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## Dating Violence Myth Acceptance and Victim Blame Among College Students: Does Gender Matter?

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DATING VIOLENCE MYTH ACCEPTANCE AND VICTIM BLAME  
AMONG COLLEGE STUDENTS: DOES GENDER MATTER?

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A Thesis  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Science  
in Psychology:  
Clinical Counseling

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by  
Jennifer June Mendoza  
September 2016

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Jennifer June Mendoza  
September 2016  
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## ABSTRACT

Intimate Partner Violence (IPV) affects approximately one in four women every year in the United States (Black et al., 2011). As a result, determining the potential implications IPV has on the victims requires extensive research and education. The manner in which a victim is responded to by others following abuse may have important implications for their adjustment following IPV. Identifying factors that contribute to the quality of responses towards victims of violence can help to inform future intervention and prevention programs; assist in decreasing mental health problems, and reduce the incidence rates of IPV. The purpose of the present study was to examine dating violence myths and victim blaming depending on severity of violence among male and female college students. A sample of 927 male ( $n = 222$ ) and female ( $n = 705$ ) psychology undergraduate college students were randomly assigned to receive one of four hypothetical vignettes depicting varying levels of dating violence (i.e., yelling, punching a hole in the wall, shoving, and physical assault). Respondents completed measures of perceived severity of violence presented in the vignette, victim blame, and adherence to domestic violence myths. Gender had a significant effect on severity of violence depicted in the least severe condition  $F(1,246) = 5.03, p = .03$ . Additionally, gender had a significant effect on blaming tendencies in the least severe condition  $F(1,238) = 9.98, p = .02$ . However, gender did not have a significant effect endorsement of dating violence myths. Study findings' implications, limitations and future directions will be discuss

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## DEDICATION

This is dedicated to all the all of the survivors of intimate partner violence and for all of those who have dedicated their lives to ending the perpetuation of this type of violence.

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## CHAPTER ONE

### INTRODUCTION

#### Background

Domestic violence, or intimate partner violence (IPV), is a cause for concern and a growing area of research in the United States and worldwide. The World Health Organization (WHO, 2013), describes IPV as “behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours” (p. vii). IPV can happen to anyone regardless of gender, race, sexual orientation, age, etc. and across all forms of romantic relationships (Black et al., 2011). However, while women can, and do, become violent in relationships, the most common form of violence against women is men abusing their female partners (WHO, 2012).

It is estimated that, worldwide, approximately 30% of women who have had relationships have experienced some form of IPV at some point in their lives (WHO, 2014). In 2010, the CDC’s National Center for Injury and Control conducted the National Intimate Partner and Sexual Violence Survey (NISVS; Black et al., 2011), in order to examine the prevalence and common characteristics of violence (e.g., IPV), the individuals most at risk to experience violence, as well as the consequences and impact of violence. Results indicated that one in three women or 36% will experience rape, physical assault, and/or stalking at some point in their lives and that one in four females will suffer severe physical violence by an intimate partner. Further, they estimated that most

victims of violence (i.e., 69% of females) will have experienced some form of IPV for the first time before the age of 25 (Black et al., 2011). Sorenson and Taylor (2003) assert that, in California, nearly half of the public knows a victim of IPV, one-third of those knew the victim while they were enduring the abuse, and for approximately one in five people, the victim was one of their three closest friends. However, survivors of IPV do not always report their abuse. Felson, Messner, Hoskin, and Deane (2002) examined the victim's reasons for not reporting and found that victims of domestic violence were more likely to mention privacy concerns, fear of retribution, and wishing to protect the offender than victims of stranger violence. Moreover, men were more likely to view the incident as unimportant and consider it a private matter, whereas women were more likely to say they were afraid of retribution, especially in cases where the perpetrator was their partner. Accordingly, it is clear that IPV is a pervasive problem with a number of negative consequences for survivors.

Survivors of IPV may face a variety of possible negative outcomes following their exposure to abuse. Survivors are often at risk for psychological disorders such as generalized anxiety disorder (GAD), posttraumatic stress disorder (PTSD), depression, bipolar disorder, and panic disorder (Hellemans, Loeys, Dewitte, De Smet, & Buysse, 2015; Hines & Douglas, 2010; Okuda et al., 2011; Roberts, 2005), and may also experience shame and guilt as a result of their exposure to IPV (Beck et al., 2011). Additionally, women who have experienced domestic violence are at an increased risk for physical health

problems, greater absenteeism at work, and may have concerns about their physical safety (Chrisler & Ferguson, 2006).

What remains unclear are the factors that may contribute to the perpetuation of violence and resulting mental health impacts among survivors. The tendency for individuals to engage in victim blaming could account for these potential outcomes by minimizing the seriousness of the abuse and excusing the perpetrator (e.g., Sylaska & Waters, 2014; Taylor & Sorenson, 2005; Kristiansen & Giulietti, 1990). Further, beliefs in preconceived stereotypes, or IPV myth acceptance, may be another contributing factor (Yamawaki, Ochoa-Shipp, Pulsipher, Harlos, & Swindler, 2012). Characteristics of individuals who learn of IPV, such as gender, may influence their likelihood of engaging in victim blame (e.g., Sylaska & Waters, 2014). The manner in which a victim is viewed following an incident of IPV is an important factor to consider with significant implications for others', as well as victims', perceptions of the situation (e.g., who they perceive as being at fault and how they respond to the victim) and resulting responses.

### Victim Blaming

The way a victim is perceived or responded to after reporting IPV is of particular importance. For instance, if a victim is responded to in an invalidating or accusatory manner in response to their disclosure of abuse or when attempting to seek help, they may be left feeling re-victimized. Negative responses, such as those characterized by victim blaming (looking for fault within

the victim) and other invalidating responses as denial (e.g., questioning whether it really happened) or minimization (e.g., “it wasn’t that bad”) can be considered forms of abuse along with physical violence, emotional degradation, and sexual coercion (Scott & Straus, 2007).

Characteristics of individuals who have the greatest tendency to engage in victim blaming in instances of IPV have been explored, as well as the social-cultural factors that contribute to blaming responses. Overall, male respondents are more likely than female respondents to engage in victim blaming (e.g., Sylaska & Waters, 2014). Additionally, culture may impact respondent responses to victims of IPV, with the United States less likely to engage in victim blame when compared to other countries (e.g., Japan or Mexico; Peek-Asa, Garcia, McArthur, & Castro, 2002; Yamawaki, Ostenson, & Brown, 2009). Further, victim blaming attitudes may be held not only by members of an individual’s social support network (e.g., family and friends), but also can be maintained and expressed among formal sources of support, such as professionals that may respond to or assist victims of crime (e.g., police, medical professionals; Thapar-Bjorkert & Morgan, 2010; Ask, 2010). A number of individual, assault, and social-cultural factors have been identified as contributing to blaming responses.

Severity of the violence and the perception of the victim’s responsibility is often considered in cases of IPV and has been shown to be associated with victim blaming. Severity of violence can influence how an individual responds to a victim of IPV. For instance, Peek-Asa, Garcia, McArthur, and Castro (2002)

examined cultural differences in perceptions of severity of violence among a sample of 120 females from California (Los Angeles County area) with a mean age of 29.2 years and Mexico (cities of Cuenavaca, Morelos, and Cuautla) with a mean age of 33.2 years. The participants included 20 professionals, 20 clerical workers, 20 graduate students, 20 undergraduate students, as well as 40 women recruited from health clinics participating in the larger Mexican and Mexican American Women study. Respondents were asked to complete a survey indicating their perceptions of severity of violence for 26 different acts of violence ranging in severity (e.g., throws an object at you, insults you, twist your arm, etc.). Findings revealed that females in the U.S. perceived IPV indicators as more severe than females in Mexico, although, females in both countries generally ranked the items in similar patterns. In each country, physical violence was perceived as the most severe, followed by sexual and then emotional violence. These results suggest that even though there may be slight cultural differences in how violence is perceived, the severity of violence depicted is viewed similarly cross-culturally and females may have a tendency to view situations where the victim is hurt or physically assaulted as more severe. Although this study's findings are informative and provide useful information on the way victims may be perceived by others in IPV, males were not assessed, so little is known as to how severity of violence may influence males' perception of IPV.

Pavlou and Knowles (2001) examined victim blaming in instances of IPV among male and female community members ranging from 18-64 years old.

Participants were asked to respond to one of four hypothetical vignettes each depicting a different level of victim provocation [e.g., no provocation (no jealousy or verbal aggression), highest provocation (verbal aggression and jealousy)], which all concluded with the same outcome, the husband responding with physical violence. Results revealed that female victims of domestic violence were given less sympathy and were viewed more negatively if they were considered to have provoked the incident among both male and female participants. These findings suggest that the context of the incident, as well as the characteristics and gender of the participant, may influence perceptions of blame in cases of IPV.

Kern, Libkuman, and Temple (2007) conducted an investigation evaluating jurors' decisions in domestic violence cases. Participants were presented with one of four hypothetical vignettes depicting IPV, each differing in levels of provocation and hopefulness (e.g., "He will change" or "Things will be better"). The authors also examined respondents' attitudes toward women and their perceptions of victims of IPV. Respondents' attitudes towards women was assessed using the Attitude Toward Women Scale (AWS; Spence et al., 1973) which was administered to the first 47 participants, and for the next 126 participants the researchers utilized the Sex Roles Egalitarian Scale (SRES, King et al., 1997). Results revealed perpetrators were punished more severely if their victims were deemed as not having provoked the situation whereas the situations in which victims were viewed as having contributed to the incident perpetrators received a more lenient punishment. Their findings also indicated that an

individual's attitude toward women predicted outcome. Specifically, participants who viewed women less favorably were more likely recommend a more lenient punishment for the perpetrator. In this study, the gender of the observer was also found to be a significant predictor of sentence severity, with women recommending harsher punishments for the offender as compared to male participants. If severity of violence is used to determine culpability and punishment in criminal proceedings, it may have important implications in how victims seeking support are responded to. For instance, if the act was not considered violent by the supportive individual, their response to the survivor may be interpreted as invalidating or be minimizing.

The role of attributions of blame in IPV has been explored utilizing college samples. Sylaska and Waters (2014), investigated differences in perceptions of IPV (i.e. seriousness of situation and victim responsibility) and gender among a sample of undergraduate students. Participants were presented with one of four vignettes depicting violence within dating relationships that varied the gender of victim and perpetrator. Results demonstrated that perceptions of IPV varied by gender. Specifically, findings showed that male participants were overall more likely to view the victim as responsible for the violence and ignore the situation, whereas females were more likely to view the situation as serious and suggest that the victim seek help. Further, males and females were more likely to view the incident as less serious and the victim as more responsible in scenarios when the victim was male as compared to female. Findings suggest that gender of respondents, as well as victims, influence perceptions of IPV, and possibly

how the victim is responded to (i.e., if the situation is ignored, if the victim is blamed for the abuse, or if the victim is urged to seek help).

In another investigation among college students, Bryant and Spencer (2003) surveyed 346 undergraduates to examine the relationship between victim blame and the use of violence in dating scenarios. Participants were asked to complete surveys measuring attributions of blame and the use of violence in relationships. To assess perceptions of blame, the authors used the Domestic Violence Blame Scale (Petretic-Jackson, Sandberg, & Jackson, 1994), which measures four different types of blame: situational, perpetrator, societal, and victim. Situational blame assesses blame within the context of a particular situation (e.g., poor interpersonal relationships). The perpetrator and victim subscales assess the degree to which each respective individual is at fault (e.g., viewing the victim as having provoked the abuser or the perpetrator as being unstable in some aspect). Societal blame includes blame that is perceived as contingent or in relation to the respondent's values (e.g., females are portrayed as the property of males). Results indicated that men were more likely to blame the victim in instances of IPV, particularly if they report having previously used violence in their own relationships. Additionally, findings revealed that older students, juniors or seniors, who had been exposed to IPV as children, were more likely to attribute blame to societal or situational factors. These findings highlight the impact of prior exposure to IPV and gender on attributions of IPV. If an individual has prior exposure to a history of violence this may influence their tendency to blame the victim and identify with, or excuse, the perpetrator.

Perceptions of blame may also be influenced by the respondent's views of women or the degree to which they ascribe to sexist beliefs. In consideration of attitudes towards women the term ambivalent sexism has been introduced. Ambivalent sexism has been defined as two opposing, or ambivalent, sexist attitudes that are held beneath the surface (Glick & Fiske, 1996). The first, hostile sexism, refers to negative attitudes towards females and gender based prejudices. The second, benevolent sexism, characterizes the need for females to be protected, however, in order to be considered worthy of protection it is necessary for the female to be pure and innocent. Another important individual belief that has been examined is belief in a just world, the idea that if the world is fair or just there must be reasons behind the violent act. For example, if a woman is physically abused, then she must have deserved it or be a bad person. Valor-Segura, Exposito, and Moya (2011) examined ambivalent sexism, particularly hostile sexism, and a belief in a just world in relation to victim blaming and IPV among 485 male and female community members, ranging from 18-70 years old. Hostile sexism for this study was described as the attitude that females are to be submissive, adhere to specific roles, and be dominated or controlled by males. Results revealed that sexist beliefs were a contributing factor in victim blaming tendencies and that hostile sexism better predicted victim blaming, although blaming tendencies were found only when the respondents ranked high on both adherence to belief in just world and hostile sexism. Victim blaming and excusing the aggressor could be intensified when no explanation or justification of the violent act was available. Additionally, results demonstrated that if no

cause for the abuse was presented, there was a tendency to blame the victim over the perpetrator. The results of the study also indicated that males were more likely to blame the victim than their female counterparts and that men had more traditional ideologies (e.g., females as property, sexist beliefs). These findings suggest that victim blame was affected by gender differences (e.g., sexist beliefs) as well as perceptions of the victim (e.g., violating gender roles) and the situation (e.g., no cause or reason for the abuse).

Closely related to hostile sexism is the concept of gender roles. Gender roles are expectations placed on an individual based on their gender which can include personality traits, duties, and cultural expectations of how an individual is expected to behave based on being male or female (Borstein, 1998; Nagoshi, Brzuzy, & Terrell, 2012). The likelihood of the blame being placed on the victim rather than the perpetrator increases if the abused/abuser knew one another or if they have been deemed unworthy of protection by non-adherence to the traditional gender roles (Yamawaki, Ostenson, & Brown, 2009). Using a sample of 101 non-Asian American and 103 Japanese college students the authors examined gender role traditionality (GRT), the extent to which an individual adheres to the stereotypical male/female gender roles, and blaming tendencies. The authors hypothesized that displaying a high level of GRT would increase the tendency to minimize, blame, and excuse the violence. Participants were informed that they were examining an individual's response to a couple's interaction and how their conflicts were resolved. Respondents were randomly assigned to one of three vignettes: a control condition where there was no

description of prior history of abuse or an injury occurring (i.e., “He could not control his anger so he hit her”), a second condition depicting the victim sustaining an injury (i.e., “From this impact Marci received a wound that was deep enough to requires that she receive three stitches at the hospital emergency room”), or a third condition, which addressed the frequency of the abuse (i.e., “This is not the first time Steve has struck Marci. He sometimes hits her when he cannot control his anger”). Findings indicated that if the violent situation resulted in injury, the more serious that act was perceived. Furthermore, GRT was found to mediate perceptions in instances of IPV and increased the minimization of the situation and victim blaming among both Japanese and American samples. These findings indicate that the more a respondent adhered to traditional concepts of gender roles the more likely they are to engage in victim blame. Finally, it was found that male participants tended to blame the victim more than female participants.

As evident in the preceding review, there are a multitude of factors that may influence an individual’s response to victims of IPV. For example, the severity of the violence has been linked to an individual’s victim blaming tendencies; the more severe the situation the less likely an individual is to engage in victim blame. Another possible contributing factor is a respondent’s culture. Furthermore, the gender of the respondent has also been identified as a significant factor influencing victim blaming tendencies (e.g., males are more likely to engage in victim blaming). Finally, in addition to gender the respondent’s individual beliefs may also be an influencing factor, with individuals endorsing

greater adherence to domestic violence myths being more likely to engage in victim blame (Yamawaki et al., 2012).

### Domestic Violence Myths

The extent to which individuals adhere to domestic violence myths may also influence perceptions of severity of violence and victim blaming. Domestic violence myths can include the perceptions that only physical abuse should be considered domestic violence, IPV victims are to blame for this abuse, and that they can leave the situation whenever they want (Westbrook, 2009). These factors may play a pivotal role in whether a victim will seek support, how the victim will be received by others (e.g., the victim is responsible for the abuse), and how the victim may view himself/herself (e.g., I am responsible, I am powerless, etc.).

Although myth acceptance is a newer area of research in regards to IPV, it has been studied in relation to instances of sexual assault. Rape myths, according to Grubb and Turner (2012), are in essence, beliefs which are thought to maintain or support male violence against women within society and perpetuate society's tendency to continually engage in the act of victim blame. The authors further assert that endorsement of such myths can have a significant impact on the way victims of rape are likely to be perceived and treated as well as continuing to allow for cultural acceptance of rape. Burt (1980) defines myths as false beliefs of the rape, the rape victims, and the perpetrators of the assault. Additionally, according to Lonsway and Fitzgerald (1994), these rape myths allow

men to justify rape and women to minimize personal vulnerability, and can serve to shift blame from the perpetrator to the victim (Suarez, 2010).

Rape myth acceptance has generally been shown to be associated with increased victim blaming. For instance, Hammond, Berry, and Rodriguez (2011) investigated the role of rape myth acceptance, belief in just world, and sexual attitudes among a sample of 172 college undergraduates. The authors found that rape myth acceptance mediated gender and victim blame, with males being more likely to report high rape myth beliefs and engagement in victim blaming than females. These findings suggest that if an individual endorses myths they may be more likely to engage in victim blaming. Furthermore, findings revealed that gender plays an important role in an individual's adherence to blame as well as rape myth acceptance. In a review, van de Bruggen and Grubb (2014), assert that rape myth acceptance is a significant predictor of victim blaming, with observers who score high on rape myth acceptance being more likely to blame the victim, place less blame on the perpetrator, minimize the rape, and believe that it could have been prevented, and being less likely to believe a rape actually occurred.

As previously noted, studies have begun to examine the role of myth acceptance and attributions of responsibility in instances of IPV. Yamawaki and colleagues (2012) examined individuals' attitudes towards IPV (i.e., myth acceptance) and victims and the perpetrators of IPV among a sample of 194 undergraduate students. Respondents were randomly assigned four scenarios depicting IPV. Scenarios varied on two levels 1) relationship type

(married/dating) and 2) if the victim dropped the charges and returned to her abusive partner. The authors found that if participants adhered to the myth 'the abused can leave the situation at any time' and the victims then chose to return to their abuser; they were more likely to blame the victim for the abuse and not the perpetrator. Adherence to IPV myths was found to predict victim blaming tendencies in both types of relationships, and a stronger effect was found when the victim returned to the abusive partner. Additionally, findings revealed that the sex of the observer influenced attitudes toward the victim and situations, with male participants being more likely to engage in victim blame and minimize the seriousness of the incident. Given the findings the authors further assert that the negative ideas or blame inflicted on the victims of abuse may possibly come from the perception that they deserved to be abused or due to their behavior in the situation.

Policastro and Payne (2013) investigated domestic violence myth acceptance among 370 college students. Students were given a survey assessing the degree to which they believe in domestic violence myths along with general misconceptions about victims of such violence (i.e., "I find it difficult to understand why women stay in abusive relationships" "They decide to stay" "They should be prosecuted if they expose their children to domestic violence"). The researchers found that belief in domestic violence myths (e.g. they can leave at any time) determined what support the victim should receive, treated like criminals and punished (children taken away) instead of being helped, and that gender influenced these beliefs. Results indicated that male participants were

more likely to endorse IPV myths. In addition the authors found that higher adherence to IPV myths acceptance lead to the belief that police taking longer to respond to repeat calls of IPV to the same residence was acceptable; and gender played an important role, with males being more likely to promote these beliefs.

As previously discussed several factors have been linked to myth adherence and an individual's response to victims in cases involving IPV. Within IPV research, gender has been shown to be a significant factor influencing myth acceptance, with males being more likely to adhere to violence myths (Policastro & Payne, 2013; Yamawaki et al., 2012). Additionally, the extent to which an individual adheres to violence myths has been shown to be correlated to the respondent's response to victims of IPV (Policastro & Payne, 2013). Specifically, greater endorsement of dating violence myths have been associated with more negative responses such as victim blaming (Yamawaki, et al., 2012). To date we are unaware of any studies investigating how IPV myth acceptance and victim blaming tendencies differ depending on gender and severity of violence.

### Present Study

In cases involving IPV, it is necessary to consider the factors that may contribute to victim blaming and adherence to myths. These factors may include the adherence to specific gender roles and whether the victim was considered to have violated these traditions (e.g., Yamawaki, Osten, & Brown, 2009; Yamawaki, 2007; Yamawaki & Tschanz, 2005). Additionally, the gender of the

observer has been shown to be a contributing factor for engaging in victim blame (Sylaska & Waters, 2014). The perceived severity of the situation also appears to have a significant impact on an individual's likelihood to engage in victim blaming (Peek-Asa, McArthur, & Castro, 2012; Thapar-Bjorkert & Morgan, 2010; Ask, 2010). Although victim blame, perceptions of severity of violence, and adherence to violence myths has been examined in prior studies, few investigations have examined the contribution of all three factors. The present study aims to add the literature by examining the role of severity of dating violence scenarios on victim blaming tendencies and adherence to domestic violence myths to determine differences between males and females. The present study will be adding to the literature by including a control measure to control for participants' social desirability. Controlling for social desirability will allow the researchers to have confidence in participant responses, regardless of what the participant believes is the most socially acceptable answer. Continuing to research possible casual factors will allow for the development of preventative measures, educational strategies, as well as creating effective interventions

The purpose of the present study is to evaluate the extent to which beliefs in domestic violence myths and victim blame differ among males and females. Additionally, the intent is to examine the role of gender depending on the severity of violence depicted. Participants will be randomly assigned to one of four vignettes, each depicting a different level, or severity of violence (i.e., yelling, pushing/shoving, etc.). Our hypotheses for the proposed study are as follows: 1) females will report greater perceptions of severity of violence as compared to

their male counterparts after controlling for social desirability, 2) female participants will report reduced perceptions of victim blame when compared to males regardless of the severity of violence depicted in the vignette, after controlling for social desirability, and 3) females will report lower endorsement of dating violence myths as compare to males, regardless of the severity of violence depicted in the vignette, after social desirability is accounted for; 3) females will report greater perceptions of severity of violence as compared to their male counterparts after controlling for social desirability.

## CHAPTER TWO

### METHODS

#### Participants

Undergraduate male and female students ( $N=927$ ) in psychology at California State University, San Bernardino were recruited to participate in the present study. Participants were provided with extra credit in exchange for their participation.

#### Design

In the present study, a 2x4 between subjects design was used to determine the differences between male and female college students. The first independent variable (IV) in this study was gender, which consisted of two levels: male and female. The second IV was level of violence, which consisted of four levels: 1) Severity 1 (yelling), 2) Severity 2 (punching wall), 3) Severity 3 (pushing/shoving), and 4) Severity 4 (hitting). The dependent variables (DVs) were: 1) perceptions of victim blame, 2) perceptions of severity of violence depicted in the scenario, and 3) belief in domestic violence myths. The significance level was set at  $p < .05$ . To analyze the effects of the IVs on the DVs eight separate ANCOVAs were conducted to evaluate the difference between males and females by severity of violence depicted in the vignette (e.g., Severity 1, Severity 2, Severity 3, and Severity 4) for two of the outcome measures (i.e., victim blaming, perceptions of severity of violence) after

controlling for social desirability. A t-test was conducted to examine differences between males and females on domestic violence myth acceptance,

### Measures

*Marlowe-Crowne Social desirability Scale (MCSD; Marlowe & Crowne, 1960).* The MCSD is designed to measure deviant responses such as “faking good.” This self-report measure consisting of 33 items, was used in the present study to measure deviant responses such as "faking good" and to assess social desirability. The measure has evidenced convergent validity and the one-month test-retest reliability was found to be .89 (Crowne & Marlowe, 1960). In our sample, reliability for the MSCD was  $\alpha = .77$ .

*Perceived severity of violence (PSOV).* A measure was created for the purpose of this study to measure participant’s perceptions severity of violence depicted in vignettes. Using a seven-point Likert scale, participants will be asked to rate the severity of the violence that was described in one of four randomly presented vignettes. The respondents received the following prompts: 1) How serious do you consider Justin’s behavior? 2) How concerning do you find Justin’s behavior? 3) To what extent do you find Justin’s behavior to be abusive? and 4) How concerned are you for Kristy’s well- being? The participants will be asked to rate how severe they perceive the dating violence scenario presented on a scale from 1 (*not at all*) to 7 (*very much*). In our sample reliability for PSOV was  $\alpha = .87$ .

*Victim Blame Attribution Scale (Beineck & Krahe, 2003,; VBAS, Yamawaki, 2009).* The VBAS was designed to assess responsibility for dating violence and consisted of 9 items: 1) How much do you think Kristy is to blame for the incident? 2) How likely do you think it is that Kristy could have avoided the incident? 3) How much do you think Kristy had control over the situation? 4) How sorry do you feel for Kristy? 5) Kristy had some faults in this incident. 6) Kristy had some responsibility for creating this situation. 7) Kristy provoked this incident 8) Kristy is to blame for being hit and 9) Kristy should be punished for her behavior. The participants were asked to indicate the extent to which they believe the victim in the hypothetical scenario was at fault for the abuser's reaction on a scale of one (*not at all/strongly disagree*) to seven (*very much/strongly agree*). The reliability index of the VBAS in our sample was  $\alpha = .75$ .

*Domestic Violence Myths Scale (DVMS; Yamawaki, 2011)* The DVMS will be used to assess the acceptance of dating violence myths. The DVMS consists of five statements: 1) Domestic violence is easily solved when the victim leaves the situation, 2) Victims of domestic violence can leave the situation whenever they want to, 3) If a women doesn't like it she can leave, 4) If a women has resources she can leave, and 5) Any healthy woman can leave her abuser if she wants to, and is designed for measuring the degree to which the participants endorse domestic violence myths. For each statement regarding domestic violence the participants were asked to indicate the degree to which they agree

or disagree using a seven-point likert scale of one (*not at all*) to seven (*very much*). The DVMS reliability index for our sample was  $\alpha = .85$ .

### Procedure

Individuals participating in this study were asked to complete an informed consent form online. Once consent was obtained, they were directed to a link in order to access the online survey through an online testing database, Qualtrics. After completing surveys assessing demographic information and social desirability, participants were randomly assigned one of four vignettes depicting a dating violence scenario. Following the presentation of the scenario, participants were prompted to complete the remaining survey measures, consisting of short questionnaires assessing perceptions of severity of violence, the extent to which they view the victim in the scenario as being responsible for the incident and the extent to which they endorse dating violence myths.

### Original Vignettes

Four hypothetical scenarios were developed and used for this study. Each scenario has a different level of violence depicted.

Scenario 1: (Severity 1 [yelling]) Justin and Kristy met their first day of Sophomore Year in college and have been dating for several months. Recently, Justin has been struggling with school and is not passing two of his classes. Kristy, on the other hand, has been doing quite well in her classes and was recently accepted into the university honor's program. Lately, Justin has become more abrupt and becomes angered quickly at Kristy. Kristy is surprised by this

and doesn't know why he is behaving this way. On one occasion, while discussing midterms, Kristy asked Justin if he had been studying. They began arguing, and Justin became frustrated and left the room. Kristy followed after him and at that point he became angry and started yelling. He could not control his anger, and yelled, "I don't need your fucking help. You're just a loser. You think you are so much smarter than me, if I dressed like you I'd get good grades too. "

Scenario 2 (Severity 2 [punching wall]) Justin and Kristy met their first day of Sophomore Year in college and have been dating for several months.

Recently, Justin has been struggling with school and is not passing two of his classes. Kristy, on the other hand, has been doing quite well in her classes and was recently accepted into the university honor's program. Lately, Justin has been more abrupt and becomes angered quickly at Kristy. Kristy is surprised by this and doesn't know why he is behaving this way. On one occasion, while discussing midterms, Kristy asked Justin if he had been studying. They began arguing, and Justin became frustrated and left the room. Kristy followed after him and at that point he became angry and starting yelling. He could not control his anger, and he raised his fist in the air and punched a hole in the wall.

Scenario 3 (Severity 3 [pushing/shoving]) Justin and Kristy met their first day of Sophomore Year in college and have been dating for several months.

Recently, Justin has been struggling with school and is not passing two of his classes. Kristy, on the other hand, has been doing quite well in her classes and was recently accepted into the university honor's program. Lately, Justin has become more abrupt and becomes angered quickly at Kristy. Kristy is surprised

by this and doesn't know why he is behaving this way. On one occasion, while discussing his midterms, Kristy asked Justin if he had been studying. They began arguing, and Justin became frustrated and left the room. Kristy followed after him and at that point he became angry and starting yelling. He could not control his anger, and he shoved Kristy into the wall.

Scenario 4 (Severity [hitting]) Justin and Kristy met their first day of Sophomore Year in college and have been dating for several months. Recently, Justin has been struggling with school and is not passing two of his classes. Kristy, on the other hand, has been doing quite well in her classes and was recently accepted into the university honor's program. Lately Justin has become more abrupt and becomes angered quickly at Kristy. Kristy is surprised by this and doesn't know why he is behaving this way. On one occasion while discussing his midterms Kristy asked Justin if he had been studying. They began arguing, and Justin became frustrated and left the room. Kristy followed after him and at that point he became angry and starting yelling. He could not control his anger, and slapped Kristy across the face.

## CHAPTER THREE

### RESULTS

#### Findings

For participant demographic information and characteristics, refer to Table 1. Four separate one way ANCOVAs were conducted to evaluate differences between male and female participants' perceptions of severity of violence for each severity of violence depicted after controlling for social desirability (see Table 2). In Severity condition 1, there was an effect of gender on severity of violence, [male ( $M = 21.17$ ,  $SD = 4.9$ ),  $F(1,246) = 5.03$ ,  $p = .03$ . For the remaining severity conditions gender did not have a significant on severity of violence [Severity condition 2, male ( $M = 23.03$ ,  $SD = 4.5$ ) and female ( $M = 23.24$ ,  $SD = 4.3$ ),  $F(1,237) = .283$ ,  $p = .60$ ; Severity condition 3, male ( $M = 24.48$ ,  $SD = 3.7$ ) and female ( $M = 24.79$ ,  $SD = 4.4$ ),  $F(1,211) = .131$ ,  $p = .72$ ; Severity condition 4, male ( $M = 25.59$ ,  $SD = 3.9$ ) and female ( $M = 25.48$ ,  $SD = 4.1$ ),  $F(1,230) = .03$ ,  $p = .86$ ].

Four additional one way ANCOVAs were conducted to evaluate the differences between males and females by severity of violence on perceptions of victim blame after controlling for social desirability (see Table 3). There were minimal differences found between gender and blame. For severity condition 1 there was a significant effect of gender on blame, male ( $M = 21.20$ ,  $SD = 8.4$ ) and female ( $M = 18.28$ ,  $SD = 5.2$ )  $F(1,238) = 9.99$ ,  $p = .002$ . For the remaining three conditions there was no effect of gender on blame [Severity condition 2,

male ( $M = 19.24$ ,  $SD = 6.2$ ) and female ( $M = 19.79$ ,  $SD = 7.22$ ),  $F(1,225) = .757$ ,  $p = .39$ ; Severity condition 3, male ( $M = 21.27$ ,  $SD = 8.1$ ) and female ( $M = 19.49$ ,  $SD = 6.7$ ),  $F(1,206) = 1.77$ ,  $p = .19$ ; Severity condition 4, male ( $M = 20.73$ ,  $SD = 6.1$ ) and female, ( $M = 9.59$ ,  $SD = 5.9$ )  $F(1,227) = 1.33$ ,  $p = .25$ ].

Additionally an independent-samples  $t$ -test was conducted to compare differences in adherence to domestic violence myth acceptance among males and females. Contrary to study hypotheses, there was no significant difference between the scores for male ( $M = 19.43$ ,  $SD = 8.23$ ) and female ( $M = 19.03$ ,  $SD = 8.58$ ) participants;  $t(910) = .61$ ,  $p = .54$ .

## CHAPTER FOUR

### DISCUSSION

#### Study Current Findings

The current study examined gender differences in perceptions of severity of violence depicted, engagement in victim blame, and dating violence myth acceptance. Findings revealed minimal differences between male and female participants in severity of violence, victim blame and myth acceptance.

Our first hypothesis was only partially supported. Results indicated that gender accounted for minimal differences in perceptions of severity of violence depicted after controlling for social desirability. Contrary to existing literature females and males perceived situations equally. For example, male respondents have been shown to be more likely to perceive violent situations as less severe; minimize the seriousness of the act; and if the violence depicted resulted in an injury perceive it as more severe than when no injury was reported (Yamawaki, Ostenson, & Brown, 2009), indicating that physical violence is considered more severe than emotional or psychological violence. Peek and colleagues (2002) also found that females tend to view violence as severe and report physical violence as the most severe.

Our hypothesis regarding gender differences with respect to perceptions of victim blame was partially supported. There were no significant effects of gender on victim blame for three of the severity conditions. However, in severity condition 1, there were significant effects of gender on victim blaming tendencies.

Results indicated that males were more likely to blame the victim than their female counterparts when presented with the least severe scenario (i.e., yelling).

Male respondents have been shown to be more likely to engage in victim blaming and minimize the seriousness of the situation (Sylaska & Waters, 2014). The inconsistencies in responses may have been impacted by respondents' possible exposure to sexual assault/violence training that is now mandated on college campuses. Additionally, the fact that our sample was comprised primarily of psychology majors may have influenced findings, as it may be the case that such students have more exposure to information regarding IPV and gender roles. However, findings are similar to those of Pavlou and Knowles' (2001) study which showed that female victims of IPV were given less sympathy and were blamed more for the incident if they were considered to have provoked the incident among both male and female participants which impacted severity of the punishment for the perpetrator. However, females, regardless of blame, were overall more likely to recommend harsher punishment. Finally, when there is no cause or explanation given for abuse, participants are more likely to blame the victim with males reporting higher rates of blame (Valor-Segura, Exposito, & Mayo, 2011). Similarly the current study did not present any cause or explanation for the abuse presented in the scenarios which may have impacted participant responses in the more severe scenarios.

Our third hypothesis, that women would espouse lower domestic violence myth acceptance, was not supported. Findings showed no significant differences between males and females on level of domestic violence myth acceptance.

This is contrary to what has been found in prior studies. For example, Yamawaki et al. (2012) found that males were more likely to endorse domestic violence myths than their female counterparts. Furthermore, Policastro and Payne (2013) found that males reported higher rates of myth acceptance which determined the types of support, if any the victim should receive.

### Implications

In cases involving IPV, it is necessary to consider the factors that may contribute to victim blaming and adherence to myths. Thus, continuing to research possible casual factors will allow for the development of preventative measures, educational strategies, as well as creating effective interventions. For instance, interventions should begin by targeting victim blame. Noting that there are gender differences in blaming tendencies I would begin by working with developing programs that targeted males and focused on developing empathy for victims of IPV and psychoeducation on the impact IPV has on the victims and dangers they face.

Additionally, by adding to the existing body of literature, we are providing a context for which we can begin to challenge and eliminate some of the messages being delivered to men and women (e.g., IPV myths). Moreover, gaining insight into the different types of violence and how those were perceived will be important for clinical practice, preventative measures, and interventions. Understanding that certain types of violence are considered less severe or may not even be considered violence will help clinicians when faced with instances of

IPV when conducting assessments, conducting follow up sessions, and can be useful as a means for early detection.

Miller and colleagues (2011) suggest using a systems based approach within the health care field utilizing electronic health care records already used in practice. The authors reviewed Kaiser Permanente's existing protocol that is being adopted in other organizations as well. This protocol consist of four integral parts. The first inquiry/referral which includes IPV related question on exam forms, prompts on electronic chart, etc. Second is creating and maintaining a supportive environment by having well trained and knowledgeable staff, a presence of IPV related information (i.e., posters, pamphlets), and easily accessible resource related cards. Third would be on-site IPV services that create safety plans, risk assessments, etc. Lastly would be community linkage and referrals to emergency housing, support groups, crisis centers and hotlines, etc. This type of program not only allows for detection of IPV and continuous reassessment of the clients situation but begins to destigmatize IPV by incorporating it as typical part of medical assessment and providing easy to obtain educational information and resources.

Moreover, this knowledge may help guide the direction of therapeutic interventions. For example, the type of violence a client has been exposed to may impact whether the clinician would conduct couples cognitive behavioral therapy or proceed with individual treatment only. For example, if client is in a physically violent relationship clinicians may beginning with individual therapy to determine client safety and willingness to incorporate the offending partner into

therapy sessions. If client is willing, couples therapy would allow for the clinician to work with the couple on conflict resolution, identifying triggers, and communications skills. Couples therapy would be an important way for the couple to gain understanding and empathy for their partner; as well as educating the offending partner the potential impact of their behavior. Additionally, when working with clients exposed to IPV, understanding that violence can be perceived differently (i.e., physical vs. non-physical) will be helpful in allowing clinicians to begin building rapport with clients. This will allow clinicians to have the ability to not only educate the client but understand what they may be experiencing and have increased sensitivity to the stigma surrounding IPV. Clinicians may benefit from focusing on client's thoughts and feelings about violence and the situation they are facing. Clients may also require additional time to determine they are in a violent relationship and it is imperative to meet the client where they are at an allow them to develop the skills and knowledge to fully confront the goals and issues for therapy.

### Limitations

Our study is not without limitation. The present study utilized a sample of convenience from a university and may not necessarily be representative of the other college populations or individuals from the general population. Additionally, participants were recruited from psychology courses, which may have impacted their pattern of responding when considering those of other majors. This may be in direct relation to the content of psychology courses and the emphasis placed on impacts of related situations on an individual's mental health and well-being

while others may focus on only the medical implications or cost to society as a whole

Additionally, outcomes were assessed by use of self-report measures which may be sensitive to biased or socially desirable responding. It would be more impactful and guide future research if there were more objective measures that could be administered as well. In addition, our measure of social desirability demonstrated low reliability in our sample. It is possible that controlling for social desirability using a problematic measure within our sample may have impacted results and minimized group differences.

Moreover, the study only examined gender in the traditional binary male/female ideology. However, we did allow for participants to select an alternative option for gender and to specify how they identify their gender. In our sample, there was one individual that identified as “gender queer,” but was removed due to the sample. Future studies should make an effort to recruit more diverse samples.

#### Future Directions

Future studies should consider factors at universities that may impact IPV myth acceptance and victim blaming tendencies (e.g., training programs, campus specific interventions). This will be an important aspect to include moving forward considering many campuses now have sexual assault training system in place and it will important to see if they are having an impact on victim blame and

myth acceptance. Additionally, it will be a way to begin to see what types of interventions or modalities of training are most effective.

Additionally, examining differences among college samples and community samples would provide information on the impact an individual's level of education or occupation has on IPV myth acceptance and victim blame. This will allow to see if there is a difference in perceptions, what those differences are, and what interventions may work best for each group. Also, examining blame, myth acceptance, severity of violence, and perceptions among participants in same sex relationships could possibly provide further information on the impact of violence unique to these populations and could help us to better understand what these individuals face when exposed to violent relationships.

APPENDIX A  
INFORMED CONSENT

## Informed Consent to Participate in Research

PROJECT TITLE: Perceptions of Dating Experiences

INVESTIGATOR:

Christina Hassija

Department of Psychology

California State University, San Bernardino

909-537-5481

chassija@csusb.edu

APPROVAL STATEMENT:

This study has been approved by the Department of Psychology Institutional Review Board Sub-Committee of the California State University, San Bernardino, and a copy of the official Psychology IRB stamp of approval should appear on this consent form. The University requires that you give your consent before participating in this study.

DESCRIPTION:

The purpose of this study is to investigate college students' perceptions of experiences of individuals in romantic relationships. In this manner, it may be possible to identify factors that may need to be addressed in order improve relationship functioning among adults. Based on your responses on the Sona pre-screen, you are eligible to participate in the present study.

Participation in this study will require no more than 45 minutes. You will be asked to complete surveys about your perceptions of dating experiences. Please note that there is no deception in this study, and we could not make this statement if there were any deception.

RISKS AND BENEFITS:

The benefits of participation include the gratifying experience of assisting in research which might have implications for the treatment of emotional disorders and difficulties. You will also receive a list of campus and community resources that may help you with emotional difficulties that you may be experiencing. If you are a CSUSB student, you may receive 2 points of extra credit in a selected Psychology class at your instructor's discretion. Minimal risks are possible with

your participation in this study and include the possibility of short-term emotional distress resulting from recalling and completing surveys about stressful life experiences. It is very unlikely that any psychological harm will result from participation in this study. However, if you would like to discuss any distress you have experienced, do not hesitate to contact the CSUSB Psychological Counseling Center (909 537-5040).

#### VOLUNTARY PARTICIPATION:

Your participation in this study is entirely voluntary. You are free to withdraw your participation at any time during the study, or refuse to answer any specific question, without penalty or withdrawal of benefit to which you are otherwise entitled.

#### CONFIDENTIALITY STATEMENT:

As no identifying information will be collected, your name cannot be connected with your responses and hence your data will remain completely anonymous. All information gained from this research will be kept confidential. The results from this study will be submitted for professional research presentations and/or publication to a scientific journal. When the study results are presented or published, they will be in the form of group averages as opposed to individual responses so again, your responses will not be identifiable. Results from this study will be available from Dr. Christina Hassija, after January 2016. Your anonymous data will be sent to the researcher in an electronic data file and stored for a period of 5 years on a password protected computer in a locked office and may only be accessed by researchers associated with this project.

#### RIGHT TO WITHDRAW:

You are free to refuse to participate in this study or to withdraw at any time. Your decision to withdraw will not result in any penalty or loss of benefits to which you are entitled. You may withdraw your participation by simply clicking the appropriate button to exit the study. If you choose to withdraw from the study you will still receive credit for your participation. Alternatively, you may also choose to leave objectionable items or inventories blank.

#### QUESTIONS OR CONCERNS:

If you have any questions or concerns regarding this study, please feel free to contact the Human Subjects office at California State University, San Bernardino (909) 537-7588 if you have any further questions or concerns about this study.

I acknowledge that I have been informed of, and understand the true nature and purpose of this study, and I freely consent to participate. I acknowledge that I am at least 18 years of age. Please indicate your desire to participate by placing and "X" on the line below.

\_\_\_\_\_  
Participant's X

\_\_\_\_\_  
Date

California State University			
Psychology Institutional Review Board Sub-Committee			
Approved	7/1/14	Void After	7/1/15
IBB #		Chair	
H14SU-			
01			

APPENDIX B  
DEMOGRAPHICS

## Demographic Questionnaire

Please answer each question to the best of your knowledge.

1. Age: \_\_\_\_\_

2. Gender: M \_\_\_ F \_\_\_ (please check only one)

3. What is your ethnic background:

\_\_\_ Hispanic

\_\_\_ Not Hispanic

\_\_\_ Unknown

4. What is your racial background?

Caucasian (White) \_\_\_

Asian (Asian American) \_\_\_

African American (Black) \_\_\_

American Indian or Alaskan Native \_\_\_

Native Hawaiian/other Pacific Islander \_\_\_\_\_

Other \_\_\_ (please specify) \_\_\_\_\_

5. What is your current marital status? (Please choose only one)

\_\_\_ Single

\_\_\_ In a committed relationship

\_\_\_ Living with a significant other

\_\_\_ Married

\_\_\_ Divorced or Widowed

6. Student Yearly Income:

\$0 - \$14,999 \_\_\_\_\_

\$15,000-\$29,999 \_\_\_\_\_

\$30,000-\$44,999 \_\_\_\_\_

\$45,000-\$59,999 \_\_\_\_\_

\$60,000-\$74,999 \_\_\_\_\_

\$75,000-\$89,999 \_\_\_\_\_

\$90,000-\$99,999 \_\_\_\_\_

Over \$100,000 \_\_\_\_\_

7. Year in College: \_\_\_ Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior

APPENDIX C  
SOCIAL DESIRABILITY

## Marlowe-Crowne Social Desirability Scale

Listed below are a number of statements concerning personal attitudes and traits.

Please read each item and decide whether the statement is true or false as it applies to you. For each item, please select TRUE or FALSE.

1. Before voting I thoroughly investigate the qualifications of all the candidates.
2. I never hesitate to go out of my way to help someone in trouble.
3. It is sometimes hard for me to go on with my work if I am not encouraged.
4. I have never intensely disliked anyone.
5. On occasion I have had doubts about my ability to succeed in life.
6. I sometimes feel resentful when I don't get my way.
7. I am always careful about my manner of dress.
8. My table manners at home are as good as when I eat out at a restaurant.
9. If I could get into a movie without paying and be sure I was not seen I would probably do it.
10. On a few occasions I have given up doing something because I thought too little of my ability.
11. \*I like to gossip at times.
12. There have been times when I felt like rebelling against people in authority, even though I knew they were right.
13. No matter who I'm talking to, I'm always a good listener.
14. I can remember "playing sick" to get out of something.
15. There have been occasions when I took advantage of someone.
16. I am always willing to admit when I made a mistake.
17. I always try to practice what I preach.
18. I don't find it particularly difficult to get along with loud-mouthed, obnoxious people.
19. I sometimes try to get even rather than forgive and forget.
20. When I don't know something, I don't mind at all admitting it.
21. I am always courteous, even to people who are disagreeable.
22. At times I have really insisted on having things my own way.
23. There have been occasions when I felt like smashing things.
25. I never resent being asked to return a favor.
26. I have never been irked when people expressed ideas very different from my own.
27. I never make a long trip without checking the safety of my car.
28. There have been times when I was quite jealous of the good fortune of others.
29. I have almost never felt the urge to tell someone off.
30. I am sometimes irritated by people who ask favors of me.
31. I have never felt that I was punished without cause.

32. I sometimes think when people have a misfortune they only got what they deserved.

33. I have never deliberately said something that hurt someone's feelings.

Crowne, D. P., & Marlowe, D. (1960). A new scale of social desirability

independent of psychopathology. *Journal Of Consulting*

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APPENDIX D  
SEVERITY OF VIOLENCE



APPENDIX E

VICTIM BLAME



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APPENDIX F

DOMESTIC VIOLENCE MYTHS



Table 1: Demographics and Sample characteristics ( $n = 927$ )

<b>Variable</b>	<b><i>M</i>(<i>SD</i>)</b>	<b><i>n</i>(%)</b>	<b>Range</b>
<b>Gender</b>		<b>927(100)</b>	
Male		222(23.9)	
Group 1		65(26.2)	
Group 2		62(26.2)	
Group 3		33(15.6)	
Group 4		62(26.8)	
Female		705(76.1)	
Group 1		183(73.8)	
Group 2		175(73.8)	
Group 3		178(84.4)	
Group 4		169(73.2)	
<b>Ethnic Background</b>		<b>927(100)</b>	
Hispanic		580(62.6)	
Non-Hispanic		330(35.6)	
Unknown		16(1.7)	
Missing		1(.1)	
<b>Racial Background</b>		<b>927(100)</b>	
Caucasian		341(36.8)	
Asian(Asian American)		77(8.3)	

<b>Variable</b>	<b>M(SD)</b>	<b>n(%)</b>	<b>Range</b>
African American		68(7.3)	
American Indian/ Alaskan Native		23(2.5)	
Hawaiian/ Other Pacific Islander		16(1.7)	
Other(please specify)		317(34.2)	
Total		842(90.8)	
Missing		85(9.2)	
<b>Marital Status</b>			
Single		408(44.0)	
Committed Relationship		349(37.6)	
Living with significant other		72(7.8)	
Married		76(8.2)	
Divorced/Widowed		21(2.3)	
<b>Yearly Income</b>			
\$0-\$14,999		720(77.7)	
\$15,000-\$29,999		141(15.2)	
\$30,000-\$44,999		40(4.3)	
\$45,000-\$59,999		13(1.4)	
\$60,000-\$74,999		4(.4)	

<b>Variable</b>	<b>M(SD)</b>	<b>n(%)</b>	<b>Range</b>
\$75,000-\$89,999		2(.2)	
\$90,000-\$99,999		2(.2)	
Over \$100,000		2(.2)	
Missing		3(.3)	
<b>Year in college</b>			
Freshman		101(10.9)	
Sophomore		109(11.8)	
Junior		352(38.0)	
Senior		363(39.2)	
Missin		2(.2)	
<b>Age</b>	<b>23.22(5.83)</b>	<b>887</b>	
Male	23.69(6.39)	212	
Female	23.07(5.65)	675	
<b>Myth Acceptance</b>	<b>23.22(5.8)</b>	<b>912</b>	<b>5-35</b>
Male	19.43(8.2)	219	
Female	19.03(8.6)	693	
<b>Severity</b>			
Male			
Group 1	21.17(4.9)	64	4-28
Group 2	23.03(4.5)	62	10-28

<b>Variable</b>	<b>M(SD)</b>	<b>n(%)</b>	<b>Range</b>
Group 3	24.48(3.7)	33	14-28
Group 4	25.59(3.9)	61	11-28
<b>Female</b>			
Group 1	22.53(4.8)	182	9-28
Group 2	23.24(4.3)	175	9-28
Group 3	24.79(4.4)	178	4-28
Group 4	25.48(4.1)	169	6-28
<b>Blame</b>			
<b>Male</b>			
Group 1	21.20(8.4)	65	9-45
Group 2	19.24(6.2)	58	10-40
Group 3	21.27(8.1)	33	14-52
Group 4	20.73(6.1)	61	14-39
<b>Blame</b>			
<b>Female</b>			
Group 1	18.28(5.2)	173	9-28
Group 2	19.79(7.22)	167	9-47
Group 3	19.49(6.7)	173	9-46
Group 4	9.59(5.9)	166	9-42

<b>Variable</b>	<b>M(SD)</b>	<b>n(%)</b>	<b>Range</b>
<b>Social Desirability</b>	<b>47.74(3.6)</b>	<b>892</b>	<b>35-68</b>
Male	47.79	213	36-59
Female	47.73	679	35-68

Table 2: Perceptions of Severity of Violence

<b>Source</b>	<b>Type II Sum of Squares</b>	<b>df</b>	<b>F</b>	<b><i>p</i></b>
Severity condition 1				
Social desirability	233.83	1	10.32	.00**
Gender	113.95	1	5.03	.13
Severity condition 2				
Social Desirability	16.14	1	.86	.36
Gender	5.33	1	.28	.56
Severity condition 3				
Social Desirability	4.43	1	.23	.63
Gender	2.48	1	.13	.72
Severity condition 4				
Social Desirability	.368	1	.02	.89
Gender	.549	1	.03	.86

\*note: significance =  $p < .05$

Table 3: Blame

<b>Source</b>	<b>Type III Sum of Squares</b>	<b>df</b>	<b>F</b>	<b>p</b>
Severity Condition 1: Yelling				
Social Desirability	4.89	1	.125	.72
Gender	460.73	1	9.99	.02**
Severity Condition 2: Punching wall				
Social Desirability	129.74	1	2.68	.10
Gender	36.57	1	.75	.38
Severity Condition 3: Shoving				
Social Desirability	14.47	1	.30	.58
Gender	86.30	1	1.77	.18
Severity Condition 4: Hitting				
Social Desirability	98.44	1	2.80	.09
Gender	46.89	1	1.33	.25

\*\*note: significance =  $p < .05$

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