

Intimate Partner Violence: A Gender Inclusive Exploration

by

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## **ABSTRACT**

Developing a more accurate understanding of the true nature of Intimate Partner Violence (IPV) is an important area of research for reducing all forms of IPV. This thesis aims to explore the field of IPV from a gender inclusive perspective, with a particular focus on implications for preventive practice. This is achieved using three pieces of research. First a systematic review of the literature investigates the psychological consequences of physical IPV on male and female victims. This demonstrates a significant lack of research in this area, although findings indicate that IPV victimisation impacts negatively on the psychological wellbeing of males and females. Second an investigation into the impact of primary prevention media campaigns on Western female student's normative beliefs about IPV is presented. Results demonstrate that female aggression is considered to be more acceptable and less harmful than male aggression and that primary prevention media campaigns have a significant impact upon these beliefs, particularly with regards female aggression. Finally, a critique of a psychometric measure widely used to understand aggression in couples is presented. The critique of the Revised Conflict Tactics Scales (CTS2) highlighted a number of strengths of the measure, particularly its applicability to a wide selection of the population and ease of use. The limitations of the CTS2 are also discussed. Recommendations for practice and future research are also presented.

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# **Chapter 1**

## **GENERAL INTRODUCTION**

## GENERAL INTRODUCTION

### **Intimate Partner Violence**

Violence between family members has occurred for many years and Waldby & Allen (2004) report that Intimate Partner Violence (IPV) is one of the most frequently occurring criminal acts both nationally and internationally. Subsequently IPV has been identified as a global humans rights issue and a major public health concern (Ferris, 2004) that affects millions of people worldwide. In the 1993 United Nations Declaration on the Elimination of Violence Against Women one of the key issues was the recognition of violence against women as an infringement of human rights (Matczak, Hatzidimitriadou & Lindsay, 2011). The birth of the feminist movement in the 1970's gave rise to research into violence against women in intimate relationships. The feminist movement strived for equality between men and women and subsequently IPV became a focal point for media attention and research alike. Towards the end of the 1970's the United Kingdom Domestic Violence Act (1976) was introduced as the first piece of legislation to attempt to address the issue of IPV. In 2004 this was amended to the Domestic Violence, Crime and Victim Act in an attempt to improve ease of prosecution for perpetrators and support and rights for victims. Indeed the wide spread recognition of IPV was, and arguably still is, understood as violence against women. However, this gendered approach to IPV has come under much criticism (e.g., Dutton, 2006; Hamel, 2005; Straus, 1997). This thesis attempts to contribute to the gender inclusive IPV literature with a particular focus on implications for preventive practice.

## **Definitional issues**

Many terms have been used to attempt to capture the issue of violence occurring within intimate relationships and this has sparked some debate regarding the efficacy of such terms in capturing the true nature of the problem. For example terms such as spousal abuse, domestic violence, wife beating and partner abuse have been used within research, the media and society alike. Dixon and Graham-Kevan (2010) report that domestic violence is typically used to refer to this relational issue. However, they suggest that violence in relationships is not the same concept as violence within the family, which covers a broad scope of different forms of violence (such as child maltreatment or parent abuse). Furthermore they report that the term domestic violence is widely recognised as referring to male violence against females and therefore suggest that this term does not capture the full extent of the problem. Indeed the current Home office definition uses the term Domestic Violence and Abuse to coin a variety of violent family acts including IPV. They do clarify the scope of this issue and how it can effect both genders: “Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality” (Home Office, 2013). This definition identifies abuse as psychological, physical, emotional, financial or sexual, and includes coercive and controlling behaviour and ‘honour’ based violence. However, it is questionable as to how likely it is for any family member or intimate partner to have never used a single incident of controlling or coercive behaviour. Subsequently the current definition may benefit from revision to address this. For example, it may be more appropriate to consider any incident of violence or abuse, or any pattern of incidents of controlling or coercive behaviour, as constituting domestic violence.

One consistent definition within the academic literature is the term Intimate Partner Violence (IPV). This, it is argued, is preferable as it specifically refers to violent acts that can take place

between partners in an intimate relationship. Dixon and Graham-Kevan (2011) use this term and go on to provide an inclusive definition as “any form of aggression and/or controlling behaviours used against a current or past intimate partner of any gender or relationship status” (Dixon & Graham-Kevan, 2011, p.1145). This addresses some of the issues with the definition used by the Home Office in that it provides a clearer focus on abusive behaviours without capturing single incidents of behaviours which are arguably likely to occur in the majority of relationships. Subsequently, the definition proposed by Dixon and Graham-Kevan will be used as the working definition for this thesis.

### **Prevalence Rates of IPV**

Accurate figures pertaining to the prevalence of IPV are difficult to establish as researchers use various methodologies and definitions in attempting to identify this. For example, The Crime Statistics for England and Wales (CSEW: 2013) found that 7.3% (1.2 million) of female respondents and 5% (800,000) of male respondents reported having experienced IPV in the past year. However, such surveys use official reported crime statistics to gather their data and this raises a number of questions regarding the accuracy of assessing IPV using only reported accounts. For example, Felson, Steven and Hoskin (1999) found that women were more likely to call the police to report being the victim of IPV than men and researchers such as Dutton & Nicholls (2005) offered an explanation for this by highlighting their finding that males are less likely to view their victimisation as a criminal offence. When considering the rates of arrest following police call outs for IPV incidents, Straus (2006) found that males were more likely than females to be arrested in relation to such incidents. Such findings highlight the inherent difficulties in attempting to establish rates of IPV using reported crime figures alone. In 2010/2011 the British Crime Survey (BCS) made partial attempts to address these problems by incorporating a self-completion module into their method of data collection. This report

gathered data on men and women between the ages of 16 and 58 and found that 7% of women had been victims of 'domestic abuse' in the past year compared with 5% of men.

Other methods of collecting data on rates of IPV have used a more gender inclusive approach by using, for example, the Conflict Tactics Scale (CTS) to gather their data (Straus, 1979).

The CTS can be used by either partner in an intimate relationship and does not make assumptions about the victim or perpetrator's gender and will be discussed in more detail in Chapter 2. The CTS was used to gather data for The National Family Violence Surveys (NFVS) which were conducted in 1975 and again in 1985. The 1975 NFVS found that the prevalence of IPV for males was 12.1% compared with 11.6% for females. Their findings ten years later were broadly consistent and report that the prevalence of IPV for males was 11.3% compared with 12.1% for females.

When analysing the above findings it is important to consider that there may be a number of factors responsible for the apparent differences. For example, Straus (1997) cautions against making judgements on which of the surveys provides the most truly representative figures and suggests that the findings are likely to be representative of the populations from which the data was collected.

### **Theories of Intimate Partner Violence**

The feminist movement gave rise to one of the dominating theoretical perspectives on IPV with gendered theorists proposing that the most likely direct cause of IPV is patriarchy. Such theorists consider IPV to be perpetrated primarily by men against women and believe that a patriarchal society, which values masculinity and male dominance over subordinate females, is to blame for the problem. Dobash and Dobash (1979) propose that men assume a role of

dominance within society as a result of gender socialisation and consider that within relationships men assert their dominance of women through aggression and violence. In relation to violence perpetrated by females, gendered theorists propose that this is in direct response to provocation from males or is used in self-defence (Dobash et al., 1992). Unfortunately this perspective does not take account of individual factors and Pence and Paymar (1993) suggest that gendered theorists favour punishment over treatment as this is consistent with their view that society, rather than the individual, is to blame. Given that treatment is considered to be of little benefit from the gendered perspective, there is a danger that males may be given the message that they are inherently aggressive and that there is little they are able to do to prevent this. If males internalise such messages, and females are given the message that they are incapable of violence unless directly provoked, society is at risk of not preventing male violence or reducing recidivism and of excusing female violence. In addition to the lack of appreciation for individual factors from the gendered perspective, there is also no reference to the context within which the violence occurs, the importance of which will be discussed later in this thesis. Furthermore, research has demonstrated that rates of IPV are higher in lesbian relationships than they are in heterosexual relationships (Stes & Straus, 1992) suggesting that men are not the sole perpetrators of IPV as the gendered theory asserts. Subsequently, the gendered perspective does not appear to provide a framework for understanding the true nature of IPV nor does it appear to have evolved in light of subsequent developments in research.

An alternative theoretical framework by which to understand IPV has been proposed by Dutton (1995, 2006) and attempts to incorporate individual and societal factors. The Nested Ecological Model describes four levels that are said to interact with one another, the macrosystem, the exosystem, the microsystem and the ontogenetic level. The macrosystem refers to the broad

cultural and societal values and beliefs that influence the other three systems. The exosystem incorporates the social structures which influence the immediate setting an individual is in such as their social support or work. The microsystem refers to the immediate context within which IPV occurs such as the family unit and the ontogenetic level refers to the individual developmental factors which influence their perpetration of IPV. Stith et al. (2004) conducted a meta-analytic review of the risk factors associated with perpetration and victimisation by examining the risk factors within the exosystem, the microsystem and the ontogenetic level. They concluded that factors which are closely related to the individual or the immediate context within which the violence occurs are more predictive of IPV than those which relate to the exosystem. However, effect sizes for factors within the exosystem ranged from very small to medium and 'Career/life stress' ( $r = .26$ ) was found to have a medium effect on male violence.

Heterogeneity has been identified within perpetrators and again points to the need to adopt a multifactorial perspective when understanding the aetiology of IPV. Researchers have identified typologies of perpetrators which contradicts the gendered view that they are a homogenous group (Dixon, Hamilton-Giachritsis, & Browne, 2008; Holtzworth-Munroe & Stuart, 1994). In 1995 Johnson identified two typologies of IPV which he initially categorised as Common Couple Violence (CCV) and Patriarchal Terrorism (PT). Johnson reports that the latter term places emphasis on the perpetrator and on the intentional and systematic nature of this form of violence. In contrast, CCV refers to a type of violence which is less a product of patriarchy and more a result of escalating conflict between partners (Johnson, 1995). Johnson later renamed PT as Intimate Terrorism in order to broaden this category and also added two further categories; Mutual Violent Control (MVC) and Violent Resistant (VR). Subsequent research into the heterogeneity of IPV perpetrators has focused on validating Holtzworth-Munroe and Stuart's (1994) proposed typologies. Holtzworth-Munroe and Stuart (1994)

suggest three subtypes of IPV perpetrator; family only (FO), generally violent/anti-social (GVA) and dysphoric/borderline (DB). They suggest that the FO perpetrator is violent only within the family context and perpetrate the least severe form of violence. The GVA however, is violence both within and outside the family and perpetrates moderate to high degrees of violence. The DB perpetrator is believed to experience higher rates of psychopathology with a more chaotic expression of violence. There is considerable support for Holtzworth-Munroe and Stuart's (1994) subgroups, particularly for male perpetrators (Dixon & Browne, 2003; Boyle et al., 2008; Holtzworth-Munroe, et al., 2003; Holtzworth-Munroe & Meehan, 2004). Holtzworth-Munroe, Meehan, Herron, Rehman and Stuart (2000) used cluster analysis to test their typologies on a community sample of 102 men who had been violent towards a partner in the past 12 months. Their results demonstrate that the majority of the sample fell in to three of their identified typologies; FO, DB and GVA. The remainder of the sample were identified as falling across both the FO and GVA types. Further support was found by Johnson et al. (2006) who identified four subtypes of offenders which were broadly consistent with the family-only, dysphoric/borderline, and generally violent/antisocial types proposed by Holtzworth-Munroe and Stuart: low pathology, borderline, narcissistic, and antisocial. Some tentative support for female perpetrators was also found by Babcock, Millar and Siard (2003) who identified clear differences in the categorisation of partner only (similar to FO) and generally violent (similar to GVA) women. They found that generally violent women tended to report higher rates of psychological distress and use instrumental aggression, when compared to their partner only counterparts.

### **Impact of Intimate Partner Violence**

The impact of IPV on victims has attracted considerable research interest and findings from the self-completion module of the BCS (2011) outlined that 46% of women reported sustaining

a minor physical injury and 6% reported sustaining a severe injury, as a result of IPV victimisation. Furthermore, there is evidence to suggest that IPV victimisation can lead to significant psychological distress and further problems for females (Stets & Straus, 1990) and males (Simonelli & Ingram). When investigating the psychological effects of IPV on female victims, Martinez et al (2004) found that the most prevalent were posttraumatic stress disorder (PTSD), depression and anxiety. Research by Stuart et al. (2006) found support for Martinez et al. (2004) and reported a significant relationship between IPV victimisation, depression, generalised anxiety disorder (GAD) and PTSD for females. In relation to male victimisation Stets and Straus (1990) found that male victims of IPV experienced higher rates of depression, psychosomatic symptoms and stress than males who had not been victims of IPV. Kilpatrick et al (1997) found that female victims of IPV can experience thoughts of self-injury, suicide and substance abuse, and Hines and Malley-Morrison (2001) found that male victims may experience alcoholism. Such research appears to highlight coping strategies used by victims of IPV.

### **Thesis Aim**

This thesis aims to provide a gender inclusive exploration of IPV, with a particular focus on implications for preventive practice.

### **Structure of the Thesis**

This thesis consists of 5 chapters that complement the thesis aim. Chapter Two provides a systematic review of the IPV literature which aims to examine the literature relating to the psychological effects of IPV on male and female victims. In particular the objective of this review is to establish whether males and females experience similar effects.

Chapter Three presents a critique of the Revised Conflict Tactics Scale (CTS2: Straus, Hamby, Boney-McCoy & Sugarman, 1996) which is a quantitative measure of IPV that assesses both victimisation and perpetration. The CTS2 was critiqued as it has been identified as one of the most widely used assessment tools of IPV and has been identified as a useful measure in both clinical practice and research alike. This chapter aims to explore the reliability and validity of the tool and its' applicability to a wide section of the population.

Chapter Four presents an empirical research paper which aims to investigate whether current primary prevention campaigns have any impact on altering these beliefs as assessed using the Beliefs about Relationship Aggression Scale (BaRAS: Dixon, In preparation). There is a distinct lack of research in this field and in particular in relation to the impact of prevention campaigns on perception of IPV. Furthermore, current research into normative beliefs about IPV is also limited and appears to demonstrate that individuals' beliefs are somewhat biased depending upon the gender of the perpetrator and the victim. It is particularly important to improve understanding regarding the impact of primary prevention campaigns and to investigate what, if any, impact they have on normative beliefs in order to ensure that the public are able to recognise all forms of IPV and to know that no partner violence is acceptable.

Finally, the discussion of the thesis is presented in Chapter Five. It completes the thesis by presenting the overall findings, limitations and practical implications of the work presented.

## **Chapter 2**

# INVESTIGATING DIFFERENCES IN THE PSYCHOLOGICAL EFFECTS OF HETEROSEXUAL INTIMATE PARTNER VIOLENCE ON ADULT MALE AND FEMALE VICTIMS: A SYSTEMATIC REVIEW

## **Abstract**

This Chapter presents a review of the literature on the psychological effects of Intimate Partner Violence (IPV) on male and female victims and to identify potential differences between them. Initial scoping methods were used in order to establish the necessity for this review and a literature review was then conducted using a systematic approach. Inclusion and exclusion criteria were applied, and the data was extracted and synthesised from the included studies. Of a total of five hundred and four articles found, five were subject to a quality assessment and all five articles were included in the review and were subjected to data extraction. The studies assessed some consistent outcomes including anxiety and depression although just two of the studies reported upon relationship satisfaction and three looked at substance misuse. Firm conclusions about whether there are any consistent psychological effects experienced by male and female victims cannot be confidently drawn from the review. The small number of studies reviewed is a significant limitation with regards to generalising from any results identified, however the studies included highlight the need for future research in this area. Limitations of the review are considered.

## Introduction

Violence occurring within intimate relationships has been widely documented as a significant social problem (e.g., Ferris, 2004) and has subsequently attracted a great deal of research interest. Such research appears to have contributed to an increase in awareness, and subsequently concern, and as such the consequences of intimate partner violence (IPV) on victims has become an important focus of recent literature. Campbell (2002) conducted research into the physical effects of IPV on female victims and report that victimisation is a significant risk factor for a number of physical health concerns frequently seen by medical professionals. Campbell and Lewandowski (1997) report that the physical consequences of IPV can be long-term, continuing after the direct victimisation has ended, and Tollestrup, Sklar & Frost (1999), suggest that the physical effects of IPV victimisation on females can manifest as poor quality of life, higher use of health services and poor health status. . In relation to physical injury, research has identified that female victims of IPV are more likely to have been injured in the neck, head, face, breasts and abdomen than females who are injured in other ways (Grisso, Schwarz & Hirschinger, 1999). Research into more severe effects of IPV has identified that 40–60% of murders of females in North America are committed by intimate partners (Brock & Stenzel, 1999).

In addition to the documented physical effects of IPV victimisation, research has also identified that the psychological impact on victims can be extensive (e.g. Simonelli and Ingram, 1998). Kaura and Lohman (2007) identified that one major consequence of IPV is its' impact on the mental health of victims and Simonelli and Ingram report that victims often experience significant mental health problems, increased levels of fear, reduced self-esteem and increased anger levels. However, given that the majority of research of this nature is not

longitudinal, it is not possible to determine whether such factors were a direct result of victimisation or whether they were present prior to victimisation.

Research into the mental health effects of IPV on female victims has reported that the most prevalent psychological effects are anxiety, depression and post-traumatic stress disorder (PTSD) (e.g., Martinez et al., 2004). In a more recent study Stuart et al. (2006) found that violence victimization was significantly related to symptoms of psychopathology including depression, PTSD and generalized anxiety disorder (GAD) diagnoses. In a review of the literature, Jones, Hughes and Unterstaller (2001) found that the symptoms exhibited by female victims of IPV are consistent with those exhibited in individuals with PTSD and found that between 31% and 84% of female victims of IPV exhibit PTSD symptoms. In relation to male victimisation Stets and Straus (1990) found that male victims of IPV experienced higher rates of depression, psychosomatic symptoms and stress than males who had not been victims of IPV, and Hines and Malley-Morrison (2001), found that male victims may experience alcoholism. It is, however, important to consider how such factors may interact with one another and the reader is urged to apply caution when interpreting these findings. For example, Riggs, Caulfield, and Street (2000) reviewed the literature on risk factors for perpetration and victimization and found that substance abuse and psychopathology were risk factors for female victimisation. Subsequently, there are significant challenges associated with inferring causality, especially given that the very factors considered to be consequences of victimisation may have been present prior to, and indeed may have been risk factors to, victimisation.

### **The Extent of Male and Female Victimization**

Despite the increased awareness of IPV, the vast amount of available literature appears to focus on male perpetrators and/or female victims (Houry et al., 2008) and traditionally males

have not been considered to be the victims of IPV. However, research has suggested that males may in fact be equally as likely as females to be the victims of IPV (Simonelli & Ingram, 1998). In addition, Katz et al (2002) have suggested that males may actually experience higher levels of IPV than females. Bookwala, Sobin, and Zdaniuk (2005) reviewed data from the National Survey of Families and Households and found differences in the handling of conflicts between males and females of varying ages. The survey found that males were more likely to have calmer discussions than females and younger females were least likely to engage in calm discussions with their intimate partner. Younger men were found to be more likely to report injuring their partners than were women and no older men reported injuring their partners. However given that these findings were based on self-report, the reader is urged to apply caution when interpreting such findings. In contrast to the above findings, Bagshaw et al. (2011) found that females were more likely to experience more severe and enduring partner violence than males and stated that males do not report the same level of violence or the feelings of powerlessness and/or fear. It is, however, important to consider the challenges faced by anyone reporting IPV and to consider that social stereotypes may increase these challenges for male victims. For example, Dutton and Nicholls (2005) report that males are less likely to view their victimisation as a criminal offence and are subsequently less likely to report it. Given the complexities associated with males reporting their victimisation it is perhaps not surprising that they would not report high levels of fear and/or powerlessness. Furthermore, it is arguably not possible to quantify victimisation and the working definition of IPV should be borne in mind when interpreting the findings of Bagshaw et al. (2011). The interpretation of severe violence is likely to be subjective and, if “any form of aggression and/or controlling behaviours are used against a current or past intimate partner of any gender or relationship status” constitutes IPV, then victimisation is such, regardless of whether it is subjectively considered to be severe or not.

More recently research has begun to investigate the notion of bidirectional or mutual partner violence and a number of studies, using a broad range of samples, have suggested that a large percentage of IPV is bidirectional or mutual (e.g., Graham-Kevan, 2006; Katz, Kuffel & Coblenz, 2002). The Partner Abuse State of Knowledge Project (PASK; 2012) conducted a comprehensive review of 50 studies (n = 48 empirical studies; n = 1 meta-analysis; n = 1 book chapter) that reported rates of bi-directional versus unidirectional violence. Their findings report that, within a large population sample, 57.9% of IPV reported was bi-directional whilst 42% was unidirectional. Furthermore, their findings from a school and college sample report that the percentage of bidirectional violence was 51.9%.

In further support of the concept of bidirectional violence, Archer (2000) conducted a meta-analysis and reported that females were more likely than males to use physical aggression, but they were also more likely to be injured by their partners. Using data from Project HOW (Health Outcomes of Women), Weston, Temple, and Marshall (2005) investigated mutual partner violence among 835 ethnically diverse, low-income females. The researchers distinguished between three patterns of mutual IPV: The first being male primary perpetrator, the second being female primary perpetrator, and the third being bidirectional. This research found that 54% of relationships were classified as male perpetrator, 35% as bidirectional and 11% as female perpetrator. However males were not approached to give information for the study and as such results should be interpreted with caution. Nonetheless, such research suggests that both males and females may be victims and perpetrators of IPV and that gender alone is not a sufficient predictor of perpetration or victimisation of IPV.

## **The Current Review**

The vast majority of research outlined above focuses on female victims in heterosexual relationships. However, research has shown that IPV victimisation can occur irrespective of gender. Despite such evidence, and vast amounts of research on the effects of IPV victimisation on females, there remains very little research on the effects of IPV victimisation on male victims. In addition, it may be argued that such research is of greater importance when considering the social stereotyping and stigma surrounding male victims of IPV. In addition, there is very little research into victims of mutual partner violence and whether the consequences differ from those experienced by female victims.

Scoping exercises and searches show that whilst there is a wealth of research explaining female victimisation and some on male victimisation, there is a lack of research comparing differences in the effects of physical IPV victimisation on male and female victims. This is an important area of study given that much literature to date claims male and female perpetrated IPV is qualitatively different (RESPECT, 2008) without reference to any evidence base. Therefore, this review aims to examine literature that has compared differences in the effects of IPV on male and female heterosexual victims.

## Method

### **Sources of Information**

A scoping exercise was conducted to ascertain the existence and extent of any earlier reviews of the subject. A search from the Cochrane Database of Systematic Reviews (CDSR) was conducted on 10th March 2014 and although a number of reviews were available which focused solely female victims, including a review of coping amongst female, there was a significant lack of literature pertaining to studies that compare the psychological effects of physical IPV on male and female victims. This suggests that a review that addresses both male and female victims is warranted and may be of value to the literature base.

### **Search Strategy**

An electronic search was completed in one sitting on the 15<sup>th</sup> March 2014 in which four electronic databases were searched: PsychInfo, EMBASE, MEDLINE and ASSIA.

### **Search Terms**

Keywords and search terms associated with IPV and victims were used during the searches (see below). Where available, mapping to subject headings was employed in order to maximise inclusivity of available literature, as well as keyword searching, to account for variation in coding across the four databases. Wildcard options were applied in each database, again to maximise article sourcing.

("domestic (abuse or violence)" OR "battered (female\* or male\* or men or women)" OR "intimate partner (violence or abuse)" OR "marital conflict\*" OR "partner abuse" OR "family violence").

AND

("male victim\*" or "female victim\*" or "victim\*").

Please refer to Appendix 1 for a full list of the search syntax.

## **Study Selection**

The selection of papers involved the searches conducted via electronic database resources and the application of inclusion/exclusion criteria. Inclusion/ Exclusion criteria were formed on the basis of the research question and earlier reviews of the literature. This review will focus on the psychological consequences of physical IPV in heterosexual relationships on male and female victims. Papers which look at only male or only female victims will be excluded from the final analysis. Subsequently, the review will focus on studies which have included measurement of both males and females and have compared males and females to controls and/or males and females to each other. Studies which have looked at other forms of IPV (e.g. psychological, sexual) and those which have looked at other consequences (e.g. physical) will be considered only if analyses differentiate between these variables and provide data on psychological consequences of physical IPV specifically. Articles were restricted to English language and papers published after 1990 in order to ensure the most relevant and up-to-date research was included. Similarly 'grey' literature (e.g., unpublished papers, dissertation abstracts) was excluded to ensure only peer reviewed articles which have undergone rigorous scrutiny were utilised. Similarly, case studies were omitted, and qualitative research was excluded. This ensured only empirical research was analysed. More detail on the criteria applied can be found in Table 2 below.

## **Electronic Search**

The electronic database search completed on the 15<sup>th</sup> March 2014 generated a total of 1,104 citations across the four databases. After accounting for duplicates (n=280) a total of 824 articles remained for review. All titles and abstracts were checked for relevance and a further 668 articles were excluded at this stage. The remaining 156 were checked against identified inclusion / exclusion criteria and a further 112 citations were excluded.

Table 1

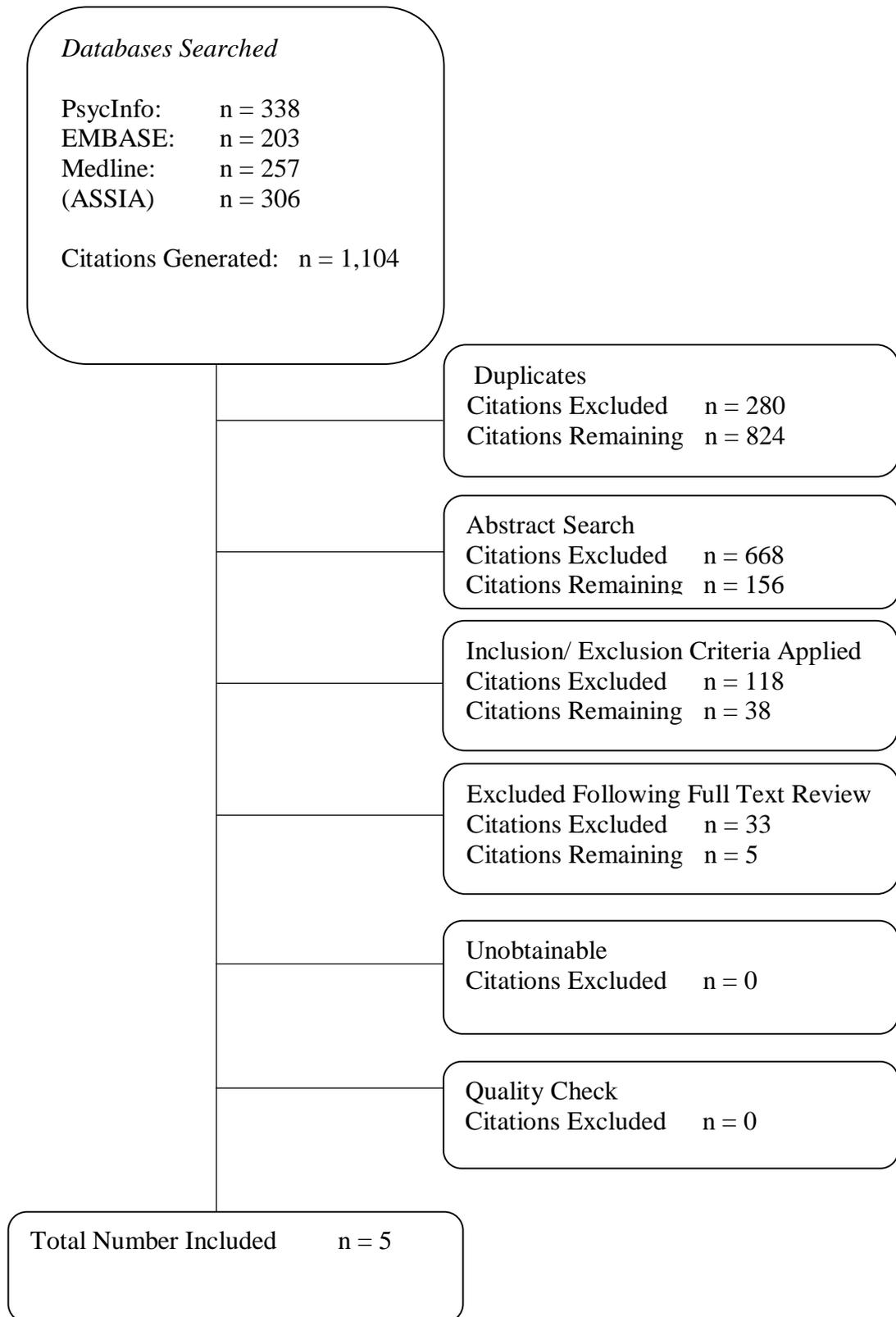
*PICO – Inclusion and Exclusion Criteria*

	<b>Inclusion</b>	<b>Exclusion</b>
<b>Population</b>	Male and Female Adult (Age 18 to 64 years) Victims of physical IPV IPV in heterosexual relationships	Male Only Female Only Adults >65 Aged <18 Only perpetrators of IPV Non-victims Victims of non-physical IPV IPV in gay, lesbian and/or bi-sexual relationships
<b>Intervention</b>	None	Any
<b>Comparator</b>	Male victims Female victims Non-victims (only as a comparator with male or female victims)	Perpetrators
<b>Outcomes</b>	Psychological effects	Physical effects only Neurological effects only Risk factors
<b>Study Type</b>	Observational Cross-sectional	Randomised Control Trials
<b>Other</b>		Papers not written in the English Language Opinion Papers, Commentaries, Editorials, Unpublished Papers Dissertations Case Studies Papers published prior to 1990

## **Hand Search**

Of the remaining 44 citations, all reference lists were searched ensuring that all relevant articles had been included in the review however this did not result in any further citations being added. At this stage 44 citations remained for full text review and following this a further 39 were excluded resulting in a total of 5 articles for quality assessment. All 5 of these articles were included following the quality assessment (See Appendix 4 for quality assessment forms). Figure 1 below presents a flow diagram of the study selection process.

Figure 1 - Flow diagram of the study selection process



## **Quality Assessment**

Following the process of applying inclusion/exclusion criteria the methodological quality of each paper was assessed using criteria modified from the Critical Appraisal Skills Programme (CASP, 2004).

The quality assessment process was completed by two researchers; the first being the author and the second being a Third Year Forensic Psychology Doctoral student. The researchers assessed quality in a number of areas; study design, sample, outcomes, statistics, results and applicability of findings. For each item appraised, a three-point scale was applied. A response of 'Yes' was given a score of 2, a response of 'Partial' was given a score of 1 and a response of 'No' was given a score of 0. Following this, an overall quality score was obtained by adding the scores for each item, with a total possible score of 40. Scores were subsequently converted in to percentages and each paper was accorded an individual percentage score. Studies which were scored above 50% were included in the review as this was regarded as the minimum level in order to ensure that all included studies were of good quality. All the remaining 5 studies met this threshold.

## **Data Extraction**

Data was extracted using a data extraction proforma (see Appendix 3) and information included title, author, research aims, participants and results. Methodological content, such as clarity of study design, strengths and limitations, appropriateness of assessments and statistical analyses were considered.

Table 2

*Key Information of Included Studies*

<i>AUTHOR AND YEAR OF STUDY</i>	<i>RESEARCH AIMS</i>	<i>PARTICIPANTS (SAMPLE SIZE AND MEAN AGES)</i>	<i>PSYCHOLOGICAL OUTCOMES MEASURED</i>	<i>RESULTS</i>
Amanor-Boadu, Stith, Miller, Cook, Allen & Gorzek.  (2011)	To assess gender differences in impacts of dating violence	305 male undergraduate students  363 female undergraduate students  Ages unknown (18-60 years)	Depression, anxiety, PTSD, alcoholism, self-esteem and relationship satisfaction	IPV did not have any impact on alcoholism, self-esteem or relationship satisfaction for either males or females.  <i>Males:</i> <ul style="list-style-type: none"> <li>• Male victims scored higher than male non-victims for anxiety and PTSD</li> <li>• Greater differences in anxiety and PTSD were reported between male victims and non-victims following severe injury than minor injury.</li> </ul> <i>Females:</i> <ul style="list-style-type: none"> <li>• No differences were found between female victims and female non-victims for either anxiety or PTSD.</li> <li>• Greater differences in anxiety and PTSD were reported between female victims and female non-victims following minor injury than severe injury.</li> </ul>
Coker, Davis, Arias, Desai, Sanderson, Brandt & Smith	To assess the physical and mental health consequences of IPV among women or men	6790 females  7122 males	Depressive symptoms, substance use and chronic mental illness	For both men and women, physical IPV victimisation was associated with increased risk of depressive symptoms, substance use & chronic mental illness.

(2002)	victims	Ages unknown (18-65 years)		
Kaura & Lohman, (2007)	To investigate relationships among dating violence victimisation, relationship satisfaction, mental health problems, and acceptability of violence	155 male college students  417 female college students  97.9% under 25 years. 2% over 25 years	Relationship satisfaction, mental health problems and acceptability of violence	IPV victimisation found to be associated with relationship satisfaction and mental health problems for both men and women.
Próspero (2007)	Investigation of mental health symptoms among male and female victims of IPV	241 male university students  332 female university students  Mean age = 21.4 years	Mental health symptoms	Significant associations between high levels of IPV reporting and mental health symptoms  No significant gender differences in reports of anxiety, depression, somatisation and hostility in high levels of IPV
Romito & Grassi (2007)	An exploration into the impact of IPV on male and female victims and whether the impact differs depending on victim gender	502 university students (64% female)  92% of the sample was 25 years old or younger	Depression, panic attacks, heavy alcohol use, eating problems, suicidal ideation and attempts	<i>Males:</i> Alcohol problems were found to be more common among males than females  <i>Females:</i> Panic attacks were found to be more common among females than males

\*Women's Experiences With Battering Scale

## RESULTS

The studies included in this literature review explore the psychological consequences associated with physical IPV victimisation. The five studies examined used a variety of methodologies to investigate the psychological consequences experienced by male and female victims of IPV and the possible differences between them. The quality scores ranged from 71% (Coker et al., 2002) to 84% (Kaura and Lohman, 2007) and whilst they are not substantially different, they do suggest that the latter study yields more accurate and reliable results. The findings from the studies included will be discussed in detail below in relation to the specific psychological factors assessed. The psychological factors assessed were mental health, relationship satisfaction, substance use and self-esteem. For the purpose of this review they will be discussed separately in order to aid the reader, however, it is important to bear in mind that they are not necessarily discreet consequences and victims may well experience co-morbidity.

### **Psychological Consequences of IPV Victimisation**

#### **MENTAL HEALTH**

All five of the studies included in the review looked at impact of physical IPV victimisation on mental health. There is some consistency across all five studies with regards to the mental health outcomes they assessed. For example, each of the studies assessed depression or depressive symptoms. Amanor-Boadu, Stith, Miller, Cook, Allen, & Gorzek (2011) and Kaura and Lohman (2007) found that female victims reported higher levels of depression than male victims. Próspero (2007) did not compare differences between male and female victims directly but nonetheless they report that results of the female correlation analyses revealed statistically significant relationships between physical IPV victimization and depression for females ( $r = .124, p < .05$ ) and males ( $r = .127, p < .05$ ). Romito and Grassi (2007) found no significant differences between males and females and Coker et al. (2002)

found that whilst physical IPV victimisation was associated with higher levels of depression than for non-victims, this was equal for both males and females.

Three out of the five studies assessed anxiety (Kaura, & Lohman, 2007; Próspero, 2007 & Amanor-Boadu, Stith, Miller, Cook, Allen, & Gorzek, 2011). There appear to be some similarities between the findings from the studies by Kaura and Lohman (2007) and Amanor-Boadu, Stith, Miller, Cook, Allen, and Gorzek (2011) in that the former found that females reported higher levels of anxiety ( $t=2.62, p<0.01$ ) than did men and the latter found that female victims of IPV scored 12% higher on their anxiety scale than male victims. As mentioned above, Próspero (2007) did not compare differences between male and female victims directly but found that results of the female correlation analyses revealed statistically significant relationships between physical IPV victimisation and anxiety ( $r = .106, p < .05$ ) whilst results of the male correlation found no significant relationship. However, the low correlation for females suggests that whilst there may be a statistically significant relationship, the correlation between physical IPV victimisation and anxiety is low.

Two of the studies also assessed somatisation (Kaura, & Lohman, 2007 & Próspero, 2007). Próspero (2007) and found significant relationships, but rather low correlations, between physical IPV victimisation and somatization for males ( $r= .155, p< .01$ ) and females ( $r = .149, p < .01$ ). Kaura and Lohman (2007) compared differences between levels of somatization in males and females and found that females reported higher levels of somatization than males ( $t=2.62, p<0.01$ ). One of the five studies also assessed panic attacks (Romito & Grassi, 2007) and found that female victims were significantly more likely to report panic attacks than male victims.

Table 3

*Quality of Included Studies*

<i>STUDY</i>	<i>STUDY DESIGN</i>	<i>SELECTION &amp; SAMPLING BIAS</i>	<i>MEASUREMENT BIAS</i>	<i>ATTRITION BIAS</i>	<i>APPLICABILITY OF FINDINGS</i>	<i>QUALITY SCORE</i>
Amanor-Boadu, Stith, Miller, Cook, Allen & Gorzek.  (2011)	4 (100%)	6 (75%)	10 (83%)	6 (60%)	4 (100%)	79%
Coker, Davis, Arias, Desai, Sanderson, Brandt & Smith  (2002)	4 (100%)	6 (75%)	7 (58%)	6 (60%)	4 (100%)	71%
Kaura & Lohman,  (2007)	4 (100%)	6 (75%)	10 (83%)	8 (80%)	4 (100%)	84%
Próspero  (2007)	4 (100%)	6 (75%)	11 (92%)	6 (600%)	4 (100%)	82%
Romito & Grassi  (2007)	4 (100%)	6 (75%)	9 (75%)	6 (60%)	4 (100%)	83%

## RELATIONSHIP SATISFACTION

Relationship satisfaction was measured as an independent outcome in two of the studies (Kaura, & Lohman, 2007; & Amanor-Boadu, Stith, Miller, Cook, Allen, & Gorzek, 2011). However, these studies produced conflicting findings in that Amanor-Boadu, Stith, Miller, Cook, Allen, and Gorzek, (2011) reported that IPV victimisation was not associated with relationship satisfaction for either males or females whilst Kaura and Lohman (2007) found that IPV victimisation was linked to lower relationship satisfaction for both men ( $\beta=-0.18$ ,  $p<0.05$ ) and women ( $\beta=-0.40$ ,  $p<0.01$ ).

## SUBSTANCE USE

Three of the studies included in the review measured substance use as an independent outcome (Coker et al., 2002; Romito & Grassi, 2007; & Amanor-Boadu, Stith, Miller, Cook, Allen, & Gorzek, 2011) although Romito and Grassi (2007) and Amanor-Boadu, Stith, Miller, Cook, Allen and Gorzek, (2011) specifically focused on alcohol use and no other illicit substances. Amanor-Boadu, Stith, Miller, Cook, Allen and Gorzek (2011) found that IPV victimisation had no impact on alcoholism for males or females. However, Coker et al. (2002) found that physical IPV victimisation was associated with an increased risk of substance use in males but not in females and Romito and Grassi (2007) found that alcohol problems were more common amongst male victims than female victims.

## SELF-ESTEEM

One of the studies included in the review looked at self-esteem as an independent outcome (Amanor-Boadu, Stith, Miller, Cook, Allen, & Gorzek, 2011). The authors of this study found that physical IPV victimisation did not impact on levels of self-esteem for males or females.

## DISCUSSION

### **Key findings of the review**

This systematic review aimed to report on the literature regarding the psychological effects of physical IPV victimisation on males and females and to consider whether these differ depending upon gender. Five studies met the inclusion criteria and the key findings from this review highlight:

- There is a significant lack of empirical literature investigating the consequence of physical IPV victimisation on male victims;
- Inconsistencies in findings relating to the differences between psychological effects of IPV victimisation on male and female victims for the majority of outcome variables;
- Depression appears to affect both male and females equally whereas anxiety appears to be more prevalent in female victims;
- There appears to be a lack of consistency in defining IPV and much of the literature does not differentiate between the different forms (e.g. physical, psychological, sexual);
- There are methodological and sampling problems in much of the literature, including a significant and consistent lack of baseline measures to determine psychological wellbeing prior to victimisation.

### **Interpretation of the Findings**

#### PSYCHOLOGICAL CONSEQUENCES OF PHYSICAL IPV VICTIMISATION

##### *Mental Health*

All of the studies included in the review addressed mental health issues as a consequence of physical IPV which may strengthen the conclusions in relation to this. However, each of the studies differentiated between different mental health concerns and did not all focus on the same issues. For example, three of the studies addressed anxiety specifically whilst two did

not. Of the three studies which specifically assessed anxiety, the study by Próspero (2007) obtained a high quality score and, as this study used a large sample and a number of measures which are considered to be reliable and valid (e.g. the Revised Conflict Tactics Scale; CTS2; Straus, Hamby, Boney-McCoy & Sugarman, 1996), their findings appear to be reliable and accurate. This study used the Symptom Questionnaire (SQ; Kellner, 1987) to gather data on mental health problems and report relationships between IPV victimisation and anxiety for females but not for males. This is somewhat consistent with the research by Martinez et al. (2004) who found that female victims report high levels of anxiety. Kaura and Loham (2007) also report similar findings and state that that female participants reported higher levels of anxiety than male participants. However, it must be noted that one significant limitation of this study was that, whilst the authors report data on the prevalence of IPV in the sample, they do not appear to state whether all participants were included in the analysis for mental health problems or whether they only included those participants who reported experiencing IPV victimisation. Therefore, caution should be taken when interpreting these findings, as the authors highlight, it is not possible to infer causality from their results.

In relation to depression, all five studies specifically assessed this as an outcome although the results were somewhat inconsistent. Two of the studies found that females reported higher levels of depression than males (Amanor-Boadu, Stith, Miller, Cook, Allen, & Gorzek, 2011; & Kaura and Lohman, 2007) and the remaining three studies found that rates of depression reported by males and females were equal (Coker et al., 2002; Próspero, 2007; & Romito and Grassi, 2007). As mentioned above, Próspero (2007) did not compare differences between males and females directly. This is arguably a more appropriate method of analysis as it allows for conclusions to be drawn regarding the impact of IPV victimisation on mental health without being compounded by possible differences in mental health difficulties prior to

victimisation. This study also differentiates between levels of victimisation (e.g. high and low), a differentiation not made by the other studies. The results outlined above appear to be broadly consistent with previous research in that they appear to demonstrate that female victims are more likely to experience anxiety (Martinez et al., 2004) whereas rates of depression reported by male and female victims appear to be equal Stets and Straus (1990).

### *Relationship satisfaction*

Relationship satisfaction was measured in just two of the studies (Kaura, & Lohman, 2007; & Amanor-Boadu, Stith, Miller, Cook, Allen, & Gorzek, 2011) and each study reports differing findings. Amanor-Boadu, Stith, Miller, Cook, Allen, and Gorzek, (2011) report that IPV victimisation was not associated with relationship satisfaction for either males or females whilst Kaura and Lohman (2007) found that IPV victimisation was linked to lower relationship satisfaction for both men ( $\beta=-0.18$ ,  $p<0.05$ ) and women ( $\beta=-0.40$ ,  $p<0.01$ ). It is important to note the different measures used by each study to obtain data pertaining to relationship satisfaction as the measure used by Amanor-Boadu, Stith, Miller, Cook, Allen and Gorzek (2011) consisted of just three items (the Kansas Marital Satisfaction Scale; KMSS; Schumm, 1986). Furthermore the authors do not present any information regarding the validity or reliability of this measure. In contrast, Kaura and Lohman (2007) use the Relationship Assessment Scale (RAS; Hendrick 1988), a 7-item measure which presents possible responses on a 5-point Likert scale, and present information demonstrating high internal reliability. Kaura and Lohman (2007) conclude that their results are consistent with previous research by Carlson et al. (2003) and Cramer (2003) who also report that IPV victimisation has a significant impact on relationship satisfaction. However, Amanor-Boadu, Stith, Miller, Cook, Allen, and Gorzek (2011) highlight that their results are not consistent with previous research and indeed cite the findings of Kaura and Lohman (2007). The authors

suggest that issues with sampling may have impacted upon these results and suggest that undergraduate participants may have different perceptions of acceptability of IPV and victimisation than older individuals.

### *Substance Use*

Three of the studies included in the review measured substance use as an independent outcome, although, as mentioned above, the definitions of substance use differed between studies with two focusing only on alcohol use. In relation to substance use, Coker et al. (2002) measured this by asking participants about their use of substances and alcohol in the month prior to data collection. They found that “therapeutic” drug use and heavy alcohol use were associated with physical IPV and report that physical IPV was associated with recreational drug use for men but not for women. Romito and Grassi (2007); and Amanor-Boadu, Stith, Miller, Cook, Allen and Gorzek (2011) measured only alcohol use and produced conflicting results. The former measured alcohol use by asking just two questions; one relating to the frequency of use and one relating to the short-term impact of use. They concluded that problems with alcohol use were more common in male, than female, IPV victims. In contrast, Amanor-Boadu, Stith, Miller, Cook, Allen and Gorzek (2011) used the Rutgers Alcohol Problem Index (RAPI; White & Labouvie, 1989) which is a 24-item self-report measure used to assess the consequences associated with alcohol consumption in the past 6 months and found no differences in scores between male and female victims. Given the differing methodologies used in each of these studies it is not possible to draw any firm conclusions regarding the impact of physical IPV victimisation on males and females.

### *Self-Esteem*

Just one of the studies included in the review considered self-esteem as an independent outcome. Amanor-Boadu, Stith, Miller, Cook, Allen and Gorzek (2011) measured self-esteem using The Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965) which is a 6-item scale and concluded that physical IPV victimisation did not have an impact for males or females. The authors conclude that their findings do not support those of earlier research (Anderson, 2002; & Marshall, 1999) and suggest this may be due to sampling issue. They identify that their sample comprised only college students and suggest that, within this group, self-esteem may be derived from other areas of their life aside from their intimate relationships.

### **Definitional and Methodological Problems**

Although there were a small number of studies used in this review it is clear that there are some methodological issues within the literature in this area. One of the key issues is the significant lack of a clear and consistent definition of IPV. One of the studies included in the review referred to dating violence and limited this to violence between college students in intimate relationships (Amanor-Boadu, Stith, Miller, Cook, Allen & Gorzek, 2011). None of the remaining four studies provided any definition of IPV and it is therefore not possible to establish exactly what each study was referring to. Furthermore, each study investigated different forms of IPV (e.g., physical, emotional, sexual etc.) and whilst this study was only concerned with the consequences of physical violence, some studies looked only at this whilst others also focused on other forms. Given the differing definitions used within the studies and the inclusion and exclusion of different forms of IPV it is difficult to establish whether results were influenced by the impact of other forms of IPV. Another issue which further compounds this is the differing measures used to establish participants' experiences of IPV victimisation. For example, three of the studies used the CTS2 to gather data on this whilst one study used

the older Conflict Tactics Scale (CTS; Straus, 1974) and the psychometric properties of the CTS2 are well documented in the next chapter. However, one study used their own, unstandardized measure which makes drawing conclusions about the applicability of their findings somewhat difficult.

As mentioned previously, the five studies included in the review assessed different psychological outcomes, which makes drawing any firm conclusions regarding possible gender differences somewhat difficult. Furthermore, it is important to consider possible gender differences in mental health irrespective of IPV victimisation. The World Health Organisation (WHO) produced a report on mental health in 2001. This report concludes that the majority of research has found the overall prevalence of mental health problems to be broadly equal amongst males and females. However, the report concludes that depression is more common in females whilst substance misuse is more common in males. It is important to consider the findings from the current review in the context of the WHO report and to consider that, if the prevalence of depression is higher in females than males irrespective of IPV victimisation, this needed to have been taken into account when reporting on rates of depression in victims. It is, however, also important to consider social roles and help-seeking when interpreting those differences presented by the WHO. For example, (Weissman and Klerman (1977) considered possible 'real' and 'artificial' causes of gender differences in depression and, The Sydney Teachers' Study (Wilhelm, Parker, Geerlings & Wedgwood, 2008) looked at socially homogeneous groups to eliminate the effects of social role and found no differences in rates of depression between males and females. This further highlights the complexities in understanding possible differences in psychological consequences of IPV victimisation for males and females.

Methodological issues in the studies included in the review also make direction of causality difficult to establish. For example, the lack of longitudinal research, absence of baseline measures and differing timescales assessed mean it is not possible to infer causality. As such, there are difficulties with determining whether the symptoms identified in each study occurred as a result of IPV victimisation or whether symptoms such as mental health difficulties may have increased levels of violence or vulnerability to victimisation.

Researchers have in fact provided support for the latter, for example Crocker *et al* (2005) suggest that severe mental illness and antisocial personality traits increase the likelihood of experiences of violence as either a victim or perpetrator. Furthermore, it is important to consider that the factors assessed in the five studies are unlikely to occur in isolation and that many victims are likely to experience co-morbidity. Subsequently, there are significant challenges associated with drawing any firm conclusions regarding the direct impact of physical IPV on victims.

Four of the five studies included in the final review chose to use only a student population, either at college or university level, which impacts on the generalisation of the findings to the general population. The majority of students in the Kaura and Lohman (2007) study were predominantly white, middle class individuals and whilst the researchers state that such a sample represents a large proportion of dating individuals, the use of such a narrow sample excludes a large number of other individuals. Research conducted by Frieze (2005) suggested that interpersonal violence is influenced by the developmental process and by age and Bookwala *et al* (2005) noted that older couples (in their senior years) displayed less violence than younger couples. Such research suggests that research of a longitudinal nature may be more appropriate when investigating IPV.

The picture presented by the five studies included in the review appears somewhat confusing in attempting to explain and comprehend whether there are consequences which are more prevalent in males or females and whether there is any consistency between the psychological effects of IPV on male and female victims. It is difficult to conclude with any confidence whether there are any consequences which are consistently experienced by either gender due to the variance between the studies in terms of both sampling and outcomes. It may be possible to tentatively suggest that female victims experience higher levels of anxiety than male victims. It is however important to consider that there are a number of factors which are likely to have influenced such conclusions and were unfortunately not addressed by any of the studies.

### **Strengths and Limitations of the Review**

This review was conducted using a structured, systematic approach which could be replicated at a later date. This technique resulted in a small number of studies being included in the final review. From the outset, there were challenges in sourcing literature in this area and whilst this provided clear evidence of the need for such a review, it also meant that any conclusions drawn may be tentative until further research is conducted.

With regards to the studies themselves, there are a number of methodological issues that limit their conclusions. For example, the quality assessment found that the quality of studies ranged from 71% to 84% which suggests a variation in the accuracy and reliability of the results and conclusions. However, none of the studies obtained a score below 71% and therefore they are all considered to be good quality. With regards to the scoring system used for quality assessment, it may have been advisable to weight the individual items during the quality assessment process. However, this would have involved the researcher making arguably

subjective decisions regarding the importance of particular items and subsequently may have reduced the objectivity of the process.

None of the studies included in the final review used an English sample as four of the five used a US sample, and the fifth used an Italian sample. Whilst this does not impact upon the reliability of the data or of the studies themselves, it is important to consider the differing definitions of IPV across the world and of the cultural differences in the perceptions and understanding of IPV. Further to this, the differences in diagnostic manuals used between the US and Europe may cause some confusion regarding symptoms of mental illness and as such may impact on the ability to generalise findings. In addition, the majority of articles selected for the final review were published some five years previous and given the fluidity in defining IPV it is possible that some of the assumptions made are slightly out-dated and therefore perhaps less useful in making suggestions for clinical practice.

## **Conclusion**

This review has found that there is a lack of consistency in reported findings regarding the impact of IPV victimisation on males and females. Given the small number of studies included in the review and the fact that the majority were US studies, it is important not to draw too many conclusions regarding the generalisability results. The limited findings across the five studies may be considered as strong evidence for the need to conduct further research in this area. Future research may also benefit from using longitudinal research methods in order to further develop understanding on the direction of possible relationships between symptomology and IPV. In addition, future research may also benefit from using a more diverse sample, particularly with regards to age.

It is possible to argue that further research into the effects of IPV victimisation on males is of increasing importance given the recent developments in research regarding the prevalence of mutual IPV. As the majority of current government initiatives are directed towards female victims, for example the introduction of 'Violence Against Women' co-ordinators by the Crown Prosecution Service (CPS), research into the requirements of female victims is much needed. In addition, Home Office data from CPS reports a number of statistics regarding IPV, all of which include female victims and male perpetrators only. As a result it is possible that a large number of male victims are unable to access appropriate services and thus may not receive adequate support. Furthermore, the majority of such initiatives assume the perpetrators of IPV are male which again impacts on their applicability for victims of IPV in homosexual or bisexual relationships.

As mentioned above, the CTS2 was used to collect data on experiences of IPV and is a widely used tool for this purpose. Subsequently, the strengths and limitations of the CTS2 will be presented in the next chapter.

## **Chapter 3**

### **CRITIQUE OF THE REVISED CONFLICT TACTICS SCALE (CTS2)**

## Introduction

### **Conflict**

Conflict theorists suggest that conflict is a natural, inevitable and necessary aspect of human relationships (e.g. Adams, 1965). Such theorists draw upon the differences between “conflict of interest” and “conflict management” to highlight that the conflict itself is not harmful but rather the potential tactics used to resolve it are (Straus, 2007). Conflicts of interests occur when members of a particular social group come across differences in the ways in which they live their lives, and conflict management, or tactics, are the methods used to resolve such conflicts. There are a number of possible conflict tactics and whilst the suppression of conflict is believed to negatively impact upon the ability of social units to adapt to change (Sprey, 1969), the expression of conflict is likely to have a differing impact dependent upon the particular tactics used. For example, if conflicts are resolved using rational discussion and reasoning, the relationships between individuals can be strengthened. However, it is likely that if conflicts are resolved through verbal or physical aggression the impact may be hostility, further aggression or violence.

### **Conflict in Intimate Relationships**

Brehm, Miller, Perlman and Campbell (2002) found that conflicts are a regular feature of intimate relationships and Cahn (1992) suggested that individuals in intimate relationships are more likely to be involved in frequent disagreements than friends or colleagues. Researchers interested in family conflict suggest that such conflicts arise from everyday frustrations and from living within the same space as one another (e.g. Straus, 1990). As mentioned above, the conflicts themselves are not necessarily problematic and researchers such as Fincham and Beach (1999) have suggested that if conflict is managed appropriately it can help to maintain

satisfaction and intimacy within the relationship. However, when such disagreements, or conflicts, are managed using aggression, physical, emotional abuse and/or violence this can be termed Intimate Partner Violence (IPV), a definition of which was provided in Chapter 1.

### **Measures of Conflict in Intimate Relationships**

In 2006 Gerberding, Arias and Rodney Hammond conducted a review of all available measures of violence in intimate relationships. The review categorised IPV into physical, sexual, psychological/emotional and stalking perpetration and victimisation. They identified assessment measures appropriate for each form of relationship violence and/or aggression. For example, The Partner Abuse Scale (Hudson, 1997) is 25-item scale that measures the extent of physical abuse in intimate relationships. The review found that the majority of available measures did not capture the magnitude of IPV, for instance, the Partner Abuse Scale measures only physical violence and does not assess other forms. The only measure which was found to measure all forms of IPV was the Revised Conflict Tactics Scale (CTS2; Straus, Hamby, Boney-McCoy & Sugarman, 1996). The CTS2 was developed from the Conflict Tactics Scale (CTS; Straus, 1979) as a psychometric measure of the tactics used to resolve conflict in intimate relationships. The CTS was originally developed by Murray Straus and his colleagues for use in the US National Family Violence Surveys to encourage investigation into the rates of IPV in the family by males and females (National Family Violence Survey, 1975; 1985). Within the CTS2 manual Straus, Hamby and Warren (2003) highlight the importance of gathering objective information relating to the harmful conflict tactics used by couples in intimate relationships. Furthermore, the CTS2 can be used by either partner in an intimate relationship and does not make assumptions about the victim or perpetrator's gender.

The CTS2 has been identified as one of the mostly widely used quantitative assessment tools of IPV and has been identified as a useful measure in both practice (e.g. Aldorando & Straus, 1994) and research (e.g. Straus, 1995) alike. In relation to its' applicability in clinical practice, Straus (2007) suggests that incidents of physical and/or sexual violence require intervention irrespective of the frequency and therefore highlights the use of the CTS2 in obtaining such objective data. Furthermore, the CTS2 is used to support individuals in disclosing perpetration or victimisation and in recognising their experiences as such (O'Leary & Murphy, 1992). In consideration of the above, the CTS2 has been selected for this critique as a result of its frequent use in identifying, researching and working therapeutically with victims and perpetrators of IPV.

### Overview

The CTS2 is 78-item self-report questionnaire that assesses perpetration and victimisation in an attempt to gather information regarding the conflict tactics used in intimate relationships. A technical manual has been published (Straus et al., 2003) which details the research base and development of the CTS2 and also provides guidance for using and scoring the tool. The CTS2 was developed from the CTS and further information regarding this development will be discussed below.

The preamble to the CTS2 provides a neutral context in which relationship conflict is normalised which ensures that participants are not biased into thinking their behaviour is a form of violence or criminal act. This allows participants to respond honestly without associating any negative repercussions to their responses.

Participants completing the CTS2 are presented with a Likert scale and asked to rate the frequency at which they have used or received a particular act in the past twelve months. The response options available to them are; 0=never, 1=once, 2=twice, 3=3-5 times, 4=6-10 times, 5=11-20 times, 6=more than 20 times and 7=not in the past year but it happened before.

Participants are also asked a series of questions relating to the particular conflict tactics they utilised and these are separated into five discreet scales; negotiation, physical assault, psychological aggression, injury, and sexual coercion. Each of the scales is further categorised into minor and severe aggression and the negotiation scale is further separated into emotional and cognitive methods used. Participants are asked about the conflict tactics they use towards their partner and their partner uses towards them. This is useful in addressing perpetration and victimisation and allows for an exploration of reciprocal violence in relationships. It is also useful in corroborating reports and ensuring accuracy in responding.

The CTS2 can be completed in 15 minutes and although there is a short-form (Straus & Douglas, 2004) which takes three minutes to complete, the amount of information that can be obtained in such a short space of time is somewhat limited. In relation to the administration of the CTS2, this can be facilitated in a number of ways including face-to-face and over the telephone.

### **Development of the CTS2**

As mentioned above, the CTS2 was developed following a number of criticisms of the CTS, and although the theoretical basis of the two measures is fundamentally the same (CTS2; Straus, Hamby, Boney-McCoy & Sugarman, 1996), there are a number of differences between them.

The CTS is made up of 19 items, 18 of which load onto one of three scales; Violence, Verbal Aggression and Reasoning. The last item is referred to as 'Cried' and is not scored. The scales in the CTS were chosen as Straus (1974) felt they were of particular importance in testing the "catharsis theory" of violence control. The items in the Reasoning scale refer to the use of rational discussion in managing conflict, the Verbal Aggression scale refers to the use of non-verbal and verbal acts or threats and the Violence scale refers to the use of physical force against the partner. The CTS further classified items in the Violence Scale into 'minor' and 'severe' but this distinction was not made in the remaining two scales.

Research into the CTS led to disagreements regarding its structure, which scales should be included, which items should be included within these scales and whether a distinction should be made between minor and severe aggression (Barling et al., 1987). For example, the Reasoning scale had just three items and Straus, Hamby, Boney-McCoy and Sugarman (1996) identified that this was inadequate in both the number of items and the content of these items. This subsequently led to the replacement of the Reasoning scale with the Negotiation scale. Furthermore, the Violence scale was amended both in its' title and content. This scale was re-named as Physical Assault as it was felt this avoided confusion with the more general meaning of the term 'violence' and better fit with the definition of physical violence on which the CTS is based (Gelles & Straus, 1979). The original items in this scale were retained although some amendments were made to these items. The Verbal Aggression scale was also amended and re-named the Psychological Aggression scale in order to accurately reflect the items in the scale, including those that refer to non-verbal acts. Four of the original six items were retained and a further four items were added.

As well as re-naming and altering existing scales, a further two new scales were added to reflect Sexual Coercion and Physical Injury. Straus and his colleagues felt that the addition of two new scales reflected the breadth of the issue of IPV whilst ensuring it remained brief enough for ease of completion. The content of the final scales in the CTS2 will be outlined below.

The CTS differentiated between minor and severe aggression within the Physical Assault scale, however, research has demonstrated that the implications, etiology and treatment of minor and severe aggression are somewhat different (e.g. Johnson, 1995). Subsequently, the authors of the CTS2 also differentiated between minor and severe aggression in the Psychological Aggression, Sexual Coercion and Injury scales. Further developments included the addition of items to improve the reliability and content validity, changes to the format in order to facilitate improved administration and changes to the wording of items to improve understanding and clarity.

With regards to applicable populations, the authors felt that the language used in the CTS2 should be at a similar level to that used in the CTS as they felt this was sufficient to ensure its' accessibility to a wide section of the population (Straus et al, 1996).

## **Scales in the CTS2**

### *Negotiation Scale*

This scale aims to gather information pertaining to the cognitive and emotional methods used by participants to demonstrate emotional concern towards their partner and the frequency at which they use discussion tactics to address conflicts within their relationship. An example of an item within the Negotiation scale is "Suggested compromise to an argument".

### *Psychological Aggression Scale*

This scale attempts to gather information about the verbal (e.g., “Insulted or swore at partner”) and non-verbal (e.g. “Did something to spite partner”) aggressive acts used and received by participants which cause and/or create psychological distress. As mentioned above, this scale was split into minor and severe aggression.

### *Physical Assault Scale*

This scale aims to gather data regarding physical aggression by asking participants about the frequency of physical assault within their intimate relationship. This scale differentiates between minor and severe aggression and examples of items within this scale are “Hit partner with something” and “Used knife or gun on partner”.

### *Physical Injury Scale*

This scale attempts to gather information about the physical injuries caused or received by participants (e.g. “Partner was cut or bleeding”) and whether medical attention was required and sought. This scale also differentiates between minor and severe aggression.

### *Sexual Coercion Scale*

This scale aims to gather information regarding the use of threats (e.g. Used threats to make partner have anal sex” and/or acts of unwanted sexual behaviour (e.g. “Used force to make a partner have sex”) within the intimate relationship. This scale also differentiates between minor and severe aggression.

## Characteristics of the Psychometric Measure

The CTS2 asks participants to complete the measure themselves by rating, the number of occasions when they have perpetrated or been victims of a range of conflict tactics within their intimate relationship, on a Likert scale. The use of a Likert scale means the data is easily quantifiable allowing for easier analysis and comparison with other participants. Furthermore, the use of Likert scales has been found to reduce the likelihood of participants giving socially desirable responses (Sorenson & Taylor, 2005)

The use of self-report measures increases accessibility and simplifies administration. Furthermore, participants may be more likely to reveal information pertaining to their perpetration or victimisation if they are completing a measure themselves as opposed to being interviewed (e.g. Ganellen, 2007). However, self-report methods are not without criticism; one of these being the reliance on participant honesty. The accurate completion of any self-report measure relies on the participant being able and willing to respond in an honest manner. However, there are a number of factors which may impact upon the above for both victims and perpetrators of IPV. Firstly, perpetrators may not disclose their perpetration for fear of criminal conviction and similarly victims may feel the need to ‘protect’ their perpetrator (Gracia, 2003). Secondly, participants may wish to respond to questions in a socially desirable way and this response bias may result in participants ‘faking good’ (e.g., minimising their IPV perpetration) or ‘faking bad’ (e.g., exaggerating their victimisation). With regards the CTS2, researchers have found some degree of underreporting on particular scales. For example, Archer (2002) found that self-reports completed by male participants demonstrated a level of underreporting of perpetration in comparison to their female partner’s reports although this could equally demonstrate over-reporting of victimisation from the

female partner. Furthermore, Archer (2002) found that variation in reporting was related to the particular act and that women appeared less willing to report perpetrating more severe acts than men. It is possible that these differences could be related to the way in which certain acts are interpreted by participants, for example, women may view their own acts as less threatening than their male partners. Furthermore, these differences could also be explained by a wish to appear more socially desirable. This highlights another potential challenge with using self-report measures, particularly when questions are ambiguous or open to interpretation.

Ganellen (2007) suggested that one method to improve the accuracy of information obtained from self-reports is to also gather information from the participants' significant others. As the CTS2 already does this it may be useful to give participants the option of responding anonymously whilst pairing their responses with those of their partner in an attempt to further reduce bias.

## Psychometric Properties of the CTS2

### **Reliability**

#### *Internal Reliability*

Internal reliability refers to the extent to which the items are consistent and measure the same thing. Straus et al., (1996) conducted a pilot study of the CTS2 following its' revision from the CTS and within this they calculated the alpha reliability coefficients in order to assess how well the individual items loaded onto each scale. The results indicated that the internal consistency ranged from 0.79-0.95 and therefore identified all scales as being acceptable – excellent. The Psychological Aggression Scale had the lowest internal consistency of and Straus et al., (1996) identified that this was as a result of the inclusion of some items to

improve the diversity, rather than the internal consistency, of the scale. Injury had the highest internal consistency and based upon these findings the scales were amended by removing items with low alpha scores.

In 2004 Straus investigated the reliability of the CTS2 across cultures using a sample of students in 17 different nations. Straus found that the alpha coefficients were acceptable to good for all scales when participants were pooled (0.74-0.89) and went on to report small differences in the reliability of the CTS2 with male (0.78-0.93) and female (0.72-0.87) students. Straus went on to report the alpha coefficients for each scale across 33 universities in 17 nations and found that internal reliability was generally good. It should, however, be noted that results demonstrated some low reliability coefficients in a small number of countries. For example, in Adelaide the alpha coefficient for the Injury scale was 0.57. Straus reports that in the case of low alpha coefficients the prevalence of IPV was also reported to be particularly low and therefore the distribution is skewed and could not be accurately measured using alpha as a measure of reliability.

A number of other studies have tested for internal reliability although these have tended to use a female only sample. For example, Jones, JI, Beck and Beck (2002) investigated incarcerated women and found moderate to excellent reliability for each of the factors (0.62-0.91). The results indicated that the internal consistency was lowest for Sexual Coercion and highest for Negotiation. The questionable reliability of the Sexual Coercion scale has been identified in a number of other studies also. For example Yun (2011) found poor internal reliability for sexual coercion victimisation (0.55) and perpetration (0.44).

### *Test-Retest Reliability*

This refers to the examination of the extent to which the results obtained from a study remain consistent over time and can be replicated with the same participants. Difficulties in accurately examining the test-retest reliability of any measure may arise due to ‘practice effects’ whereby participants remember their original responses and give them again in an attempt to remain consistent. This is particularly relevant in tests of IQ where participants may learn to answer particular questions. Furthermore, situations change over time and the behaviour of an individual is affected by a number of factors which may impact on their responses. The interpretation of an event or behaviour may also differ dependent upon a number of factors. This is particularly relevant in the CTS2 as it measures behaviour. However, the CTS2 asks participants questions relating to events which have occurred and should therefore we may not expect changes, particularly within a small sample..

Vega and O’Leary (2007) investigated the test-retest reliability of the CTS2 in males who were referred for intervention following a conviction for IPV perpetration. The results demonstrated strong stability of report for Physical Assault ( $r=0.76$ ), Injury ( $r=0.70$ ), Psychological Aggression ( $r=0.69$ ) and Negotiation ( $r=0.60$ ). However the results demonstrated a low stability for the Sexual Coercion scale ( $r=0.30$ ). Unfortunately there has been very little further research into the test-retest reliability of the CTS2 therefore Straus et al., (2003) suggested comparisons should be drawn between the scores of an individual and those of a similar sample.

## **Validity**

### *Face Validity*

Face validity refers to the extent to which a particular test measures what it claims to be measuring. Furthermore, face validity refers to the clarity of wording within the measure and a test with a clear purpose to all participants is said to have high face validity whilst tests which do not have a clear purpose are said to have a low face validity (Nevo, 1985).

When the CTS2 was developed from the CTS the authors felt it was necessary to alter the wording of some items in order to improve clarity (Straus et al., 1996). The amended wording attempted to reduce ambiguity within the items and improve participants' understanding. However, if the face validity of a test is high and participants recognise the intended outcome they may respond in a way they believe is expected of them, potentially creating response bias. Given that face validity is a qualitative measure and is assessed on a somewhat subjective basis as opposed to using statistical methods it may be open to some level of interpretation. The CTS used a hierarchical order to present their items with acts considered more socially acceptable presented first, however in an attempt to avoid response sets (Straus, Hamby, Finkelhor, Moore & Runyan, 1998), the authors of the CTS2 interspersed the items.

### *Concurrent Validity*

The concurrent validity of a particular test is a measure of correlation between the results obtained from that test and those obtained using another, well established, test.

The latter, well established, test is usually considered to be the 'gold standard' in that particular area and the CTS is considered the gold standard for IPV (Gunter, 2007). Given the similarities between the CTS and the CTS2, the CTS2 is currently considered the gold standard in this field (Kraanen, Vedel, Scholing & Emmelkamp, 2013). However, whilst the

CTS2 has been used to validate other measures of IPV, no research has been conducted to determine its' concurrent validity in comparison with the CTS.

The CTS2 has been used to validate a number of tests such as the Jellinek Inventory for assessing Partner Violence (J-IPV: Kraanen et al, 2013) and the Abuse Behaviour Inventory (ABI: Shepard & Campbell, 1992). The J-IPV is a 4-item screening tool that measures victimization and perpetration of IPV in the past year and Kraanen et al., (2013) found significant positive associations between the CTS2 and the J-IPV. The ABI is 29-item test which measures experiences of physical and psychological abuse. Zink, Klesges, Levin and Putnam (2007) found a good correlation between the ABI and the CTS2 (0.76) and good correlations between the psychological scale on the ABI and the verbal aggression scale on the CTS2 (0.74). Furthermore, Zink et al (2007) also found good correlations between the physical scale on the ABI and the physical aggression, sexual coercion and injury scales on the CTS2 (0.71). It is important to note that whilst a number of studies have used the CTS2 to provide support for the concurrent validity of other scales, as mentioned previously, there remains no research to determine the concurrent validity of the CTS2 in comparison with the CTS.

### *Predictive Validity*

Predictive validity refers to the extent to which recorded behaviours on a test are related to later behaviours that the measure was designed to predict. It is a widely accepted view that the best predictor of future behaviour is past behaviour (e.g. Triandis, 1980; Ouellette & Wood, 1998) and a number of measures have been designed to attempt to predict future behaviour on this basis. However, the CTS2 was not designed for this purpose and is not a predictive measure of IPV perpetration or victimisation.

### *Content Validity*

Content validity refers to whether the items in a particular test or measure represent the whole construct that it is attempting to investigate. If a particular measure does not cover the entire concept it is at risk of appearing subjective and difficulties occur in applying the results.

The CTS2 is a measure of IPV victimisation and perpetration and therefore needs to cover the spectrum of behaviours identified as IPV. As previously mentioned, a number of measures of IPV cover only specific acts such as physical aggression or sexual coercion. However, the authors of the CTS2 attempted to include all aspects of IPV and added the sexual coercion and injury scales when they developed the CTS into the CTS2.

One of the biggest criticisms of the CTS that was not addressed in the development of the CTS2 was that it does not take account of the context within which the IPV occurs (DeKeseredy & Schwartz, 1998). For example, the CTS2 assumes that all IPV is born out of conflict within intimate relationships and does not take account of the gendered perspective that claims IPV occurs as a result of men asserting their dominance of women through aggression and violence (Dobash & Dobash, 1979). Furthermore, the CTS2 does not take account of other possible reasons for violence such as self-defence. However, studies that do explore whether women's violence is born out of self-defence show that this is not the case (e.g. Fiebert and Gonzales, 1997). Based on such findings it is argued that explaining IPV in the context of being a gendered crime is flawed. Indeed it is arguably appropriate to explore the nature of violent acts in a relationship before further exploring the motives of these acts. However, to assume all IPV is gendered and women's violence is only enacted in self-defence is presumptuous. It is much more methodologically sound to investigate rates of IPV based on

acts spate to context and the authors claim that the CTS2 was not intended to provide information relating to context and suggest the use of other measures alongside it in order to gather such information (Straus et al., 2003).

### *Construct Validity*

Construct Validity refers to the ability of a test or scale to accurately measure the concept it intends to study. Researchers consider construct validity to be essential to the measure of any construct that is not directly observable, such as love, intelligence or aggression (e.g. Western & Rosenthal, 2003). The construct validity of a particular measure is usually determined by presenting correlations between a measure of a construct and a number of other variables that should be associated with it (Western & Rosenthal, 2003).

Straus et al. (1996) carried out a review of the psychometric properties of the CTS2 and within this tested the construct validity of the measure by investigating the correlates of various scales. For example, they reported that if it is assumed males are more likely to use sexual coercion than females, correlates should be higher between the physical assault and sexual coercion scale and between the psychological aggression and sexual coercion scale, for males than for females. The results supported this and found significant differences between correlations of the scales for men and women. In addition, a higher correlation between physical assault and injury was found for males than for females which is in accordance with higher rates of injury inflicted by males due to average gender differences in physical size and strength (Archer, 2000).

Straus (2004) examined dominance in dating relationships and hypothesised that the probability of violence within a relationship is increased when the relationship is

characterised by the dominance of a partner. Straus found support for this hypothesis in that the more one partner was dominant within the relationship, the more likelihood there was of physical assault, irrespective of the sex of the partner.

### Normative samples

The normative sample refers to a group within a larger population that is under investigation. It is taken to represent that population and the results of a particular test are compared to those obtained by the normative sample in order to assess the expected frequency of a particular behaviour. The normative sample creates a frame of reference and without this it would be more difficult to make sense of scores obtained.

The authors of the CTS2 (Straus et al., 2003) describe a reference sample of college students within the CTS2 handbook and recommend that this sample be used to draw comparisons with other college students. However, college students have been found to experience high levels of IPV (Nabors, 2010) and therefore further normative samples are required for other populations.

The authors provide some guidance on the clinical implication of particular scores, for example, they recommend further investigation and intervention if a participant obtains a score of one or above on the physical scale (Straus, 2007). Whilst the authors do not provide standardised scores as the CTS2 is not intended for diagnostic purposes, it is questionable how appropriate that use of norms would be given that the CTS2 measures some criminally violent acts.

## Conclusions

The CTS2 is a self-report measure of conflict tactics used in intimate relationships and has been identified as one of the mostly widely used quantitative assessment tools of IPV. It has been used in many research projects (e.g. Straus, 1995) and has been successfully used internationally on a wide scale. Furthermore, the CTS2 has been identified as a useful tool in family therapy (e.g. Aldorando & Straus, 1994) and is felt to be applicable to a wide section of the population (Straus et al., 1996).

The CTS2 was developed as a way of addressing some of the criticisms of the CTS and the addition of certain items and changes to the wording and format were aimed at improving the reliability and validity of the CTS2. Subsequent analysis of the psychometric properties of the CTS2 demonstrated acceptable to excellent internal reliability with the exception of the Sexual Coercion scale. Analysis of the test-retest reliability of the sexual coercion scale found a low stability for this scale also. There has, however, been limited amounts of research into the reliability and validity of the CTS2 and whilst the CTS is considered to be a 'gold standard' assessment for IPV, there is not enough research on the CTS2 specifically to afford it with the same status.

The limited normative sample makes it particularly difficult for users of the CTS2 to make comparisons between the scores obtained by the participant and those that would be expected in their peer group. Furthermore, the reference sample described by the authors is limited to college students and users are therefore likely to experience difficulties in drawing comparisons with other peer groups.

Despite criticism of the CTS2 its' use in determining the gender inclusive and reciprocal nature of IPV in the American family (NFVS 1975; 1985) was pioneering and has contributed to the more readily accepted gender inclusive and psychological investigation of IPV and family violence to date.

## **Chapter 4**

### **EXPLORING THE SHORT TERM EFFECTS OF GENDERED IPV CAMPAIGNS ON STUDENTS' BELIEFS ABOUT PHYSICAL IPV PERPETRATION**

## Abstract

The vast majority of primary prevention campaigns arguably target male perpetrators and female victims. The aim of this online study is to investigate whether different types of gendered physical IPV depicted in primary prevention campaign posters impact on western student's normative beliefs about physical IPV. Specifically four hypotheses were tested; first, there will be significant differences in the approval of IPV perpetration and retaliation pre and post exposure to media campaigns. Second, there will be significant differences in the beliefs about the impact of IPV perpetration on victims, pre and post exposure to media campaigns. Third, there will be a significant difference in the beliefs about appropriate punishment for IPV perpetrators pre and post exposure to media campaigns. Fourth, there will be a significant difference between participants' perceptions of perpetrator and victim gender pre and post exposure to media campaigns. 175 female students from the University of Birmingham were randomly assigned to one of five conditions before completing the Beliefs about Relationship Aggression Scale (BaRAS) and answering a series of questions relating to their perceptions of victim and perpetrator gender. Participants were then exposed to two images depicting various forms of IPV dependent upon their allocated condition before completing the BaRAS and set of questions again. Responses were analysed using a series of t-tests, MANOVA, and chi-squared analyses. The reliability of the BaRAS was also tested and was found to be good. Results demonstrate significant differences between approval of male and female physical aggression, with approval of female aggression being higher. The results also demonstrate that primary prevention campaigns impact upon perceptions of IPV, particularly when participants are exposed to images depicting female physical aggression towards males. The results of this study have implications for future prevention of IPV, as for professionals working in the criminal justice field and as those responsible for providing support and treatment to victims and perpetrators of IPV.

## Introduction

Research indicates that intimate partner violence (IPV) occurs on a global scale irrespective of nationality or religion (e.g. Ferris, 2004), and that neither perpetrators nor victims are homogeneous groups (e.g. Dixon & Browne, 2003; Dixon & Graham-Kevan, 2011). Accurate prevalence rates remain particularly challenging to establish for a number of reasons, such as differences in survey methodology and definitions used by researchers. However, despite research demonstrating that IPV victimisation occurs at equal rates for males and females (see Dixon & Graham-Kevan, 2011), evidence suggests that current normative beliefs about IPV in English society are chivalrous with males and females viewing male perpetrated violence as less acceptable and more harmful than female violence (Esquivel-Santoveña & Dixon, 2014; Sabin, 2013). In line with this, arguably the most common message portrayed by the media and in primary prevention campaigns targeting a reduction in IPV perpetration is that severe violence perpetrated by men against women is unacceptable and will not be tolerated. Campaigns depicting same sex or female to male aggression have historically been much less frequent. Considering this bias, this paper provides a first step in exploring the effects of different types of violence depicted in such campaigns on the public's understanding of IPV.

### **Normative Beliefs**

Normative beliefs have been defined as “self-regulating beliefs about the appropriateness of social behaviours” (Huesmann & Guerra, 1997, p.1) and have been of interest to social psychologists for many years. Whilst a thorough discussion on the formation of normative beliefs is beyond the scope of this thesis, research has demonstrated that normative beliefs about a particular action impact upon the likelihood of an individual carrying that action out (e.g. Amjad & Wood, 2009). Subsequently, researchers have aimed to establish whether it is possible to change normative beliefs and Nixon and Werner (2010) suggest that doing so is

critical when predicting changes in relational aggression over a period of time. Amjad and Wood (2009) interviewed a student sample about their normative beliefs of violence against a specific group of individuals and found that, following a brief intervention, these individuals were much less likely to engage in aggressive behaviour.

### **Normative Beliefs and Perceptions of IPV**

Dobash and Dobash (1979) report that the prominent Western view of IPV is that it is caused by wider patriarchal attitudes held by society and that male dominance, aggressiveness and female subordination are cherished values. They suggest that males who are physically aggressive to their female partners are living up to these values. Furthermore, they report that violence used by females is qualitatively different to violence used by males (Respect, 2008) and suggest that females primarily perpetrate IPV in self-defence (Saunders, 1988). This line of theorising has led many researchers and professionals to perceive IPV as primarily a problem of men's violence against women.

However, much research has demonstrated findings that dispute this gendered theory. For instance, Felson and Outlaw (2007) conducted a meta-analysis and found no consistent links between stereotypical gender attitudes and incidents of IPV. Violence against women is not generally condoned in American society with less than 3% of males demonstrating approval for physical violence towards their wives (Simon, Anderson & Thompson, 2001).

Furthermore, studies looking at changes in public perception of acceptability of IPV between 1968 and 1994 found a significant reduction in approval of a husband slapping his wife but no changes in approval of a wife slapping her husband (Straus, 1995; Straus, Kaufman Kantor, & Moore, 1997). Finally, supporting earlier surveys with US community samples (Straus, 1975; 1980) Whitaker, Haileyesus, Swahn, and Saltzman (2007) carried out a study of 14,000 young

couples and found that in half the relationships in which IPV occurred this was reported to be reciprocal. The reciprocal violence had the most severe impact on the individuals involved leading to the highest injury rate. Such research findings suggest that current normative Western beliefs about violence to women are chivalrous, not patriarchal. Support for this comes from several sources. For example, Sorenson and Taylor (2005) found similar results and noted that participants were more likely to assign blame to male perpetrators than they were to female perpetrators. Furthermore, Sabin (2013) found that female participants significantly disapproved more of a violent act when it was committed by a man opposed to a woman, this was regardless of whether there was some level of provocation or unprovoked. However, It should be noted that non-western cultures that value patriarchal principles more highly may produce different findings. For example, Kolawole and Uche, (2005) found that a significant proportion of Nigerian women justify violence perpetrated by their husband or partner in the realms of patriarchy

The Western findings are especially concerning because research has demonstrated a relationship between such beliefs and behaviour. For example, women who initiate aggression in relationships when asked why they hit their partners provided reasons such as ‘my aggression is trivial and inconsequential’ (Fiebert & Gonzalez, 1997). The question therefore arises whether such beliefs about female perpetration to male partners increase the likelihood of male victimisation (Archer, 2000). Furthermore, such beliefs about IPV affect the ability of people to identify abusive experiences. Data from the 2008 British Crime Survey report that female victims were more likely to identify their victimisation as ‘domestic violence’ than male victims (39% of females, 30% of men) and that males were also more likely to view this as ‘just something that happens’ within relationships than females (36% of females and 23% of males).

## **Prevention**

IPV has been identified as a global human rights issue and public health concern for many years (WHO, 2005) and as such a number of initiatives have been introduced to reduce and prevent this social problem. Prior to the introduction of such initiatives, the focus tended to be on intervention after the problem had occurred (Wolfe & Jaffe, 1999). However, Wolfe and Jaffe (1999) highlighted that whilst such intervention was necessary in attempting to reduce recidivism, it was not an effective strategy in preventing the onset of IPV.

From a public health perspective there are three levels of prevention, namely primary, secondary and tertiary prevention (WHO, 2014). Primary prevention refers to attempts made to prevent the particular problem in the whole population; secondary prevention refers to the prevention attempts aimed at those identified as high risk; and tertiary prevention refers to the intervention received by those who have already experienced the problem (Dixon & Graham Kevan, 2011).

In relation to primary prevention campaigns, research has demonstrated that media campaigns which can be accessed universally are particularly effective in addressing and reducing societal problems (Biglan, 1992; 1995). In relation to IPV specifically, Gadomski, Tripp, Wolff, Lewis and Jenkins (2001) investigated the impact of various media campaigns on attitudes to IPV and found significant increases in participants' recognition of advertising campaigns and the slogans used. The authors also note that the number of calls to IPV support agencies doubled following the implementation of the campaigns in the local area. However, it should be noted that the authors provide limited information regarding the types of campaigns used and the messages portrayed within these campaigns. Furthermore, the authors do not speculate on the reasons for this. Nonetheless such results suggest that these campaigns

were likely to have increased awareness of IPV, increased awareness of support agencies and/or contributed to an increased confidence in accessing support.

Researchers have suggested that the content of the campaigns is crucial to its effectiveness, and that it is imperative for IPV primary prevention campaigns to accurately portray the range of what the majority of the population experience as IPV (Dixon & Graham Kevan, 2011). If this is not the case then it is unlikely that the message will be internalised. That is people will not understand that what they are experiencing is IPV unless their experience is portrayed in the campaign. Therefore, primary prevention campaigns that focus on reducing men's violence to women only will advertise IPV as men's violence to women. Other forms of IPV will not be understood as such.

### **Aim**

This study aims to investigate whether different types of gendered physical IPV depicted in primary prevention campaign posters impact on western student's normative beliefs about IPV. Four experimental hypotheses will be tested:

- 1) There will be significant differences in the approval of IPV perpetration and retaliation pre and post exposure to media campaigns.
- 2) There will be significant differences in the beliefs about the impact of IPV perpetration on victims, pre and post exposure to media campaigns.
- 3) There will be a significant difference in the beliefs about appropriate punishment for IPV perpetrators pre and post exposure to media campaigns.
- 4) There will be a significant difference between participants' perceptions of perpetrator and victim gender pre and post exposure to media campaigns

## Methodology

### **Sample**

University students over the age of 18 who were in Year One or Year Two of an Undergraduate Psychology Degree at a large English city based University were recruited via the Psychology Research Participation Scheme (RPS).

290 participants gave their consent to participate in Part 1 of the study. Of these, 34 (11.7%) did not go on to participate in Part 2 and were therefore excluded from analysis. A further 13 (4.5%) participants were excluded from the final analysis as they either identified themselves as not living by western values or declined to provide a response to this question. From the remaining 243 participants, 34 (13.9%) were male and their data were removed as this small number would not allow for sufficient comparisons to be made in the analysis. A further 28 (11.5%) participants declined to respond to more than 50% of the questions and 6 (2.5%) participants requested for their data to be withdrawn.

This resulted in a total of 175 female students in the final sample. At the time of assessment participant ages ranged from 18 to 27 years ( $M = 19$ ,  $SD = 0.8$ ).

Of the sample, 158 (90.3%) were of White British nationality, 2 (1.1%) were Romanian, 2 (1.1%) were German, 2 (1.1%) were Chinese, 1 (0.6%) was Lithuanian, 1 (0.6%) was Portuguese, 1 (0.6%) was Black Caribbean/Black British, 1 (0.6%) was Black Bangladeshi, 1 (0.6%) was Black British, 1 (0.6%) was Polish, 1 (0.6%) was Danish, 1 (0.6%) was British/South American, 1 (0.6%) was British Asian, 1 (0.6%) identified themselves as White and 1 (0.6%) participant declined to provide a response regarding their nationality. With regards to relationship status, 103 (58.9%) were single, 54 (33.7%) were in a stable relationship but not

living together, 12 (0.69%) were dating but not living together, 4 (2.3%) were cohabiting and 1 (0.6%) participant declined to provide a response regarding their relationship status. Regarding sexuality, 170 (97.1%) were heterosexual and 5 (2.9%) were bisexual. In relation to year of study, 40 (22.9%) were in year 1 of their undergraduate degree in Psychology, 134 (76.6%) were in year 2 and 1 (0.6%) declined to provide a response regarding their year of study.

## **Procedure**

The study was run in two parts and participants were asked to complete both Part One and Part Two.

### *Part One (Pre-exposure)*

The initial advert was placed on the RPS site (Appendix 4) which provides students with the opportunity to choose which research projects they would like to participate in and awards them credits towards their degree for participation. Students who met the criteria were able to sign up to participate. Inclusion criteria stipulated that participants must be at least 18 years of age and must be in Year One or Year Two of their undergraduate degree. This provided prospective participants with a brief synopsis of the area of research and what would be expected of them should they wish to participate. Participants could then decide if they wished to participate and if so they were directed to another screen with a more detailed description of the research and an outline of various agencies to contact should they require further help and/or advice regarding issues of aggression in relationships (Appendix 4). At the end of this screen participants were asked if they understood the nature of the study and if they provided their consent to participate. Moving on to the next screen indicated that participants had given their consent and took participants to the beginning of the questionnaire. Participants were first asked

a series of demographic questions (Appendix 4) before moving on to the first questionnaire which asked a series of questions relating to their current understanding and beliefs about IPV;

1. Are you familiar with the term domestic violence?
2. Do you know of any other terms to describe domestic violence?
3. What does the term domestic violence mean to you?
4. Who would you consider to be involved in domestic violence?
5. Do you think men or women are more likely to be victims of domestic violence?
6. Do you think men or women are more likely to perpetrate domestic violence?

Participants were then asked to complete the Beliefs about Relationship Aggression Survey (BaRAS; Appendix 5) (Dixon, in preparation) and at the end of the questionnaire they were provided with a short piece of debrief information which again re-iterated the various agencies they may contact for further help and/or advice. Participants were also informed that the researcher would contact them in due course with information regarding Part Two of the survey.

#### *Part Two (Post-exposure)*

Approximately one week after participants had completed Part One each was allocated to one of five conditions and sent an e-mail inviting them to participate in their allocated condition of Part Two. Participants were allocated to a condition based only upon when they completed Part One so the first participants were allocated to Condition 1 and so on. Participants were then required to access the survey on the RPS site and when they did so they were provided with another brief information sheet (Appendix 6) that informed them they would be shown images that depict interpersonal aggression. At this stage participants were informed that if they did not wish to view mock aggression then they could opt to view posters that did not depict people

or aggressive scenes. Participants were then asked whether they gave their consent to participate in Part Two and moving on to the next screen again indicated their consent. Participants were asked to complete the same set of questions about IPV as in Part One before being shown images relating to their allocated condition (Appendix 7). After viewing the images, participants were asked a series of questions about the images (Appendix 8) before being asked to complete the BaRAS again. At the end of the survey participants were presented with a debrief sheet informing them of the nature of the survey and providing them with information on how to obtain further help and/or advice (Appendix 9).

The five possible conditions participants could be allocated to were as follows;

1. Male to Female physical violence
2. Female to Male physical violence
3. Reciprocal physical violence
4. Gender neutral physical violence
5. A montage of each of the above images of physical violence

## **Measures**

Data was gathered using the BaRAS. The BaRAS is a questionnaire that investigates participant's beliefs about physical violence towards an intimate partner as presented in brief vignettes. Within each of these 24 vignettes three factors are manipulated to create change in each scenario. Firstly, the sex of the perpetrator and the sex of the victim. Secondly, the level of provocation from the victim (none, infidelity, sexual coercion, physical violence, psychological aggression or disobedience) and thirdly, the severity of physical aggression (minor and severe). This creates a 2x6x2 factorial design, with 24 vignettes. However, for the purpose of this study only the gender of perpetrator was manipulated so as to avoid confusion

in manipulating too many variables. Subsequently 12 scales will be analysed within the results and descriptions of these are provided in Table 4.

Vignettes are introduced for each section and participants are informed that they depict an average size man and an average sized woman who have been in a monogamous intimate relationship for over 12 months. From these vignettes, participants' beliefs are examined regarding five aspects: approval of aggression, injury to victim, emotional distress to victim, ability of victim to defend themselves, and legal sanction/punishment deemed suitable.

An example vignette and the five accompanying questions are outlined below, depicting a female aggressor and a male victim, with no provocation from the victim, and a low severity of physical violence perpetrated:

Carol had a stressful day at work. That evening when John was sat on the sofa watching television she approached him and slapped him across the face.

- a) To what extent do you approve of Carol's actions?
- b) To what extent do you approve of John retaliating to Carol's actions?
- c) How likely is it that John will be physically injured requiring medical treatment?
- d) How likely is it that John will be greatly emotionally distressed?
- e) How likely is it that John can defend himself against Carol?
- f) Which of the following legal sanctions do you deem suitable punishment for Carol in this instance?

A 5-point Likert scale is used for participants to express their beliefs (1= Not at all, 2= A Little, 3= Somewhat, 4= Mostly and 5= Definitely). A 6-Point Likert scale is used for the punishment

question (1= No Punishment, 2= Police Caution, 3= Community Service, 4= Up to 6 months in prison, 5= Up to three years in prison, and 6= More than three years in prison).

Reliability analysis was conducted using Cronbach’s Alpha which is the most common measure of scale reliability (Field, 2013) and the alpha values are presented in Table 4. Nunnally (1978) indicates that an acceptable alpha value is 0.7 but notes that lower thresholds are occasionally used in the literature.

Table 4  
*Description of BaRAS scales and alpha values*

<b>Scale</b>	<b>Description</b>	<b>Alpha Values</b>
<b>Scale 1</b>	Approval of Male Aggression	.83
<b>Scale 2</b>	Approval of Victim Retaliation to Male Aggression	.83
<b>Scale 3</b>	Injury to Victim from Male Aggression	.69
<b>Scale 4</b>	Emotional Distress Caused by Male Aggression	.83
<b>Scale 5</b>	Ability of Victim to Defend Self from Male Aggression	.85
<b>Scale 6</b>	Appropriate Punishment for Male Aggression	.69
<b>Scale 7</b>	Approval of Female Aggression	.86
<b>Scale 8</b>	Approval of Victim Retaliation to Female Aggression	.70
<b>Scale 9</b>	Injury to Victim from Female Aggression	.70
<b>Scale 10</b>	Emotional Distress Caused by Female Aggression	.87
<b>Scale 11</b>	Ability of Victim to Defend Self from Female Aggression	.83

**Scale 12** Appropriate Punishment for Female .69  
Aggression

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*Note.* Each scenario describes aggression within a heterosexual relationship, therefore when the perpetrator is male the victim is female and when the perpetrator is female the victim is male.

### **Images**

In order to find the most appropriate images for each condition an internet search was carried out and a selection of five images that were freely available via the web for each condition were chosen. A small pilot study was then carried out using 12 post-graduate students from the University of Birmingham. Participants were approached in the Psychology Department and were asked if they would like to participate, those who indicated that they would were provided with a more detailed information sheet about the nature of the study, a consent form and a printed copy of the images with a number of questions after each image. These questions were the same as those described above and were used in order to establish which of the images depicted the clearest portrayal of the type of aggression required for each condition. Of the five possible images for each condition, two were chosen based upon the clarity of the image and the clarity of its' message.

### **Ethics**

Research study participants were fully informed that they were under no obligation to participate and that they were able to withdraw their consent at any time up until such a point that write-up of the data had begun. Participants were also given the option of not responding to each question and this was made clear to them through a 'no response' option.

Participants were requested not to provide their names or any other identifiable data and a random computer generated ID code was used in order to be able to identify the data for participants who wished to withdraw from the study. Participants were also provided with

contact details for the researcher and supervisor in order to ensure they were able to remove the data associated with their code names or ID numbers should they wish to do so.

Given the sensitive nature of the subject area participants were also provided with contact information for The Samaritans, National Domestic Violence Helpline, NHS direct, University student counselling service and Niteline in order to ensure they were able to seek appropriate support should they wish to do so. Approval was gained from the University of Birmingham Science, Technology, Engineering and Mathematics (STEM) Ethical Review Committee in January 2013 (Approval number, ERN\_12-1370).

### **Treatment of Data**

Data from the online survey was automatically stored in a file on the RPS system that contains the participants' quasi-randomly generated ID codes and the responses provided by participants to the survey questions. There was no information in this file that could link participants' to their identities. Data was added to SPSS and responses to questions were re-coded and each choice was given a numerical value in order to ensure total scores could be computed. Frequency analysis was then carried out and some demographic information was recoded in order to make it more meaningful.

Scores on each of the 12 scales of the BaRAS were computed to allow for comparisons between scales relating to male and female perpetration pre and post exposure to primary prevention media campaigns. Data from the questions relating to likely perpetrator and victim gender was computed by adding up the number of participants who replied with male, female or equal in order to obtain total values.

Prior to starting the experiment, Power Analysis was carried out using G Power in order to determine minimum sample size. The results indicate that the total minimum sample size with 80% power, an alpha of 0.05 and medium effect size using MANOVA should be 53.

Tests to ensure normal distribution and homogeneity of variance were carried out on data from each scale and both parts. The majority of scales met these assumptions. However, tests of Skewness and Kurtosis demonstrated that data from scale 1 (Skewness=1.25, Kurtosis=1.09) and scale 2 (Skewness=1.00, Kurtosis=.733) was not normally distributed. Furthermore, Levene's Test for equality of variance was found to be violated for scale 1 ( $F(4,175) = 4.45, p = .002$ ) and scale 7 ( $F(4,175) = 2.55, p = .041$ ). A series of paired t-tests were initially carried out in order to test for possible differences in scale scores prior to exposure to campaign posters.

In spite of the violations mentioned above, the MANOVA was felt the most appropriate analysis to test for possible main effects of time (pre and post exposure) and condition (one to five) on outcome scores and also to test for possible interaction effects in Hypotheses 1. The reason for this is that scales 1, 2, 7 & 8 are conceptually linked in that they both refer to the acceptability of aggression. Furthermore, the MANOVA is known to be robust against the violations described above, particularly when the sample sizes are equal (Field, Miles & Field, 2012). A MANOVA was also carried out to test Hypotheses 2 as scales 3, 4, 5, 9, 10 & 11 are conceptually linked in that they refer to the likely consequences of aggression and the victim's ability to manage these consequences. Hypothesis 3 was also tested using a MANOVA as scales 6 & 12 are again conceptually linked in that they refer to the appropriate punishment for the perpetrator. Hypothesis 4 was tested using data obtained by asking participants about their understanding of IPV and who they felt would be more likely to be the victim and the

perpetrator. Therefore, Chi-Square analyses were carried out to test for possible relationships between likely gender of victims and perpetrators, and study part.

## Results

Table 5 depicts the mean scores and standard deviations of participants in all conditions and for each of the 12 scales. For scales 6 and 12 the highest possible raw score is 72 and for the remaining scales it is 60. The lowest score possible score, if participants provided a response to each item, is 12 for each scales.

Table 5

*Mean Scores from all BARAS Scales and all experimental Conditions*

Scale and Condition	Scores			
	Pre-exposure		Post-exposure	
	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>
<b><i>Scale 1 (Approval of Male Aggression)</i></b>				
Condition 1	14.77	3.20	14.94	3.25
Condition 2	13.83	2.19	16.69	6.27
Condition 3	13.63	2.06	13.60	2.15
Condition 4	14.66	2.66	15.40	4.75
Condition 5	13.97	1.90	14.34	5.79
<b><i>Scale 7 (Approval of Female Aggression)</i></b>				
Condition 1	18.66	4.56	17.69	4.68
Condition 2	18.37	3.99	17.40	7.43
Condition 3	16.94	3.42	15.77	3.42
Condition 4	18.86	5.87	17.69	5.06
Condition 5	18.51	4.44	17.46	6.52
<b><i>Scale 2 (Approval of Victim Retaliation to Male Aggression)</i></b>				

Condition 1	20.91	8.59	19.49	7.68
Condition 2	20.00	8.42	19.17	9.02
Condition 3	20.03	6.56	19.17	7.71
Condition 4	22.94	8.26	21.94	8.64
Condition 5	20.37	7.84	17.71	6.88
<b><i>Scale 8 (Approval of Victim Retaliation to Female Aggression)</i></b>				
Condition 1	17.17	3.97	17.11	5.03
Condition 2	17.49	4.51	20.31	8.18
Condition 3	17.14	4.29	17.00	4.77
Condition 4	17.77	4.48	19.03	6.17
Condition 5	15.80	2.89	16.40	6.19
<b><i>Scale 3 (Likelihood of Injury to Victim from Male Aggression)</i></b>				
Condition 1	37.60	5.36	36.57	5.23
Condition 2	36.77	7.75	32.06	7.20
Condition 3	34.14	6.18	33.00	6.99
Condition 4	35.57	6.80	35.09	6.70
Condition 5	35.94	6.70	35.03	7.14
<b><i>Scale 9 (Likelihood of Injury to Victim from Female Aggression)</i></b>				
Condition 1	28.89	5.96	29.60	5.89
Condition 2	28.34	7.23	32.43	7.66
Condition 3	27.00	5.23	27.34	6.16
Condition 4	28.29	5.12	29.09	6.04
Condition 5	27.46	5.07	29.69	6.57
<b><i>Scale 4 (Emotional Distress Caused by Male Aggression)</i></b>				
Condition 1	48.03	7.99	47.29	8.30
Condition 2	46.11	8.96	42.51	8.18
Condition 3	43.94	9.18	42.23	9.73
Condition 4	44.54	7.58	43.57	8.51
Condition 5	43.14	8.79	41.71	8.64

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***Scale 10 (Emotional Distress Caused  
by Female Aggression)***

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Condition 1	41.31	9.29	42.20	10.71
Condition 2	38.83	8.76	42.34	8.17
Condition 3	38.00	8.64	37.80	9.19
Condition 4	38.57	8.51	39.49	9.23
Condition 5	35.31	8.39	36.57	8.39

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***Scale 5 (Ability of Victim to Defend  
Self from Male Aggression)***

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Condition 1	27.17	7.52	28.43	6.19
Condition 2	27.11	6.58	33.77	4.95
Condition 3	26.40	5.70	27.20	5.91
Condition 4	28.14	6.39	28.49	6.91
Condition 5	25.11	5.89	27.37	6.95

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***Scale 11 (Ability of Victim to Defend  
Self from Female Aggression)***

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Condition 1	45.74	7.35	45.11	7.58
Condition 2	44.83	5.61	38.29	4.72
Condition 3	42.09	8.03	39.97	7.72
Condition 4	43.06	7.61	41.11	7.57
Condition 5	43.43	8.93	41.03	8.27

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***Scale 6 (Appropriate Punishment for  
Male Aggression)***

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Condition 1	34.80	8.52	37.06	9.51
Condition 2	32.49	10.97	28.69	12.38
Condition 3	31.63	9.70	30.94	9.52
Condition 4	32.54	8.87	33.23	9.68
Condition 5	32.57	9.89	31.03	10.94

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***Scale 12 (Appropriate Punishment for  
Female Aggression)***

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Condition 1	28.60	8.72	32.09	8.90
Condition 2	26.29	9.28	30.03	11.99
Condition 3	27.00	8.19	27.09	7.54

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Condition 4	26.86	8.62	29.40	9.13
Condition 5	25.83	8.67	27.14	9.94

*Note.* Higher scores on scales 1, 7, 2 & 8 demonstrate higher approval. Higher scores on scales 3, 9, 4, 10, 5 & 11 demonstrate higher likelihood. Higher scores on scales 6 & 12 demonstrate more severe punishment.

Table 6 depicts the results from a series of paired t-test to compare scale scores for male and female perpetrators. Effect sizes are also presented using Cohen's *d*. A *d* value between 0 to 0.3 is considered a small effect size, if it is between 0.3 and 0.6 it is a moderate effect size, and an effect size bigger than 0.6 is a large effect size.

Table 6

*Results of t-test analyses to show differences in scale scores between male and female perpetrators*

	Sex of Perpetrator				<b>t</b>	<b>p</b>	<b>d</b>
	<b>Male</b>		<b>Female</b>				
	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>			
<b>Approval of Aggression</b>	14.33	3.26	18.47	4.99	-14.40	<0.01	-0.98
<b>Approval of Victim Retaliation</b>	21.03	8.02	17.23	4.38	8.30	<0.01	0.59
<b>Likelihood of Injury to Victim</b>	36.01	6.63	28.05	5.76	18.64	<0.01	1.34
<b>Likelihood of Emotional Distress in Victim</b>	45.13	8.63	38.41	8.83	18.30	<0.01	0.77
<b>Ability of Victim to Defend Themselves</b>	26.90	6.53	43.81	7.62	-20.30	<0.01	-2.38
<b>Appropriate Punishment for Perpetrator</b>	32.94	9.70	27.09	8.81	17.11	<0.01	0.63

***Hypothesis 1: There will be significant differences in approval of aggression pre and post exposure to media campaigns.***

The results of the paired t-tests shown in Table 6 demonstrate that there are significant differences and a large effect size between approval of male aggression and approval of female aggression ( $t(174)=-14.40$ ,  $p < .01$ ,  $d=-0.98$ ), and significant differences with a moderate effect size between approval of victim retaliation to male and female aggression ( $t(174)=8.30$ ,  $p < .01$ ,  $d=0.59$ ) prior to exposure. Approval of female aggression was consistently higher than approval of male aggression.

A mixed MANOVA test was conducted to test interaction effects of condition and time on approval of violence and approval of victim retaliation, the results of which are presented in Table 7. The measure of effect size used is Partial eta squared where a value of 0.01 is considered a small effect size, a value of 0.06 is a moderate effect size, and a value of 0.13 is a large effect size (Cohen, 1988). The results demonstrate no significant interaction between study part and condition ( $F(16,175)=1.55$ ,  $p=.076$ ,  $\eta^2=.035$ ) and therefore any pre and post effects do not depend upon the type of poster presented. There were significant main effects and a large effect size for study part ( $F(4,175)=15.49$ ,  $p < .01$ ,  $\eta^2=.271$ ) and significant main effects with a small effect size for condition ( $F(16,175)=2.14$ ,  $p=.006$ ,  $\eta^2=.048$ ).

Univariate tests to further explore the main effect of study part showed that there were significant differences between pre and post scores of approval of male aggression ( $F(1,175)=5.52$ ,  $p=.020$ ,  $\eta^2=.031$ ); approval of female aggression ( $F(1,175)=6.91$ ,  $p=.009$ ,  $\eta^2=.039$ ) approval of female retaliation to male aggression ( $F(1,175)=5.35$ ,  $p=.002$ ,  $\eta^2=.031$ ) and approval of male retaliation to female aggression ( $F(1,175)=4.18$ ,  $p=.042$ ,  $\eta^2=.024$ ). As shown in Figure 2 approval of male aggression increased following exposure to media

campaigns in all conditions except Condition 3 where approval remained the same. However, Figure 3 shows that, in comparison, approval of female aggression reduced post exposure in all 5 conditions. As shown in Figure 4 approval of victim retaliation to male aggression rates reduced post exposure in all conditions and Figure 5 demonstrates that the rates of approval of victim retaliation to female aggression differed depending on condition; in Conditions 2, 4 & 5 approval rates increased and in conditions 1 & 3 they reduced slightly. These results demonstrate that approval of aggression by both genders changed following exposure to posters although approval of male aggression tended to increase while approval of female aggression decreased.

For condition, post hoc analyses were conducted on all possible pairwise contrasts using Tukey's tests as group sample sizes were equal. However, no statistically significant differences were found between any of the pairs of conditions. This suggests that there were no significant differences between approval of aggression and approval of victim retaliation scores across the five conditions, thus the type of poster presented had no significant effect on approval scores.

Table 7

*Results of Univariate Tests to Demonstrate Changes in Approval of Aggression and Retaliation*

	<b>F</b>	<b>P</b>	<b>η<sup>2</sup></b>
<b>Male Aggressor</b>			
<b>Approval of Aggression</b>	5.523	.020*	.031
<b>Approval of Victim Retaliation</b>	5.354	.002*	.031
<b>Female Aggressor</b>			
<b>Approval of Aggression</b>	6.916	.009*	.039
<b>Approval of Victim Retaliation</b>	4.183	.042*	.024

*Note.* \*significant at 0.05

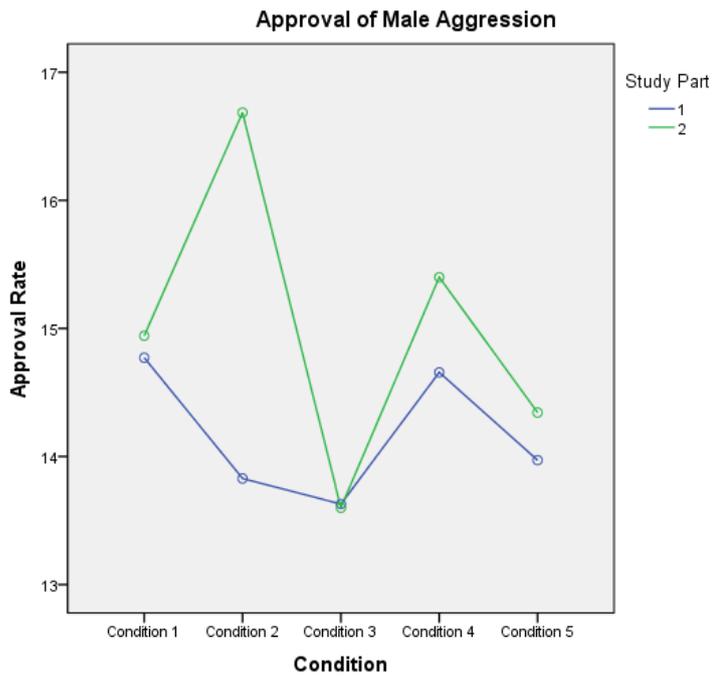


Figure 2. Approval of male aggression

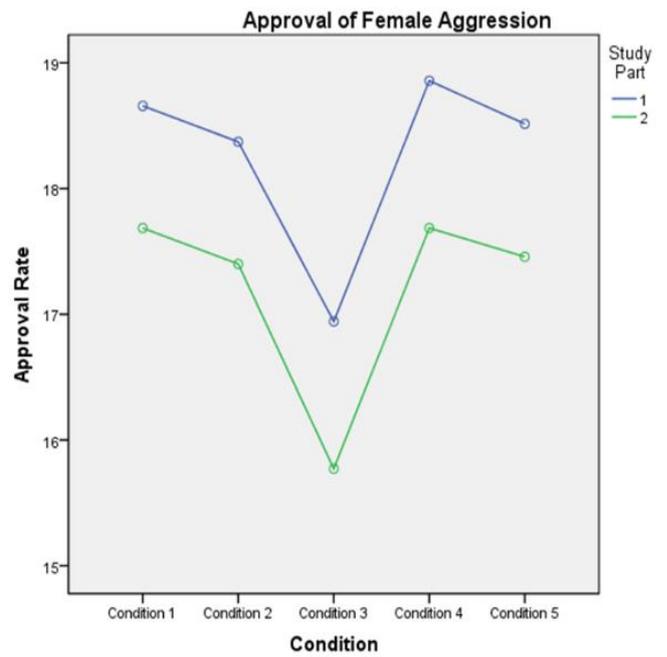


Figure 3. Approval of female aggression

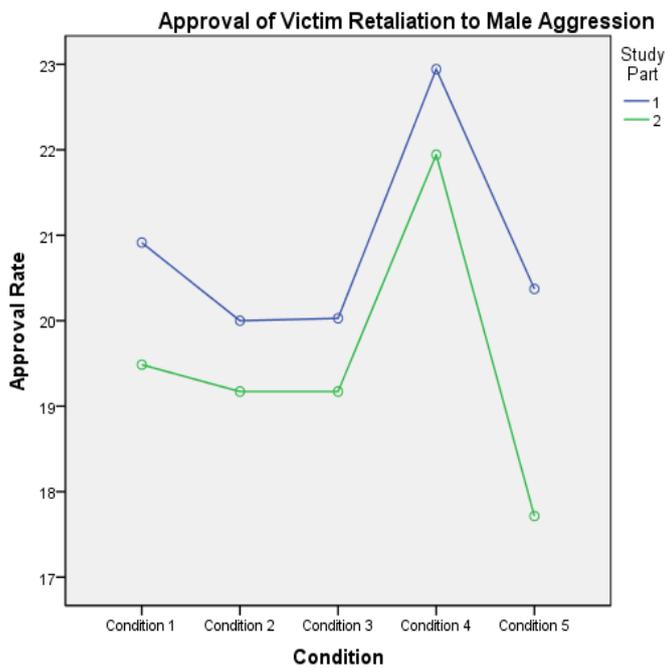


Figure 4. Approval of retaliation to male aggression

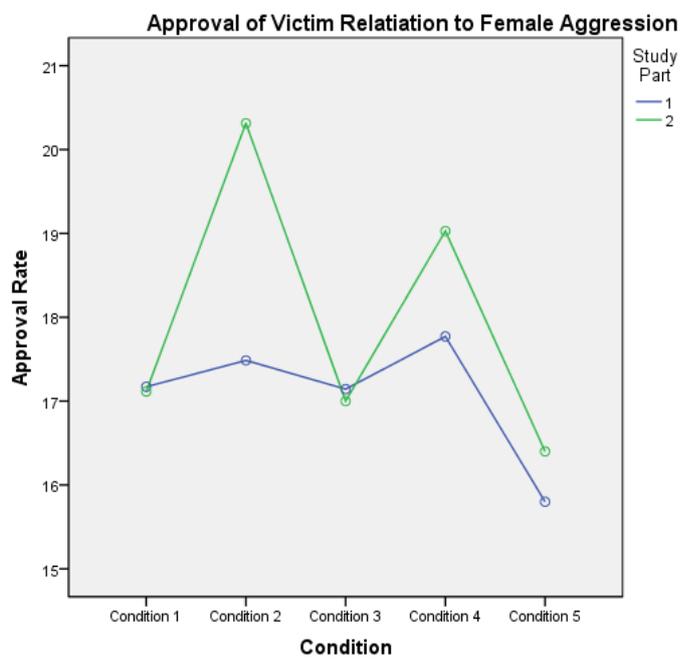


Figure 5. Approval of retaliation to female aggression

***Hypothesis 2: There will be significant differences in beliefs about impact of aggression on victims, pre and post exposure to media campaigns.***

As shown in Table 6, paired samples t-tests demonstrate significant differences in perceptions of the likelihood of male and female perpetrators causing physical injury  $t(174) = 18.64, p < .001$ , and emotional distress  $t(174) = 18.30, p < .001$ . Significant differences were also found between perceptions of the victim's ability to defend themselves from male and female aggression  $t(174) = -20.30, p < .001$ . The results demonstrate that participants considered male perpetrators would cause more physical and emotional harm than female perpetrator and that male victims would be more likely to defend themselves against female perpetrators than female victims against male perpetrators.

A mixed MANOVA test was conducted to test interaction effects of condition and study part on likelihood of injury to the victim, likelihood of emotional distress in the victim and the victim's ability to defend themselves. The results showed that there was a significant interaction between study part and condition,  $F(24,175)=2.74, p=.000, \eta^2=.089$  and main effects for study part,  $F(6,175)=22.33, p=.000, \eta^2=.448$ , and condition,  $F(24,175)=1.73, p=.016, \eta^2=.058$ .

Univariate tests were analysed to identify in which of the scales the interaction occurred. The results identified significant interactions between study part and condition on scales relating to the likelihood of injury to victim from male,  $F(4,175)=2.59, p=.038, \eta^2=.058$ , and female,  $F(4,175)=2.96, p=.021, \eta^2=.065$ , aggression and demonstrate moderate effect size. Significant interactions between study part and condition were also found on scales relating to the victim's ability to defend themselves from male,  $F(4,175)=8.41, p=.000, \eta^2=.165$ , and female,  $F(4,175)=3.95, p=.004, \eta^2=.085$ , aggression. These effect sizes are large which suggests that

the difference is not only statistically significant but also practically significant. However, no significant interaction was found on scales relating to likelihood of emotional distress following male,  $F(4,175)=.810$ ,  $p=.520$ ,  $\eta^2=.019$ , and female,  $F(4,175)=1.27$ ,  $p=.283$ ,  $\eta^2=.029$ , aggression and effect sizes were small.

In relation to the significant main effects of time, univariate tests were analysed to identify differences in scores in pre and post exposure to posters on each of the dependent variables. Table 5 depicts the results of these analyses, revealing significant differences in scores pre and post exposure to media campaigns in all five conditions. As shown in Figures 6 and 7 perceptions of the likelihood of injury differed depending on gender and increased post exposure when the perpetrator was female but reduced post exposure when the perpetrator was male. As shown in Figures 8 and 9 a similar pattern was also found regarding the likelihood of emotional distress although a slight reduction was noted in Condition 3 when the perpetrator was female. In relation to the victim's ability to defend themselves, Figures 10 and 11 show a reduction in the likelihood of the victim being able to defend themselves from female aggression and an increase in likelihood of the victim being able to defend themselves from male aggression across all conditions. The largest differences between scores pre and post exposure were noted in Condition 2 where participants were exposed to images of female aggression towards male victims.

Table 8

*Results of Univariate Tests to Show Differences in Scores between Part 1 and Part 2*

	<b>F</b>	<b>P</b>	<b><math>\eta^2</math></b>
<b>Male Aggressor</b>			
<b>Likelihood of Victim Injury</b>	11.965	.001*	.066
<b>Likelihood of Emotional Distress</b>	9.036	.003*	.050
<b>Victim's Ability to Defend Themselves</b>	32.953	<0.01**	.162
<b>Female Aggressor</b>			
<b>Likelihood of Victim Injury</b>	16.549	<0.01**	.089
<b>Likelihood of Emotional Distress</b>	5.528	.020*	.031
<b>Victim's Ability to Defend Themselves</b>	29.327	.000*	.147

Note. \*significant at 0.05

\*\* significant at 0.000

The significant main effects of Condition were also further analysed and Tukey's Post Hoc comparisons found significant differences between Condition 1 and Condition 5 on likelihood of emotional distress following male,  $p=.042$  and female,  $p=.028$  aggression. As shown in figures 8 and 9 scores were significantly higher in Condition 1 than Condition 5 and participants in condition 1 thought victims were more likely to be emotionally distressed than participants in condition 5, both pre and post exposure. Significant differences were also found between Condition 2 and Condition 5 on ability of victim to defend themselves from male aggression,  $p=.023$ , and between Condition 1 and Condition 3 on victim's ability to defend themselves from female aggression,  $p=.048$ . As shown in Figures 10 and 11 when participants were exposed to images of female aggression (Condition 2) they considered females to be considerably more likely to defend themselves from male aggression. Whilst

there was an increase in perception of the ability of females to defend themselves against male aggression when participants were exposed to images depicting all forms of aggression, scores remained considerably lower in this condition (Condition 5) than they were in Condition 2.

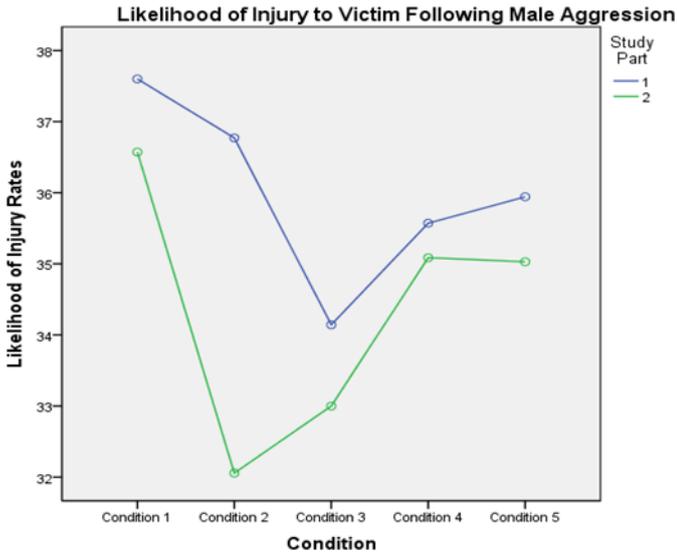


Figure 6. Likelihood of injury following male aggression

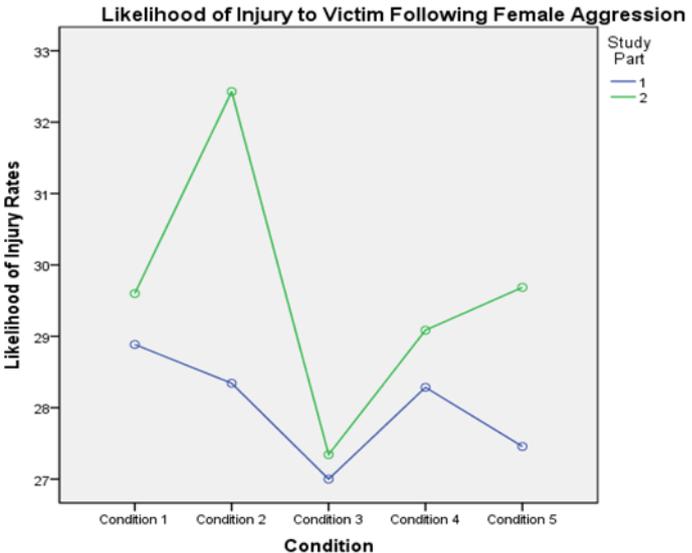


Figure 7. Likelihood of injury following following female aggression

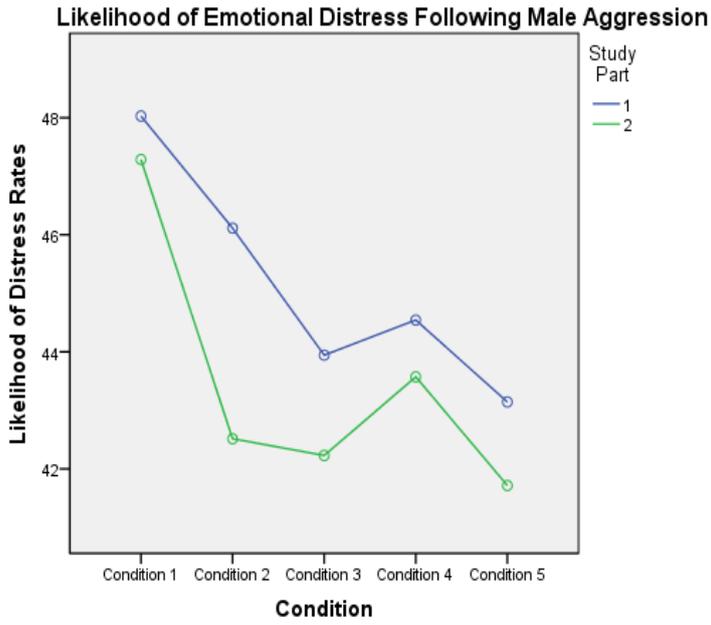


Figure 8. Likelihood of emotional distress following male aggression

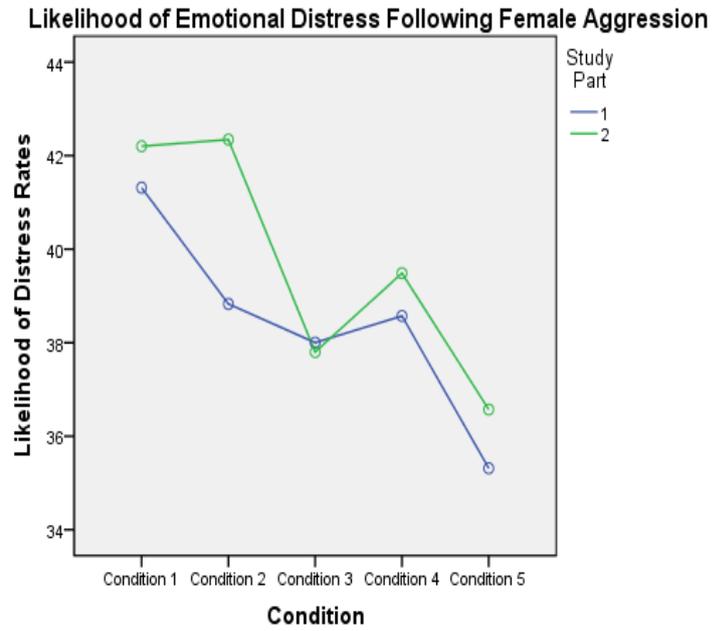


Figure 9. Likelihood of emotional distress following female aggression

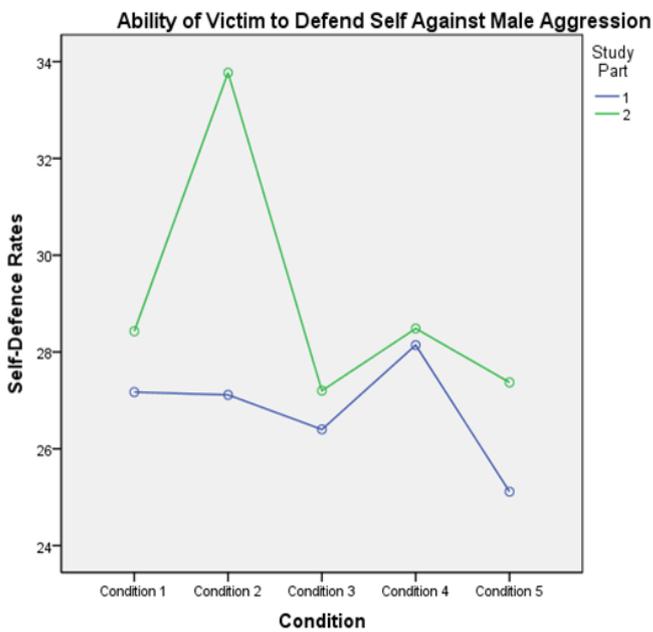


Figure 10. Ability to defend against male aggression

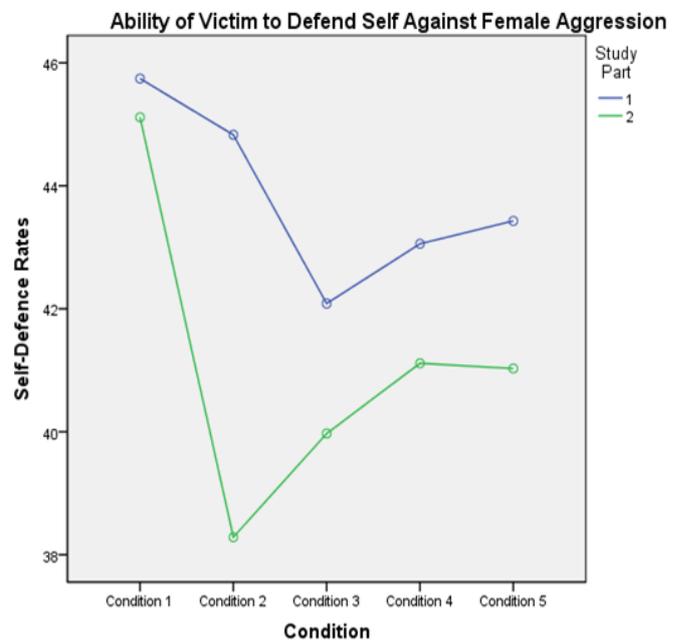


Figure 11. Ability to defend against female aggression

***Hypothesis 3: There will be a significant difference in beliefs about appropriate punishment for perpetrators pre and post exposure to media campaigns.***

A paired samples t-test was carried out to test for possible differences between beliefs about appropriate punishment for male and female perpetrators. The results, as shown in Table 6, demonstrate significant differences between appropriate punishment for male and female perpetrators with participants attributing harsher punishments for the former,  $t(174) = 17.11$ ,  $p < .001$ .

A mixed MANOVA tested for interaction effects of condition and time on beliefs about appropriate punishment for male and female perpetrators. The results showed that there was a significant interaction between study part and condition,  $F(8,175)=5.60$ ,  $p<.001$ ,  $\eta^2=.116$  and significant main effects for study part  $F(2,175)=31.54$ ,  $p=.000$ ,  $\eta^2=.272$ , and condition,  $F(8,175)=2.59$ ,  $p=.009$ ,  $\eta^2=.058$ .

Univariate tests were analysed to identify differences in scores pre and post exposure on each of the dependent variables. Significant differences and moderate effect size were found between beliefs about appropriate punishment for female aggression pre and post exposure to media campaigns,  $F(1,175)=12.91$ ,  $p<0.01$ ,  $\eta^2=.071$ , but not for male aggression,  $F(1,175)=.969$ ,  $p=.326$ ,  $\eta^2=.006$ . As shown earlier in Table 5 participants allocated more severe punishments to male perpetrators post-exposure in all conditions except in Condition 2.

The significant main effects of Condition were also further analysed, however Tukey's Post Hoc comparisons found no significant differences between any of the conditions.

*Hypothesis 4: There will be significant differences between participants' perceptions of likely perpetrator and victim gender pre and post exposure to media campaigns.*

Table 9

*Chi-Squared Data for likely Victim and Perpetrator Gender in a violent relationship*

	Pre Exposure Count			Post Exposure Count		
	<b>Perpetrator Gender</b>			<b>Perpetrator Gender</b>		
	<i>Male</i>	<i>Female</i>	<i>Equal</i>	<i>Male</i>	<i>Female</i>	<i>Equal</i>
Condition 1	30	0	5	29	1	5
Condition 2	31	2	2	20	1	14
Condition 3	31	1	3	30	1	4
Condition 4	32	1	2	28	1	6
Condition 5	30	2	3	29	0	6
	<b>Victim Gender</b>			<b>Victim Gender</b>		
	<i>Male</i>	<i>Female</i>	<i>Equal</i>	<i>Male</i>	<i>Female</i>	<i>Equal</i>
Condition 1	0	29	6	1	30	4
Condition 2	1	32	2	0	30	5
Condition 3	1	31	3	1	29	5
Condition 4	1	33	1	1	28	6
Condition 5	2	29	4	2	29	4

Chi-square tests examined the relationship between perpetrator gender and study part in each of the five conditions in order to establish whether participants' perceptions of the likely perpetrator gender changed following exposure to images in the five conditions. As demonstrated in Table 9, the association between these variables was significant in Condition 2,  $X^2(3, N = 35) = 12.96, p=.005$ , and Condition 4,  $X^2(3, N = 35) = 8.26, p=.041$ . As shown in Table 8 more participants considered that men or women equally (as opposed to just men) could perpetrate IPV after viewing images depicting female aggression (Condition 2) or

gender neutral violence (Condition 4). The relationship between perpetrator gender and study part did not reach significance in any of the remaining three conditions.

Chi-square tests were also performed to examine the relationship between victim gender and study part in each of the five conditions. As demonstrated in Table 10, the relationship between these variables was not significant in any of the conditions.

Table 10  
*Chi-Squared Results for Victim and Perpetrator Gender*

	<i>X</i> <sup>2</sup>	<i>Df</i>	<i>P</i>	<i>V</i>
<b>Perpetrator Gender</b>				
<b>Condition 1</b>	3.517	3	.319	.224
<b>Condition 2</b>	12.966	3	.005*	.437
<b>Condition 3</b>	4.865	3	.182	.264
<b>Condition 4</b>	8.267	3	.041*	.344
<b>Condition 5</b>	7.588	3	.055	.329
<b>Victim Gender</b>				
<b>Condition 1</b>	3.017	3	.389	.208
<b>Condition 2</b>	4.731	3	.193	.260
<b>Condition 3</b>	3.302	3	.347	.217
<b>Condition 4</b>	3.981	3	.137	.238
<b>Condition 5</b>	4.800	3	.187	.262

Note. \*significant at 0.

## Discussion

This study aimed to investigate whether primary prevention campaign posters depicting different types of gendered physical IPV impact on student's normative beliefs about IPV. The findings from this study provide support for each of the four hypotheses tested and collectively demonstrate that primary prevention media campaigns impact upon participant's normative beliefs about IPV. The subtleties of results within each hypothesis will now be discussed.

### **Summary of results**

*Hypothesis 1: There will be significant differences in approval of aggression pre and post exposure to media campaigns.*

Results find support for this hypothesis as significant differences were found between approval of male and female aggression, and approval of retaliation to male and female aggression pre and post exposure to media campaigns. Whilst the results showed that the interaction between study part and condition was not significant, it is evident that the greatest changes in approval of male aggression and approval of male retaliation to female aggression occurred when participants had been exposed to images depicting female aggression.

Interestingly approval of female aggression reduced following exposure to all types of media campaign and approval of male aggression increased across the majority of conditions with the exception of Condition 3 (reciprocal violence) where there was no change.

The results demonstrate that approval of aggression and approval of retaliation generally reduced following exposure to campaign posters. However, the most significant exception to this occurred when participants were exposed to female aggression where this increased approval of male aggression and approval of retaliation to female aggression. It is interesting

to note that this pattern was not evident when participants were exposed to male aggression, that is, this did not increase approval of female aggression. It is important to consider the implications of these results as increasing approval of any form of aggression could have serious risk implications for victims and potential victims. The results demonstrate that the only condition in which approval rates reduced consistently across gender was when participants were exposed to reciprocal aggression. Therefore, the use of campaigns targeting aggression between both partners may be the safest way to educate and ultimately prevent or reduce IPV.

It is important however, to note that these results are relative and that prior to any exposure to campaigns approval of female aggression was significantly higher than approval of male aggression, and approval of female retaliation was significantly higher than approval of male retaliation prior to exposure to any media campaign. These findings suggest that current normative beliefs about IPV are such that male aggression is considered to be less acceptable than female aggression and whilst media campaigns appear to influence these views, acceptability of male violence generally remained lower than acceptability of female violence. Arguably therefore, campaigns served to reduce acceptability of female aggression closer to the baseline scores for approval of male aggression. The exception to this was when participants were exposed to images depicting female aggression towards males. In this condition, approval of male violence and approval of retaliation to female violence rates increased. This suggests that primary prevention posters showing female aggression have a significant impact on perceptions of acceptability of male aggression which may prove dangerous to potential victims.

Changes in approval rates following exposure to media campaigns provide some support for Gadomski et al. (2001) who found that primary prevention campaigns were effective in increasing awareness of common social problems. However, there is a significant lack of research into the impact such campaigns have on normative beliefs about IPV. Nonetheless the current research demonstrates that primary prevention campaigns have some impact on approval of IPV.

It is possible that the changes in approval rates following exposure to images depicting female aggression can be explained as resulting from the presentation of female perpetrated IPV in the media at present. When carrying out searches of current IPV primary prevention campaigns, the researcher noted that images depicting male aggression were far more prevalent than images depicting female aggression. Furthermore, participants reported being more familiar with images depicting male aggression than any other images. However, it is important to note that there is no lack of female to male violence in the media but that it is arguably presented as humorous or with minimal impact on the victim. It is likely that participants normative beliefs about IPV were formed based upon their own experiences of IPV and their exposure to the issue in the media, subsequent exposure to other, more accurate, representations of IPV likely to have impacted upon these beliefs.

*Hypothesis 2: There will be significant differences in beliefs about the impact of aggression on victims, pre and post exposure to media campaigns.*

The findings from this study provide support for this hypothesis as significant interaction effects were found between study part and condition which suggest that the changes in beliefs about the likelihood of physical injury and victim's ability to defend themselves over time were dependent upon the particular condition participants were exposed to. However, results

demonstrate that this interaction did not occur on scales relating to likelihood of the victim suffering emotional distress. Nonetheless it is evident that beliefs about the impact of male and female aggression and the likelihood of the victim being able to defend themselves changed following exposure to media campaigns. As with hypothesis 1 these changes appear dependent upon the gender of the perpetrator and the gender of the victim. For example, beliefs about the likelihood of female victim injury following male aggression reduced over time whereas beliefs about the likelihood of male victim injury following female aggression increased. This pattern was also evident in beliefs about the likelihood of emotional distress in the victim as beliefs about the likelihood of this increased for male victims and reduced for female victims. The only exception to this was in Condition 3 where beliefs about the likelihood of male victims suffering emotional distress reduced slightly.

In relation to the likelihood of the victim being able to defend themselves this also followed the same patterns with perceptions of the female victim's ability increasing following exposure to all campaigns and perceptions of the male victim's ability reducing. Again, these changes were noticeably greater in Condition 2, where participants were exposed to images depicting female aggression. As with hypothesis 1, it is likely that such differences can be explained by the presentation of female aggression in the media. Furthermore, normative beliefs about the characteristics of males and females are likely to have impacted upon these results. For example, the results demonstrate that participants believed males were significantly more likely to be able to defend themselves from a female aggressor than females were from a male aggressor. It is possible that images depicting female aggression challenged such perceptions and caused participants to re-evaluate their beliefs about possible gender bias.

*Hypothesis 3: There will be a significant difference in beliefs about appropriate punishment for perpetrators pre and post exposure to media campaigns.*

Some support was found for this hypothesis as significant differences were found between beliefs about appropriate punishment for female aggression pre and post exposure to media campaigns but not for male aggression. Furthermore, results demonstrated an interaction effect between study part and condition therefore suggesting that such changes were dependent upon the particular condition participants were assigned to.

Participants who were exposed to images depicting male aggression towards a female victim and those who were exposed to images depicting gender neutral violence allocated more severe punishments to male perpetrators over time. In contrast, participants who were exposed to images depicting female to male aggression, reciprocal aggression and a montage of all forms of aggression allocated less severe punishments to male perpetrators. Given the identified pattern in changes of acceptability of aggression and likelihood of emotional and physical injury described above, these results are perhaps not surprising.

*Hypothesis 4: There will be significant differences between participants' perceptions of perpetrator and victim gender pre and post exposure to media campaigns.*

Some support was provided for this hypothesis as a significant relationship was found between perpetrator gender and study phase in Condition 2 and Condition 4. However, no relationship was found between perpetrator gender and study phase in the remaining three conditions or in any of the five conditions in relation to victim gender and study phase. These results demonstrate that participant's perceptions of likely perpetrator gender changed after participants viewed images depicting female aggression and gender neutral aggression.

However, they suggest that none of the images presented in any of the five conditions changed perceptions regarding likely victim gender.

It is interesting to note that in spite of the significant changes to the majority of scales on the BaRAS following exposure to images of, particularly female, aggression, participant's perceptions about victim gender did not differ. It is possible that the direct nature of the questions in relation to victim and perpetrator gender had an impact upon the responses given. It appears that whilst participants' beliefs about the acceptability and impact of aggression changed, their perceptions of who is likely to be the victim of IPV did not. Nonetheless, participants who were exposed to images depicting female violence were more inclined to view IPV as occurring equally than participants who were exposed to any other condition. It is, therefore, possible that increases in acceptability of female aggression as discussed above reflects perceptions of acceptability becoming more similar rather than a belief that female perpetrated IPV is more acceptable. However, it is interesting to note that, despite the seemingly positive impact of gender neutral messages, they are not sufficient in changing assumptions about victim gender.

### **Limitations of the study**

There are a number of methodological factors which should be borne in mind as having potentially influenced the results of this research and these will be discussed in more detail below. Due to the limited number of male participants, the sample comprised only female participants and research has demonstrated some differences in normative beliefs of IPV between males and females (e.g., Barber, Foley & Jones, 1999). As research into perceptions of violence suggests that female observers often see greater levels of aggression than do male observers (Harris & Knight-Bohnhoff, 1996) it would have been interesting to compare

normative beliefs of males and females and future research may benefit from doing so. Furthermore, the sample comprised only University Students studying for a Psychology Degree and as such it could be argued that participants' views about the subject area had been influenced by their education or by their reasons for choosing to study an exploratory and arguably sensitive field. This was, however, controlled for in part by specifying that only students in year one or year two of their study were eligible as it was identified that teaching in the third year covered the subject of IPV. Another potential difficulty with using such a sample is that all participants were of a relatively young age and, as Archer (2000) highlighted the importance of using a representative sample in order to obtain accurate and generalisable results, the limited sampling of the current study is likely to impact upon the generalizability of the findings. Nonetheless, Archer (2000) also reports that IPV rates are typically higher in student populations and therefore the use of a student sample was a valid way to investigate normative beliefs about the subject. In relation to the drop-out rate, 34 (11%) participants who had completed Part 1 did not go on to complete Part 2 of the study. All participants received research credits for their participation in each of the parts and it is possible that those participants who achieved their required credits after Part 1 were less inclined to complete Part 2. However, the drop-out rate was not significantly high.

There are a number of methodological strengths and limitations related to the use of the BaRAS as a self-report quantitative measure as the use of such tools does not allow for control of socially desirability in responding. However the BaRAS uses a 5-point scale for participants to respond and as such minimises the possibility of participants responding in a socially desirable manner (Sorenson & Taylor, 2005). Further discussion about the methodological criticisms to using such tools can be found in the next chapter which provides a critique of the CTS2. With regards the design of the study, participants were asked to complete the free-text questions prior

to completing the BaRAS. It is possible that some participants may have given socially desirable responses to the BaRAS in line with their responses to the free-text questions. Subsequently, it may have been beneficial for participants to complete the BaRAS prior to answering the free-text questions.

It is important to note that the current study did not differentiate between minor and severe aggression and did not compare possible differences in beliefs in relation to this distinction. The benefits of creating such a distinction were covered in the previous chapter in relation to the Conflict Tactics Scale (CTS2; Straus, Hamby, Boney-McCoy & Sugarman, 1996). In addition, the use of existing campaigns did not allow for the researcher to be able to control for variables such as the severity of aggression depicted. Future research may benefit from designing and creating campaign advertisements in order to be able to control for such variables although this would require additional funding.

### **Conclusions and Implications for Practice Recommendations**

Results demonstrate that IPV is considered to be more acceptable and less likely to have a physical and emotional impact on the victim when it is perpetrated by females against males. These findings demonstrate the importance of improving the public perception and raising awareness of the spectrum of IPV. Coupled with this, the findings from the current study highlight significant implications for all agencies tasked with the prevention, assessment and treatment of IPV and indeed for society in general.

It is evident that Western society currently views IPV as predominantly perpetrated by males against females and as such, primary prevention campaigns primarily target male perpetrators and female victims. In relation to this there are a wide range of services available for female

victims and a number of intervention services for male perpetrators. This study highlights that current media campaigns aimed at prevention of IPV do have a significant impact on individuals who are exposed to them in the short term and therefore suggests that a shift in focus to include a more accurate portrayal of the spectrum of IPV would likely serve to further increase awareness and understanding. It is, however, essential to consider how best to portray this in campaign posters as it is evident that posters showing only female violence increase acceptability of male violence. Increasing acceptability of male violence would not be a move forward and could potentially increase risk for female victims. However, it is evident that the increase in acceptability of male aggression only brings this in line with pre-existing perceptions of acceptability of female aggression. Nonetheless, a reduction in acceptability of all violence would be far safer for all concerned. The results appear to demonstrate that the best way to achieve this is to use campaign posters which depict reciprocal aggression. Such campaigns would serve to deliver the message that violence within intimate relationships is not ok regardless of whom this is perpetrated by. Despite the research findings presented above, there are likely to be significant barriers to adopting a gender inclusive perspective of IPV, namely, the conflict with the gendered perspective. As previously discussed, this perspective has remained largely stagnant for a number of years and in spite of vast amounts of research evidence. Given that the findings from the current research contrast with the gendered perspective, there are likely to be barriers to change.

If changes to primary prevention media campaigns are made then it is imperative that professionals who are responsible for identifying and assessing IPV and prosecuting perpetrators are provided with adequate training to understand the accurate nature of IPV in line with this. Whilst this is not intended to undermine current efforts to protect female victims in any way, it is important that male victims have equal access to appropriate services. Similarly

it is also essential for female perpetrators to have access to treatment programmes which accurately explore and target the causes of their perpetration. Treatment programmes should address normative beliefs about IPV in order to understand the causal factors for each individuals and provide directed support in order to prevent further incidents of IPV. Furthermore, law enforcement agencies need to ensure that the prosecution of perpetrators is based upon factual evidence and is not influenced by gender.

Future research may benefit from attempting to address some of the sampling difficulties from the current study by including male participants. The sample could be further increased by including a wider section of the population such as older people, non-students and individuals who do not live by Western values. It may have also been interesting to compare the views of perpetrators of IPV with non-perpetrators. Furthermore, future research may benefit from incorporating campaign posters that have been specifically designed by the researcher in order to control for all variables and would allow for distinctions to be made between minor and severe aggression. In addition, future research may benefit from investigating the impact of other types of campaigns such as those presented in television programmes or on the radio. It may be interesting to consider potential differences in non-visual campaigns or those which are less direct in their message.

## **Chapter 5**

### **GENERAL DISCUSSION**

## General Discussion

Aggression occurring in intimate relationships is a well-researched subject with much research into male perpetrated violence (e.g. Dobash & Dobash, 1979) against female victims (e.g. Waldrop & Resick, 2004). However, there is considerably less research examining IPV perpetrated by females against males and between partners reciprocally. It is necessary to improve understanding about these areas due to the prevalence of IPV occurring reciprocally and by females towards males (e.g. Straus, 1997). Furthermore, it is essential to ensure that prevention strategies, resources and support services are targeted at, and available to, all individuals irrespective of gender.

This thesis aimed to explore the field of IPV from a gender inclusive perspective, with a particular focus on implications for preventive practice. doing so its goals were to improve academic knowledge and understanding of the spectrum of IPV, the consequences of victims, and to consider the efficacy of current prevention strategies in addressing the breath of this spectrum. This was achieved via three pieces of work which are presented within this thesis and the collective results demonstrate the importance of understanding the spectrum of IPV.

### **Summary of Chapter Two (Systematic Literature Review)**

The aim of this literature review was to systematically examine the literature regarding the psychological effects of physical IPV on male and female heterosexual victims and to attempt to establish whether these differ depending on victim gender. Only psychological consequences were addressed in this literature review as they are understudied in comparison to physical consequences, particularly in relation to male victims. Furthermore, only physical IPV was addressed as this is arguably easier to assess and minimised any confusion

associated with trying to ascertain whether different forms of IPV have different consequences. It is necessary to improve understanding of the psychological consequences of IPV on male and female victims in order to ensure that professionals involved in providing support services are able to target such resources appropriately and without bias. A systematic search of relevant electronic databases and a quality assessment of selected results left just five articles for inclusion in the final review. This highlighted a significant lack of research in the field and the need for further research. However, the lack of current research, limited number of relevant studies makes it difficult to draw any firm conclusions about the consequences of IPV on male and female victims. Furthermore, the lack of a definition of IPV within the studies and differing methodologies means that it is not possible to ensure that the same concept is measured. One significant limitation across all five studies included in the review is the lack of baseline measures and longitudinal research which makes it impossible to infer causality. In spite of the limitations outlined above, the results indicate the need for future research and suggest methodological approaches which may yield more comprehensive conclusions. The results tentatively suggest that females are more likely than males to experience anxiety whereas males and females experience depression at broadly equal rates. With regards to relationship satisfaction, the results were inconclusive although this was only measured in two of the five studies.

### **Summary of Chapter Three (Critique of a Psychometric Measure)**

The aim of this chapter was to critically evaluate the Revised Conflict Tactics Scale (CTS2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996), a psychometric measure which has been identified as one of the mostly widely used quantitative assessment tools of IPV and which was used in the majority of studies included in the literature review. The purpose of this critique was to investigate the strengths and limitations of the CTS2 in order to better

understand the implications of this on findings and conclusions drawn from the studies included in the literature review. The CTS2 is self-report questionnaire that assesses perpetration and victimisation in an attempt to gather information regarding the overt conflict tactics used in intimate relationships. The CTS2 is well known for its' ease of use and is subsequently used in many research projects internationally. Furthermore, the CTS2 has been identified as a useful tool in family therapy and is felt to be applicable to a wide section of the population. The CTS2 does not make assumptions regarding the victim or perpetrator gender and has subsequently been used as an argument against the gendered perspective of IPV. Furthermore, the CTS2 encourages participants to report any acts of violence within their relationship regardless of whether the participant understands this as IPV. This is a significant strength in obtaining accurate data from males and females and is particularly important given that males have been identified as less likely to view their victimisation as a criminal act. However, the CTS2 does not obtain data regarding the context in which the perpetration or victimisation occurs and therefore does not provide results pertaining to the reasons for the IPV. Furthermore, the CTS2 uses self-report which relies on participant honesty to obtain accurate results. The authors do, however, attempt to control for this by using a 5-point Likert scale. These identified issues regarding the reliability and validity of the CTS2 suggest that there may be some limitations within the results and conclusions drawn from the literature review. Nonetheless, the focus of the literature review was the psychological consequences of IPV and did not aim to take account of the reasons for the IPV. This may be an area for future research as it may be beneficial to establish whether the consequences experienced by victims differ dependent upon the context within which the IPV occurs.

## **Summary of Chapter Four (Research Project)**

The review of the literature in Chapter 2 identified a rationale for further research into IPV victimisation for males and females by demonstrating the significant lack of literature in this area. It was also evident that there is a significant lack of research into the impact of primary prevention campaigns on perceptions of IPV, particularly with regard to the spectrum of IPV as opposed to focusing predominantly on male perpetrators and female victims. Subsequently the aim of the research project was to investigate whether primary prevention campaigns, depicting different types of gendered IPV, impact on student's normative beliefs about IPV. Due to the limited number of male participants, only responses by female students were analysed. This is unfortunate given the limited research available regarding the perspectives of males and it would be important for any future research to attempt to address this by including male and female participants.

The results from this study indicate that primary prevention campaigns do impact on normative beliefs about IPV and the most significant changes in beliefs are evident when participants are exposed to images depicting female aggression towards male victims. In this condition it is evident that approval of female aggression reduced significantly whereas approval of male aggression increased. It was, however, evident that approval of female aggression was significantly higher than approval of female aggression prior to exposure to campaign posters. Subsequently approval of male aggression increased in line with approval of female aggression. In relation to beliefs about the likely impact of aggression, changes were found following exposure to prevention campaigns and this was again dependent upon the gender of the perpetrator and the gender of the victim. When considering the likelihood of emotional distress, for example, beliefs about this increased for male victims and decreased for female victims following exposure in the majority of conditions. In relation to perceptions about the

appropriate level of punishment for perpetrators, the results demonstrate that participants who were exposed to images depicting male aggression towards a female victim and those who were exposed to images depicting gender neutral violence allocated more severe punishments to male perpetrators post exposure. In contrast, participants who were exposed to images depicting female to male aggression, reciprocal aggression and a montage of all forms of aggression allocated less severe punishments to male perpetrators. In relation to perceptions of perpetrator and victim gender the results demonstrate that participant's perceptions of perpetrator gender changed after exposure to female aggression and gender neutral aggression. In contrast, no changes were noted regarding victim gender post exposure in any of the five conditions.

The results appear to demonstrate that exposure to female aggression has a significant impact on approval of male and female aggression and it is important to consider the impact of any increase in approval rates on victims. Furthermore, the results demonstrate that perceptions regarding the likelihood of emotional distress experiences by victims also changed post-exposure to female and gender neutral aggression. Given that the literature review tentatively suggested that IPV impacts on the psychological wellbeing of males and females it is essential that this message is not lost in any future campaign posters.

### Conclusions and Recommendations

The limitations within each chapter have been discussed above and these will impact upon the results and conclusions drawn and subsequently on the recommendations made. However, the findings presented in each chapter have clear implications for gendered perceptions of IPV and contribute to the literature base for the prevention of all forms of IPV. The findings presented in this thesis demonstrate that there are significant consequences of IPV on victims, and highlight the importance of appropriately targeting IPV prevention campaigns. These

findings are important for prevention services and for services available to victims and perpetrators. There are also wider implications for society in general.

### **Implications for Prevention**

The vast majority of current primary prevention campaigns aimed at reducing IPV focus on male perpetrators and female victims. There is a significant lack of research into the impact of IPV prevention campaigns, however, the available research demonstrates that universally accessed media campaigns are effective in reducing societal problems (Biglan, 1992; 1995). It is, however, essential that primary prevention campaigns display an accurate portrayal of IPV and that this is reflective of what the majority of the population experience as IPV (Dixon & Graham-Kevan, 2011). With this in mind, it is clear that primary prevention campaigns need to address the spectrum of IPV in order for them to be effective in reducing all forms of IPV. For example, if such campaigns only portray heterosexual violence perpetrated by a male towards a female, this is unlikely to be effective in reducing female perpetrated, or reciprocal, IPV. The findings from this thesis demonstrate that it is essential to consider the implications of any future campaigns on societal perceptions in order to ensure that they are effective and do not adversely impact on victims. With this in mind it seems that campaign posters targeting reciprocal IPV are likely to have the most significant impact whilst ensuring that approval of any form of IPV does not increase. Whilst it appears that posters depicting female aggression increase beliefs about approval of female perpetration in line with approval of male perpetration, it is essential that every effort is made to reduce approval of all forms of IPV. Furthermore, it is important to ensure that any future prevention efforts attempt to deliver the message that IPV victimisation has a detrimental effect on the psychological wellbeing of all victims.

### **Implications for Victim Services**

Research has demonstrated that male victims of IPV are less likely to view their victimisation as a criminal offence (Dutton & Nicholls, 2005) and are therefore less likely to report it (Pierce & Harris, 1993). It is essential that prevention and victim services work together to ensure that male and female victims are able to recognise their victimisation as such and have access to appropriate support services in line with this. The vast majority of services available are aimed at female victims with some of these service providing some limited support for male victims (e.g. Women's Aid, Respect). Given that such widely recognisable support services advertise their support for female victims it is possible that male victims may not be aware of the support available to them. Furthermore, the vast amount of services available to females may further compound the issue of males not identifying their experiences as victimisation. It is imperative that support staff are well-equipped with training and research information in order that they are able to target their support at each victim as an individual with specific needs.

As the literature review demonstrated, male and female victims experience significant psychological consequences as a result of IPV and it is imperative that support services address these issues for all victims. Future work would need to be carried out in order to determine whether there are any significant differences in these consequences for males and females. However, the literature review tentatively suggests that both males and females experience depression equally, demonstrating a need for victim services to be aware of, and responsive, to this.

### **Implications for Perpetrator Services**

It is imperative that professionals who are responsible for identifying and assessing IPV and prosecuting perpetrators have an accurate understanding of the true nature of IPV. The vast

majority of intervention services for perpetrators are targeted towards males and a meta-analytic review of intervention programmes carried out by Babcock, Greena and Robie (2004) highlighted that the vast majority focused solely on the male perpetrator as the problem. Unfortunately such an approach is likely to be ineffective in reducing reciprocal violence and does not take account of the view that IPV is often born out of conflict within intimate relationships (e.g. Straus, Hamby, Boney-McCoy & Sugarman, 1996). If perpetrator services are to be effective in reducing IPV then it is essential that they address all forms of IPV and that they understand and target the specific causal factors for each individual. This thesis demonstrates that the current Western normative beliefs about IPV are that males perpetrate against females and it is important for such beliefs to be addressed in treatment. The research project highlights that female perpetrated IPV is generally viewed as more acceptable and less harmful to the victim. If professionals working in intervention and treatment services hold this view it is likely that they may minimise female violence thus potentially reinforcing their behaviour and further victimising males. Furthermore, law enforcement agencies need to ensure that prosecution of all perpetrators is not influenced by such beliefs.

### **Implications for the General Public**

The findings of this thesis have significant implications for society in general. It is evident that Western normative beliefs about IPV are chivalrous and that male aggression is seen as less acceptable and more harmful than female aggression. However, the findings from this thesis suggest that IPV victimisation impacts on the psychological wellbeing of victims irrespective of gender and that normative beliefs can change given appropriate exposure to different forms of IPV. It is therefore essential that such beliefs are addressed by the media, education services and law enforcement agencies. The media and education services have a vital role in portraying the message that all forms of IPV are unacceptable and harmful and in developing awareness

of any acts of violence towards others as a criminal offence. It is evident that primary prevention campaigns are effective in addressing normative beliefs but it is important that such campaigns are carefully considered in order to ensure that they do not increase beliefs about acceptability of any form of violence.

This thesis highlights the importance of addressing current normative beliefs by improving awareness and education of the occurrence and consequences of all forms of IPV. Future research would likely benefit from further developing these findings in order to draw firmer conclusions and ultimately support services in reducing the occurrence of all forms of IPV.

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## **APPENDICES**

## **Appendix 1 – Syntax search**

### *PSYCHINFO SEARCH 1987-2014*

1. exp domestic violence/ or exp battered females/ or exp intimate partner violence/ or exp marital conflict/ or exp partner abuse/
2. ("domestic (abuse or violence)" or "battered (female\* or male\* or men or women)" or "intimate partner (violence or abuse)" or "marital conflict\*" or "partner abuse" or "family violence").ti,ab.
3. 1 or 2
4. ("male victim\*" or "female victim\*").ti,ab.
5. 3 and 4
6. victim\*.mp.
7. 4 or 6
8. 3 and 7
9. limit 8 to adulthood <18+ years>
10. limit 9 to (english language and yr="1980 -Current")
11. ("sufferer" or "casualty" or "injured party" or "target").ti,ab.
12. 4 or 6 or 11
13. 3 and 12
14. limit 13 to (english language and adulthood <18+ years> and yr="1980 -Current")
15. limit 14 to (human and english language and adulthood <18+ years> and yr="1990 -Current")
16. limit 5 to (human and english language and adulthood <18+ years> and yr="1990 -Current")

### *EMBASE SEARCH 1980-2014*

1. exp domestic violence/ or exp battered females/ or exp intimate partner violence/ or exp marital conflict/ or exp partner abuse/
2. ("domestic (abuse or violence)" or "battered (female\* or male\* or men or women)" or "intimate partner (violence or abuse)" or "marital conflict\*" or "partner abuse" or "family violence").ti,ab.
3. 1 or 2
4. ("male victim\*" or "female victim\*").ti,ab.
5. 3 and 4
6. victim\*.mp.
7. 4 or 6
8. 3 and 7
9. limit 8 to adulthood <18+ years>
10. limit 9 to (english language and yr="1980 -Current")
11. ("sufferer" or "casualty" or "injured party" or "target").ti,ab.
12. 4 or 6 or 11
13. 3 and 12
14. limit 13 to (human and english language and yr="1980 -Current" and adult <18 to 64 years>)

15. limit 14 to (human and english language and yr="1990 -Current" and adult <18 to 64 years>)
16. limit 5 to (human and english language and yr="1990 -Current" and adult <18 to 64 years>)

*MEDLINE SEARCH 1980-2014*

1. exp domestic violence/ or exp battered females/ or exp intimate partner violence/ or exp marital conflict/ or exp partner abuse/
2. ("domestic (abuse or violence)" or "battered (female\* or male\* or men or women)" or "intimate partner (violence or abuse)" or "marital conflict\*" or "partner abuse" or "family violence").ti,ab.
3. 1 or 2
4. ("male victim\*" or "female victim\*").ti,ab.
5. 3 and 4
6. victim\*.mp.
7. 4 or 6
8. 3 and 7
9. limit 8 to adulthood <18+ years>
10. limit 9 to (english language and yr="1980 -Current")
11. ("sufferer" or "casualty" or "injured party" or "target").ti,ab.
12. 4 or 6 or 11
13. 3 and 12
14. remove duplicates from 13
15. limit 14 to (english language and humans and yr="1990 -Current" and ("young adult (19 to 24 years)" or "adult (19 to 44 years)" or "young adult and adult (19-24 and 19-44)" or "middle age (45 to 64 years)" or "middle aged (45 plus years)" or "all aged (65 and over)"))
16. limit 5 to (english language and humans and yr="1990 -Current" and ("young adult (19 to 24 years)" or "adult (19 to 44 years)" or "young adult and adult (19-24 and 19-44)" or "middle age (45 to 64 years)" or "middle aged (45 plus years)" or "all aged (65 and over)"))

*Applied Social Sciences Index and Abstracts (ASSIA)*

all(("domestic (abuse or violence)" OR "battered (female\* or male\* or men or women)" OR "intimate partner (violence or abuse)" OR "marital conflict\*" OR "partner abuse" OR "family violence")) AND all(("male victim\*" or "female victim\*" or "victim\*") 44 results

## **Appendix 2- Data Extraction Form**

### GENERAL INFORMATION

Title of article	
Author(s)	
Source (e.g., Journal, Conference) Year/Volume/Pages/Country of Origin	
Quality score	

### **Eligibility of Study**

<b>P</b>	Victims of IPV Aged 18 to 64	Yes	No
		Yes	No
<b>I</b>	N/A		
<b>C</b>	Male victims, female victims	Yes	No
<b>O</b>	Psychological effects	Yes	No
	<b>Continue to next stage?</b>	<b>Yes</b>	<b>No</b>

### **Methodology**

Research Question  
Study Design  
Recruitment Process  
Participant Characteristics  
Sample Size  
Outcomes Measured  
Variables Considered  
Standardised Measures Used

### **Statistical Analysis**

Statistical Technique Used  
Were confounding variables assessed and controlled for?

### **Results**

What were the results?  
What were the conclusions?  
Limitations of the study  
Strengths of the study

### **Applicability of findings**

### **Appendix 3– Quality Assessment Forms**

<b>QUESTION (Amanor-Boadu, Stith, Miller, Cook, Allen &amp; Gorzek, 2011)</b>	<b>Yes (2)</b>	<b>Partial (1)</b>	<b>No (0)</b>	<b>Unknown</b>	<b>Comments</b>
<b>Study Design</b>					
Were the research aims clearly stated?	2				
Was it an appropriate method to address their aims?	2				
<b>Selection and Sampling Bias</b>					
Is the sample representative of this population?	2				
Was an adequate sample size used?	2				
Were the participants appropriate for the analysis that was conducted?	2				
Were groups sizes equal across all groups?			0		
<b>Measurement Bias</b>					
Was IPV clearly defined and descriptive of what violence is included?			1		
Were the measurements for outcome objective?	2				
Were the assessments used clearly defined and validated for use with this population?	2				
Were the outcome measures standardised and the level of internal consistency adequate?	2				
Were the assessments carried out the same for all participants?	2				
Were risk factors for perpetrating or being a victim fully explained?		1			
<b>Attrition Bias</b>					
Were reasons explained for those refusing to participate in the study?			0		
Were dropout rates clearly defined?		1			
Was appropriate statistical analysis used and used correctly?	2				
Have results been clearly reported and in sufficient detail?	2				
Have limitations been discussed?		1			
<b>Applicability of Findings</b>					
Can results be applied to others in this population?	2				
Are any practical implications of the study clearly stated?	2				
<b>SCORE</b>	<b>30</b>				

<b>QUESTION (Coker, Davis, Arias, Desai, Sanderson, Brandt &amp; Smith, 2002)</b>	<b>Yes</b>	<b>Partial</b>	<b>No</b>	<b>Unknown</b>	<b>Comments</b>
<b>Study Design</b>					
Were the research aims clearly stated?	2				
Was it an appropriate method to address their aims?	2				
<b>Selection and Sampling Bias</b>					
Is the sample representative of this population?	2				
Was an adequate sample size used?	2				
Were the participants appropriate for the analysis that was conducted?	2				
Were groups sizes equal across all groups?			0		
<b>Measurement Bias</b>					
Was IPV and clearly defined and descriptive of what violence is included?		1			
Were the measurements for outcome objective?		1			
Were the assessments used clearly defined and validated for use with this population?		1			
Were the outcome measures standardised and the level of internal consistency adequate?	2				
Were the assessments carried out the same for all participants?	2				
Were risk factors for perpetrating or being a victim fully explained?			0		
<b>Attrition Bias</b>					
Were reasons explained for those refusing to participate in the study?			0		
Were dropout rates clearly defined?			0		
Was appropriate statistical analysis used and used correctly?	2				
Have results been clearly reported and in sufficient detail?	2				
Have limitations been discussed?	2				
<b>Applicability of Findings</b>					
Can results be applied to others in this population?	2				
Are any practical implications of the study clearly stated?	2				
<b>SCORE</b>	<b>27</b>				

<b>QUESTION (Kaura &amp; Lohman, 2007)</b>	<b>Yes</b>	<b>Partial</b>	<b>No</b>	<b>Unknown</b>	<b>Comments</b>
<b>Study Design</b>					
Were the research aims clearly stated?	2				
Was it an appropriate method to address their aims?	2				
<b>Selection and Sampling Bias</b>					
Is the sample representative of this population?	2				
Was an adequate sample size used?	2				
Were the participants appropriate for the analysis that was conducted?	2				
Were groups sizes equal across all groups?			0		
<b>Measurement Bias</b>					
Was IPV and clearly defined and descriptive of what violence is included?		1			
Were the measurements for outcome objective?	2				
Were the assessments used clearly defined and validated for use with this population?	2				
Were the outcome measures standardised and the level of internal consistency adequate?	2				
Were the assessments carried out the same for all participants?	2				
Were risk factors for perpetrating or being a victim fully explained?		1			
<b>Attrition Bias</b>					
Were reasons explained for those refusing to participate in the study?		1			
Were dropout rates clearly defined?		1			
Was appropriate statistical analysis used and used correctly?	2				
Have results been clearly reported and in sufficient detail?	2				
Have limitations been discussed?	2				
<b>Applicability of Findings</b>					
Can results be applied to others in this population?	2				
Are any practical implications of the study clearly stated?	2				
<b>SCORE</b>	<b>32</b>				

<b>QUESTION (Próspero, 2007)</b>	<b>Yes</b>	<b>Partial</b>	<b>No</b>	<b>Unknown</b>	<b>Comments</b>
<b>Study Design</b>					
Were the research aims clearly stated?	2				
Was it an appropriate method to address their aims?	2				
<b>Selection and Sampling Bias</b>					
Is the sample representative of this population?	2				
Was an adequate sample size used?	2				
Were the participants appropriate for the analysis that was conducted?	2				
Were groups sizes equal across all groups?			0		
<b>Measurement Bias</b>					
Was IPV and clearly defined and descriptive of what violence is included?	2				
Were the measurements for outcome objective?	2				
Were the assessments used clearly defined and validated for use with this population?	2				
Were the outcome measures standardised and the level of internal consistency adequate?	2				
Were the assessments carried out the same for all participants?	2				
Were risk factors for perpetrating or being a victim fully explained?		1			
<b>Attrition Bias</b>					
Were reasons explained for those refusing to participate in the study?			0		
Were dropout rates clearly defined?			0		
Was appropriate statistical analysis used and used correctly?	2				
Have results been clearly reported and in sufficient detail?	2				
Have limitations been discussed?	2				
<b>Applicability of Findings</b>					
Can results be applied to others in this population?	2				
Are any practical implications of the study clearly stated?	2				
<b>SCORE</b>	<b>31</b>				

<b>QUESTION (Romito &amp; Grassi, 2007)</b>	<b>Yes</b>	<b>Partial</b>	<b>No</b>	<b>Unknown</b>	<b>Comments</b>
<b>Study Design</b>					
Were the research aims clearly stated?	2				
Was it an appropriate method to address their aims?	2				
<b>Selection and Sampling Bias</b>					
Is the sample representative of this population?	2				
Was an adequate sample size used?	2				
Were the participants appropriate for the analysis that was conducted?	2				
Were groups sizes equal across all groups?			0		
<b>Measurement Bias</b>					
Was IPV and clearly defined and descriptive of what violence is included?		1			
Were the measurements for outcome objective?	2				
Were the assessments used clearly defined and validated for use with this population?	2				
Were the outcome measures standardised and the level of internal consistency adequate?	2				
Were the assessments carried out the same for all participants?	2				
Were risk factors for perpetrating or being a victim fully explained?			0		
<b>Attrition Bias</b>					
Were reasons explained for those refusing to participate in the study?			0		
Were dropout rates clearly defined?			0		
Was appropriate statistical analysis used and used correctly?	2				
Have results been clearly reported and in sufficient detail?	2				
Have limitations been discussed?	2				
<b>Applicability of Findings</b>					
Can results be applied to others in this population?	2				
Are any practical implications of the study clearly stated?	2				
<b>SCORE</b>	<b>29</b>				

## **Appendix 4– Part 1 (Advertising, Information and Demographics Questions)**

### ***Brief Description of Research:***

Survey asking about your experiences & perceptions of interpersonal aggression

### ***Further Information:***

This study investigates how people perceive conflict and the use of violence and aggression within relationships. To take part you must be at least 18 years old and have been in a dating/intimate relationship that has lasted for at least one month at some point in your adolescent/adult life.

If you choose to take part in this study you will be asked to complete an online survey (phase 1) which will ask you to read short scenarios which describe partners aggressing against each other and comment on which behaviours you think are acceptable. You will then be asked to arrange a date with the experimenter to complete one further simple task that also asks you to think about interpersonal aggression (phase 2). This will also involve you reading more short scenarios, as described above, and viewing scenes of interpersonal aggression that are freely available to the public to view – so they should not be too distressing. However, if you choose to participate, it is important that you understand you *may* experience some discomfort due to the content of some questions or pictures.

Completion of the questionnaire will take no approximately 30 minutes in total. You will receive 1 research credit for taking part in both phase 1 and phase 2 of this study. You will receive credit upon completion of both parts. In each phase you must complete all sections in one sitting - for the online study you are not allowed to resume at another time from where you left off.

It is important that any information received is accurate. You are therefore asked to complete the questions in this study independently and not to discuss your responses with others. You are also asked to consider the questions carefully and honestly. Your co-operation in this research will be greatly appreciated and as this is an under researched area you will be contributing to knowledge in this field.

### ***Information Sheet***

Your participation is voluntary and you may refuse to participate or choose to withdraw from the study at any time, either during or up to 2 weeks after your participation. You are under no obligation from the University to participate. However, to receive the credits you are required to complete phase 1 and 2 of the study– but don't worry, if you do not want to answer some, or all of the questions asked, simply choose the option which states that you do not wish to provide a response ('No Response').

Your participation in this project is confidential, and you will be among a number of other participating students. If you chose to participate in this study, your survey responses will be stored in an electronic dataset within the university and will not be shown to anyone other than the researchers. You will not be asked to provide your name, just your student ID. To clarify, your responses will be stored on the student and supervisors' computer database. This database will be accessed only by the researcher and supervisor and this will be ensured through the use of a log in name and password. The data base will not contain any names of participants and participants will be identified by their student number only at this point. In

addition, your paper-based responses in Phase 2 of the study will be stored in a secure filing cabinet within the Psychology Department at the University of Birmingham and will be accessible only to the researchers. Furthermore, results will only be presented or published in aggregate form; at no point will your individual responses be published. Aggregate results may be disseminated in a student research thesis, scientific journal and/or conference presentation.

The first part of this online survey (phase 1 of the study) asks for general demographic information. The second asks you to consider and comment on a series of hypothetical scenarios where aggression arises within a couple. Aggressive acts are briefly described here, for example it may say 'Carol punched him repeatedly in the face'.

If you are/have been a victim or perpetrator of relationship violence, or indeed if you find the contents of this questionnaire upsetting for some other reason and wish to discuss issues around aggression in relationships with someone, there are many avenues of free support, such as The Samaritans (Tel: 08457 90 90 90), National Domestic Violence Helpline (0808 2000 247), NHS direct (Tel: 08457 46 47), University student counselling service (Tel: 0121 414 5130) or Niteline (Tel: 08000 274750). If you are upset and require further help or advice around any of the issues presented in this questionnaire please do take advantage of the available support.

***Consent:***

If you would like to take part in this study it is important that you understand your participation in this survey is voluntary and you are free to withdraw from the study either during, or up to 2 weeks after your participation in, the study. You can withdraw without giving a reason and without any cost to you. However, please remember that in order to receive the credit you are required to complete both phase 1 and phase 2 of the study. If you want to receive credit but do not want to answer any/some of the questions you may simply check the 'No Response' option for each relevant question in the questionnaires.

Moving on to the next screen will indicate your consent. You are free to withdraw during, or up to 2 weeks after participating in, the study by contacting either Miss Natasha Sabin or Dr. Louise Dixon. Do not give your name in correspondence or use an identifiable e-mail account. You can withdraw by either writing to Miss Natasha Sabin or Dr. Louise Dixon at the School of Psychology, University of Birmingham, Edgbaston, Birmingham B15 2TT; telephone on 0121 4147218 or email l.dixon.1@bham.ac.uk; or leave a note in their pigeon holes in Level 2, Frankland building. Be sure to indicate your wish to withdraw from the study along with your student number. If you require further information please use the above contact details. Remember to save or print off this web page so that you have a record of these details.

## Demographics

1	Your sex	Male	Female	NR
2	Your age in years			NR
3	What is your nationality?			NR
4	What is your country of permanent residence			NR
5	How many years have you lived in your country of permanent residence?			NR
6	Would you consider yourself to live by Western cultural values	Yes	No	NR
7	Your sexual orientation	Heterosexual		NR
		Gay		
		Lesbian		
		Bi-sexual		
8	Your current relationship status	Single		NR
		Dating (but not living together)		
		Stable relationship lasting a month or longer (but not living together)		
		Cohabiting		
		Divorced		
		Married (spouse present)		
		Married (separated)		
		Widow/er		
9	Your employment level	Not employed		NR
		Employed in part time work (0-16 hours)		
		Employed 16 hours or more		
10	Which degree are you currently undertaking	Bachelors		NR
		Masters		
		Doctorate		

## **Appendix 5– Part 2 (Information)**

### *Information regarding images*

The next part of this study will involve you looking at, and answering some questions about, a poster [which will include an image that depicts interpersonal aggression between two people]\*. You may have seen the poster in the media and you may not have. Please look carefully and answer the questions as honestly as possible. If you do not wish to answer some or all of the questions please write ‘No Response’ next to the applicable question(s). If you do not wish to view posters which depict aggression, please inform the researcher now and you will be asked to look at a poster which does not depict aggression or violence.

\*For gender neutral condition this read: ‘that raises awareness about interpersonal aggression’

## Appendix 6 – Beliefs about Relationship Aggression Scale

Please read the following scenarios and immediately answer the questions that follow each. Please do not spend long thinking about your answers.

**IF YOU CHOOSE NOT TO PROVIDE A RESPONSE TO ANY QUESTION BELOW PLEASE CHECK THE ‘NO RESPONSE – (NR)’ OPTION.**

Carol and John have been in a monogamous intimate relationship for over 12 months. Carol is an average sized woman and John an average sized man. Please imagine the following situations in their relationship and answer the questions associated with each.

A. One evening John insisted on having sex with Carol when he knew she did not want to. Carol retaliated by slapping him across the face.

	Not at all	A little	Somewhat	Mostly	Definitely	
a) To what extent do you approve of Carol’s actions?	1	2	3	4	5	NR
b) To what extent would you approve if John retaliated with physical aggression to Carol’s actions?	1	2	3	4	5	NR
c) How likely is it that John will be physically injured, requiring medical treatment?	1	2	3	4	5	NR
d) How likely is that John will be greatly emotionally distressed?	1	2	3	4	5	NR
e) How likely it is that John can defend himself against Carol?	1	2	3	4	5	NR
f) Which of the following legal sanctions do you deem suitable punishment for Carol in this instance? None ____ Police caution ____ Community service ____ Up to 6 months in prison ____ Up to three years in prison ____ More than three years in prison						NR

B. One evening John came home to find Carol had not done the housework he had asked her to do and so he slapped her across the face.

	Not at all	A little	Somewhat	Mostly	Definitely	
a) To what extent do you approve of John’s actions?	1	2	3	4	5	NR
b) To what extent would you approve if Carol retaliated with physical aggression to John’s actions?		1	2	3	4	5
c) How likely is it that Carol will be physically injured, requiring medical treatment?			1	2	3	4
d) How likely is that Carol will be greatly emotionally distressed?	1	2	3	4	5	NR
e) How likely it is that Carol can defend herself against John?	1	2	3	4	5	NR
f) Which of the following legal sanctions do you deem suitable punishment for John in this instance? NR None ____ Police caution ____ Community service ____ Up to 6 months in prison ____ Up to three years in prison ____ More than three years in prison						

C. Carol had had a stressful day at work. That evening when John was sat on the sofa watching television she approached him and slapped him across the face.

	Not at all	A little	Somewhat	Mostly	Definitely	
a) To what extent do you approve of Carol’s actions?	1	2	3	4	5	NR

b)	To what extent would you approve if John retaliated with physical aggression to Carol's actions?	1	2	3	4	5	NR
c)	How likely is it that John will be physically injured, requiring medical treatment?	1	2	3	4	5	NR
d)	How likely is that John will be greatly emotionally distressed?	1	2	3	4	5	NR
e)	How likely it is that John can defend himself against Carol?	1	2	3	4	5	NR
f)	Which of the following legal sanctions do you deem suitable punishment for Carol in this instance? None____ Police caution ____ Community service____ Up to 6 months in prison ____ Up to three years in prison____ More than three years in prison						NR

D. John discovered that Carol was having an affair with another man. One evening when Carol was sat on the sofa watching television he confronted her about her infidelity and slapped her across the face.

		Not at all	A little	Somewhat	Mostly	Definitely	
a)	To what extent do you approve of John's actions?	1	2	3	4	5	NR
b)	To what extent would you approve if Carol retaliated with physical aggression toward John's actions? NR		1	2	3	4	5
c)	How likely is it that Carol will be physically injured, requiring medical treatment NR		1	2	3	4	5
d)	How likely is that Carol will be greatly emotionally distressed?	1	2	3	4	5	NR
e)	How likely it is that Carol can defend herself against John?	1	2	3	4	5	NR
f)	Which of the following legal sanctions do you deem suitable punishment for John in this instance? NR None____ Police caution ____ Community service____ Up to 6 months in prison ____ Up to three years in prison____ More than three years in prison						

E. One evening during an argument John punched Carol in the face and she retaliated by punching him repeatedly in the face and body.

		Not at all	A little	Somewhat	Mostly	Definitely	
a)	To what extent do you approve of Carol's actions?	1	2	3	4	5	NR
b)	To what extent would you approve if John retaliated with physical aggression to Carol's actions?	1	2	3	4	5	NR
c)	How likely is it that John will be physically injured, requiring medical treatment?	1	2	3	4	5	NR
d)	How likely is that John will be greatly emotionally distressed?	1	2	3	4	5	NR
e)	How likely it is that John can defend himself against Carol?	1	2	3	4	5	NR
f)	Which of the following legal sanctions do you deem suitable punishment for Carol in this instance? None____ Police caution ____ Community service____ Up to 6 months in prison ____ Up to three years in prison____ More than three years in prison						NR

F. One evening during an argument Carol shouted and yelled at John and said things to spite him, called him names and threatened to hit him and he retaliated by punching her repeatedly in the face and body.

		Not at all	A little	Somewhat	Mostly	Definitely	
a)	To what extent do you approve of John's actions?	1	2	3	4	5	NR

b)	To what extent would you approve if Carol NR retaliated with physical aggression to John's actions?	1	2	3	4	5	
c)	How likely is it that Carol will be physically injured, NR requiring medical treatment?	1	2	3	4	5	
d)	How likely is that Carol will be greatly emotionally distressed?	1	2	3	4	5	NR
e)	How likely it is that Carol can defend herself against John?	1	2	3	4	5	NR
f)	Which of the following legal sanctions do you deem suitable punishment for John in this instance? NR None____ Police caution ____ Community service____ Up to 6 months in prison ____ Up to three years in prison____ More than three years in prison						

\_\_\_\_\_ G. One evening John insisted on having sex with Carol when he knew she did not want to. Carol retaliated by punching him repeatedly in the face and body.

		Not at all	A little	Somewhat	Mostly	Definitely	
a)	To what extent do you approve of Carol's actions?	1	2	3	4	5	NR
b)	To what extent would you approve if John retaliated with physical aggression to Carol's actions?	1	2	3	4	5	NR
c)	How likely is it that John will be physically injured, requiring medical treatment?	1	2	3	4	5	NR
d)	How likely is that John will be greatly emotionally distressed?	1	2	3	4	5	NR
e)	How likely it is that John can defend himself against Carol?	1	2	3	4	5	NR
f)	Which of the following legal sanctions do you deem suitable punishment for Carol in this instance? NR None____ Police caution ____ Community service____ Up to 6 months in prison ____ Up to three years in prison____ More than three years in prison						NR

\_\_\_\_\_ H. One evening John came home to find Carol had not done the housework he had asked her to do and so he punched her repeatedly in the face and body.

		Not at all	A little	Somewhat	Mostly	Definitely	
a)	To what extent do you approve of John's actions?	1	2	3	4	5	NR
b)	To what extent would you approve if Carol NR retaliated with physical aggression to John's actions?		1	2	3	4	5
c)	How likely is it that Carol will be physically injured, NR requiring medical treatment?		1	2	3	4	5
d)	How likely is that Carol will be greatly emotionally distressed?	1	2	3	4	5	NR
e)	How likely it is that Carol can defend herself against John?	1	2	3	4	5	NR
f)	Which of the following legal sanctions do you deem suitable punishment for John in this instance? NR None____ Police caution ____ Community service____ Up to 6 months in prison ____ Up to three years in prison____ More than three years in prison						

I. Carol discovered that John was having an affair with another woman. One evening when John was sat on the sofa watching television she confronted him about his infidelity and slapped him across the face.

	Not at all	A little	Somewhat	Mostly	Definitely	
a) To what extent do you approve of Carol's actions?	1	2	3	4	5	NR
b) To what extent would you approve if John retaliated with physical aggression to Carol's actions?	1	2	3	4	5	NR
c) How likely is it that John will be physically injured, requiring medical treatment?	1	2	3	4	5	NR
d) How likely is that John will be greatly emotionally distressed?	1	2	3	4	5	NR
e) How likely it is that John can defend himself against Carol?	1	2	3	4	5	NR
f) Which of the following legal sanctions do you deem suitable punishment for Carol in this instance? None____ Police caution ____ Community service____ Up to 6 months in prison ____ Up to three years in prison____ More than three years in prison						NR

J. One evening during an argument Carol shouted and yelled at John and said things to spite him, called him names and threatened to hit him and he retaliated by slapping her across the face.

	Not at all	A little	Somewhat	Mostly	Definitely	
a) To what extent do you approve of John's actions?	1	2	3	4	5	NR
b) To what extent would you approve if Carol retaliated with physical aggression to John's actions? NR		1	2	3	4	5
c) How likely is it that Carol will be physically injured, requiring medical treatment? NR		1	2	3	4	5
d) How likely is that Carol will be greatly emotionally distressed?	1	2	3	4	5	NR
e) How likely it is that Carol can defend herself against John?	1	2	3	4	5	NR
f) Which of the following legal sanctions do you deem suitable punishment for John in this instance? NR None____ Police caution ____ Community service____ Up to 6 months in prison ____ Up to three years in prison____ More than three years in prison						

K. Carol had had a stressful day at work. That evening when John was sat on the sofa watching television she approached him and punched him repeatedly in the face and body.

	Not at all	A little	Somewhat	Mostly	Definitely	
a) To what extent do you approve of Carol's actions?	1	2	3	4	5	NR
b) To what extent would you approve if John retaliated with physical aggression to Carol's actions?	1	2	3	4	5	NR
c) How likely is it that John will be physically injured, requiring medical treatment?	1	2	3	4	5	NR
d) How likely is that John will be greatly emotionally distressed?	1	2	3	4	5	NR
e) How likely it is that John can defend himself against Carol?	1	2	3	4	5	NR
f) Which of the following legal sanctions do you deem suitable punishment for Carol in this instance? None____ Police caution ____ Community service____ Up to 6 months in prison ____ Up to three years in prison____ More than three years in prison						NR

L. One evening during an argument Carol punched John in the face and he retaliated by punching her repeatedly in the face and body.

	Not at all	A little	Somewhat	Mostly	Definitely	
a) To what extent do you approve of John's actions?	1	2	3	4	5	NR
b) To what extent would you approve if Carol retaliated with physical aggression to John's actions?		1	2	3	4	5
c) How likely is it that Carol will be physically injured, requiring medical treatment?		1	2	3	4	5
d) How likely is that Carol will be greatly emotionally distressed?	1	2	3	4	5	NR
e) How likely it is that Carol can defend herself against John?	1	2	3	4	5	NR
f) Which of the following legal sanctions do you deem suitable punishment for John in this instance? None ___ Police caution ___ Community service ___ Up to 6 months in prison ___ Up to three years in prison ___ More than three years in prison						

M. One evening during an argument John shouted and yelled at Carol and said things to spite her, called her names and threatened to hit her and Carol retaliated by slapping him across the face.

	Not at all	A little	Somewhat	Mostly	Definitely	
a) To what extent do you approve of Carol's actions?	1	2	3	4	5	NR
b) To what extent would you approve if John retaliated with physical aggression to Carol's actions?	1	2	3	4	5	NR
c) How likely is it that John will be physically injured, requiring medical treatment?	1	2	3	4	5	NR
d) How likely is that John will be greatly emotionally distressed?	1	2	3	4	5	NR
e) How likely it is that John can defend himself against Carol?	1	2	3	4	5	NR
f) Which of the following legal sanctions do you deem suitable punishment for Carol in this instance? None ___ Police caution ___ Community service ___ Up to 6 months in prison ___ Up to three years in prison ___ More than three years in prison						NR

N. One evening Carol insisted on having sex with John when she knew he did not want to. John retaliated by slapping her across the face.

	Not at all	A little	Somewhat	Mostly	Definitely	
a) To what extent do you approve of John's actions?	1	2	3	4	5	NR
b) To what extent would you approve if Carol retaliated with physical aggression to John's actions?		1	2	3	4	5
c) How likely is it that Carol will be physically injured, requiring medical treatment?		1	2	3	4	5
d) How likely is that Carol will be greatly emotionally distressed?	1	2	3	4	5	NR
e) How likely it is that Carol can defend herself against John?	1	2	3	4	5	NR
f) Which of the following legal sanctions do you deem suitable punishment for John in this instance? None ___ Police caution ___ Community service ___ Up to 6 months in prison ___ Up to three years in prison ___ More than three years in prison						

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O. One evening Carol came home to find John had not done the housework she has asked him to do and so she punched him repeatedly in the face and body.

	Not at all	A little	Somewhat	Mostly	Definitely	
a) To what extent do you approve of Carol's actions?	1	2	3	4	5	NR
b) To what extent would you approve if John retaliated with physical aggression to Carol's actions?	1	2	3	4	5	NR
c) How likely is it that John will be physically injured, requiring medical treatment?	1	2	3	4	5	NR
d) How likely is that John will be greatly emotionally distressed?	1	2	3	4	5	NR
e) How likely it is that John can defend himself from Carol?	1	2	3	4	5	NR
f) Which of the following legal sanctions do you deem suitable punishment for Carol in this instance? None____ Police caution ____ Community service____ Up to 6 months in prison ____ Up to three years in prison____ More than three years in prison						NR

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P. John discovered that Carol was having an affair with another man. One evening when Carol was sat on the sofa watching television he confronted her about her infidelity and punched her repeatedly in the face and body.

	Not at all	A little	Somewhat	Mostly	Definitely	
a) To what extent do you approve of John's actions?	1	2	3	4	5	NR
b) To what extent would you approve if Carol retaliated with physical aggression to John's actions?		1	2	3	4	5
c) How likely is it that Carol will be physically injured, requiring medical treatment?		1	2	3	4	5
d) How likely is that Carol will be greatly emotionally distressed?	1	2	3	4	5	NR
e) How likely it is that Carol can defend herself against John?	1	2	3	4	5	NR
f) Which of the following legal sanctions do you deem suitable punishment for John in this instance? NR None____ Police caution ____ Community service____ Up to 6 months in prison ____ Up to three years in prison____ More than three years in prison						

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Q. One evening during an argument John punched Carol in the face and she retaliated by slapping him in the face.

	Not at all	A little	Somewhat	Mostly	Definitely	
a) Ho what extent do you approve of Carol's actions?	1	2	3	4	5	NR
b) To what extent would you approve if John retaliated with physical aggression to Carol's actions?	1	2	3	4	5	NR
c) How likely is it that John will be physically injured, requiring medical treatment?	1	2	3	4	5	NR
d) How likely is that John will be greatly emotionally distressed?	1	2	3	4	5	NR
e) How likely it is that John can defend himself against Carol?	1	2	3	4	5	NR
f) Which of the following legal sanctions do you deem suitable punishment for Carol in this instance? None____ Police caution ____ Community service____ Up to 6 months in prison ____ Up to three years in prison____ More than three years in prison						NR

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R. John had had a stressful day at work. That evening when Carol was sat on the sofa watching television he approached her and slapped her across the face.

	Not at all	A little	Somewhat	Mostly	Definitely	
a) To what extent do you approve of John's actions?	1	2	3	4	5	NR
b) To what extent would you approve if Carol retaliated with physical aggression to John's actions?		1	2	3	4	5
c) How likely is it that Carol will be physically injured, requiring medical treatment?		1	2	3	4	5
d) How likely is that Carol will be greatly emotionally distressed?	1	2	3	4	5	NR
e) How likely it is that Carol can defend herself from John?	1	2	3	4	5	NR
f) Which of the following legal sanctions do you deem suitable punishment for John in this instance? None _____ Police caution _____ Community service _____ Up to 6 months in prison _____ Up to three years in prison _____ More than three years in prison						

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S. One evening during an argument John shouted and yelled at Carol and said things to spite her, called her names and threatened to hit her and she retaliated by punching him repeatedly in the face and body.

	Not at all	A little	Somewhat	Mostly	Definitely	
a) To what extent do you approve of Carol's actions?	1	2	3	4	5	NR
b) To what extent would you approve if John retaliated with physical aggression to Carol's actions?	1	2	3	4	5	NR
c) How likely is it that John will be physically injured, requiring medical treatment?	1	2	3	4	5	NR
d) How likely is that John will be greatly emotionally distressed?	1	2	3	4	5	NR
e) How likely it is that John can defend himself against Carol?	1	2	3	4	5	NR
f) Which of the following legal sanctions do you deem suitable punishment for Carol in this instance? None _____ Police caution _____ Community service _____ Up to 6 months in prison _____ Up to three years in prison _____ More than three years in prison						NR

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T. One evening Carol insisted on having sex with John when she knew he did not want to. John retaliated by punching her repeatedly in the face and body

	Not at all	A little	Somewhat	Mostly	Definitely	
a) To what extent do you approve of John's actions?	1	2	3	4	5	NR
b) To what extent would you approve if Carol retaliated with physical aggression to John's actions?		1	2	3	4	5
c) How likely is it that Carol will be physically injured, requiring medical treatment?		1	2	3	4	5
d) How likely is that Carol will be greatly emotionally distressed?	1	2	3	4	5	NR
e) How likely it is that Carol can defend herself against John?	1	2	3	4	5	NR
f) Which of the following legal sanctions do you deem suitable punishment for John in this instance? None _____ Police caution _____ Community service _____ Up to 6 months in prison _____						

Up to three years in prison\_\_\_\_ More than three years in prison

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U. One evening Carol came home to find John had not done the housework she had asked him to do and so she slapped him across the face.

	Not at all	A little	Somewhat	Mostly	Definitely	
a) To what extent do you approve of Carol's actions?	1	2	3	4	5	NR
b) To what extent would you approve if John retaliated with physical aggression to Carol's actions?	1	2	3	4	5	NR
c) How likely is it that John will be physically injured, requiring medical treatment?	1	2	3	4	5	NR
d) How likely is that John will be greatly emotionally distressed?	1	2	3	4	5	NR
e) How likely it is that John can defend himself against Carol?	1	2	3	4	5	NR
f) Which of the following legal sanctions do you deem suitable punishment for Carol in this instance? None____ Police caution ____ Community service____ Up to 6 months in prison ____ Up to three years in prison____ More than three years in prison						NR

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V. One evening during an argument Carol punched John in the face and he retaliated by slapping her in the face.

	Not at all	A little	Somewhat	Mostly	Definitely	
a) To what extent do you approve of John's actions?	1	2	3	4	5	NR
b) To what extent would you approve if Carol retaliated with physical aggression to John's actions?		1	2	3	4	5
c) How likely is it that Carol will be physically injured, requiring medical treatment?			1	2	3	4
d) How likely is that Carol will be greatly emotionally distressed?	1	2	3	4	5	NR
e) How likely it is that Carol can defend herself against John?	1	2	3	4	5	NR
f) Which of the following legal sanctions do you deem suitable punishment for John in this instance? NR None____ Police caution ____ Community service____ Up to 6 months in prison ____ Up to three years in prison____ More than three years in prison						NR

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W. Carol discovered that John was having an affair with another woman. One evening when John was sat on the sofa watching television she confronted him about his infidelity and punched him repeatedly in the face and body.

	Not at all	A little	Somewhat	Mostly	Definitely	
a) To what extent do you approve of Carol's actions?	1	2	3	4	5	NR
b) To what extent would you approve if John retaliated with physical aggression to Carol's actions?	1	2	3	4	5	NR
c) How likely is it that John will be physically injured, requiring medical treatment?	1	2	3	4	5	NR
d) How likely is that John will be greatly emotionally distressed?	1	2	3	4	5	NR
e) How likely it is that John can defend himself against Carol?	1	2	3	4	5	NR
f) Which of the following legal sanctions do you deem suitable punishment for Carol in this instance?						NR

None\_\_\_\_ Police caution \_\_\_\_ Community service\_\_\_\_ Up to 6 months in prison \_\_\_\_  
 Up to three years in prison\_\_\_\_ More than three years in prison

X. John had had a stressful day at work. That evening when Carol was sat on the sofa watching television, he approached her and punched her repeatedly in the face and body.

	Not at all	A little	Somewhat	Mostly	Definitely	
a) To what extent do you approve of John's actions?	1	2	3	4	5	NR
b) To what extent would you approve if Carol NR retaliated with physical aggression to John's actions?		1	2	3	4	5
c) How likely is it that Carol will be physically injured, NR requiring medical treatment?		1	2	3	4	5
d) How likely is that Carol will be greatly emotionally distressed?	1	2	3	4	5	NR
e) How likely it is that Carol can defend herself against John?	1	2	3	4	5	NR
f) Which of the following legal sanctions do you deem suitable punishment for John in this instance? NR None____ Police caution ____ Community service____ Up to 6 months in prison ____ Up to three years in prison____ More than three years in prison						

## Appendix 7– Images Used in Five Conditions

### *Condition 1 – Male to female aggression*



### *Condition 2 – Female to male aggression*



*Condition 3 – Reciprocal violence*



*Condition 4 – Gender neutral violence*



*Condition 5 –*

Montage of the above

## **Appendix 8– Questions Asked in Part 2**

### ***Questions for conditions 1-4:***

Please answer the following questions. If you do not wish to answer some or all of them please write 'No Response' after the questions(s) you do not wish to answer. Wording in brackets is the text that will be used in the montage condition only.

1. What do you think this poster is trying to tell us?
2. Have you seen this campaign before?
3. Have you seen similar campaigns like this before?
4. Do you think there is a victim in this poster?
5. If yes, who do you think is the victim is in this poster?
6. Do you think there is a perpetrator in this poster?
7. Who do you think is the perpetrator in this poster?
8. Are you familiar with the term domestic violence?
9. What does the term domestic violence mean to you?
10. Who would you consider to be involved in domestic violence?
11. Do you think men or women are more likely to be victims of domestic violence?
12. Do you think men or women are more likely to perpetrate domestic violence?
13. Do you think this poster depicts what goes on in society accurately?

### ***Questions for conditions 5:***

Instructions as above.

1. What do you think these posters are trying to tell us?
2. Have you seen these campaigns before?
3. Have you seen similar campaigns like each of these before?
4. Do you think there is a victim in each of these posters?
5. If yes, who do you think is the victim is in each of these posters?
6. Do you think there is a perpetrator in each of these posters?
7. Who do you think is the perpetrator in each of these posters?
8. Are you familiar with the term domestic violence?
9. What does the term domestic violence mean to you?
10. Who would you consider to be involved in domestic violence?
11. Do you think men or women are more likely to be victims of domestic violence?
12. Do you think men or women are more likely to perpetrate domestic violence?
13. Do you think each of these posters depict what goes on in society accurately?

## **Appendix 9– Debrief Information**

Thank you for participating in this research study. As mentioned previously, this is an under-researched area and your participation has contributed to the development of much needed research. The purpose of this study was to investigate student's perceptions of domestic violence and to explore the effectiveness of partner violence primary prevention campaign posters on students understanding of, and their normative beliefs about, partner violence. Specifically we were interested in whether different types of primary prevention campaign posters impact upon people's understanding about intimate partner violence and their beliefs about how acceptable it is.

May I take this opportunity to remind you that you are free to withdraw your data for up to 2 weeks following your participation. You can withdraw by either writing to Miss Natasha Sabin or Dr. Louise Dixon at the School of Psychology, University of Birmingham, Edgbaston, Birmingham B15 2TT; telephoning them on 0121 4147218; or leave a note in Dr Louise Dixon's pigeon hole in Level 2, Frankland building. Please do not give your name in correspondence or use an identifiable e-mail account but please ensure that you provide your student ID number.

If you are/have been a victim or perpetrator of relationship violence, or indeed if you find the contents of this questionnaire upsetting for some other reason and wish to discuss issues around aggression in relationships with someone, there are many avenues of free support, such as The Samaritans (Tel: 08457 90 90 90), National Domestic Violence Helpline (0808 2000 247), NHS direct (Tel: 08457 46 47), University student counselling service (Tel: 0121 414 5130) or Niteline (Tel: 08000 274750). If you are upset and require further help or advice around any of the issues presented in this questionnaire please do take advantage of the available support.

Should you require any further information regarding this research please contact Miss Natasha Sabin or Dr. Louise Dixon using the contact details above.

Thank you again for your participation.