listed below.

<b>Researcher</b>	<b>Supervisor</b>
Morgan Facey	Dr Mei Wah Williams
School of Psychology	School of Psychology
Albany Campus	Albany Campus
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Morgan Facey

*This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application MUHECN 11/017.*

*If you have any concerns about the conduct of this research, please contact Dr Ralph Bathurst, Chair, Massey University Human Ethics Committee: Northern, telephone +64 9 414-0800 x 9570, email [humanethicsnorth@massey.ac.nz](mailto:humanethicsnorth@massey.ac.nz).*