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Applying Theoretical Explanations for Intimate Partner Violence

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Abstract

In the current study, we examined attributions of betrayal trauma theory, learned helplessness and toxic masculinity within the context of intimate partner violence. Betrayal trauma theory posits that interpersonal violence leads to victim isolation. Learned helplessness describes victim apathy and maladaptive passivity. Toxic masculinity features male aggressiveness, abusiveness, and sexism as a function of internalized gender norms. When examined individually, each theory enhances our understanding of how intimate partner violence unfolds. However, the value of exploring intimate partner violence through a *joint* theoretical lens, allows us to expand our understanding and interpretation of the merits of each theory. With this in mind, in the current study we varied gender of victim and perpetrator within the context of an intimate partner violence scenario. We were primarily interested in how individuals attribute fault and severity through the lens of each theory tested within one experimental paradigm. We also examined the predictive ability of the Intimate Partner Violence Responsibility Attribution Scale (IPVRAS) and PTSD Scale on our primary dependent measures. Our results indicate the PTSD and IPVRAS scales to be significant predictors of measures of severity and fault as well as our theoretical explanations.

Keywords: intimate partner violence, betrayal trauma, attribution of fault

Applying Theoretical Explanations for Intimate Partner Violence

Intimate Partner Violence (IPV) is an historically overlooked epidemic that has beleaguered the world since relationships have existed. That said, intimate partner violence encompasses an array of abuses including physical, sexual, emotional or mental abuse, stalking, or threat of abuse or harassment between current or former spouses or non-marital partners (Saltzman et al., 1999). IPV is largely considered a public health issue, as there is evidence to suggest that this type of abuse leads to obesity (Alhalal, 2018), diabetes (Kendall-Tackett & Marshall, 1999), psychological distress, attempted suicide (Antai & Anthony, 2014), substance abuse, and mental health disorders (Chmielowska & Fuhr, 2017; St. Vil et al., 2018).

Intimate partner violence poses a significant risk for depression, suicidality, drug and alcohol abuse, and posttraumatic stress disorder (PTSD) (Golding, 1999). PTSD in childhood appears to have a significant impact on the PTSD signs and symptoms particularly when comorbid with a secondary trauma in adulthood (Nishith et al., 2005). Considering that childhood abuse is a significant predictor in adult victimization this issue is a considerable concern for all survivors. The significance of these findings has led researchers to investigate which clinical approaches are most successful in treating trauma-related guilt. Examples of clinical approaches include Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) Therapy (Nishith et al., 2005).

Tjaden and Thoennes (2000) report approximately twenty-five percent of females in the United States and nearly eight percent of males are sexually and/or physically abused by a current of former spouse, cohabitating partner, or someone they have dated, at some point in their lifetime. Annually, this translates to 4.8 million intimate partner rapes and physical assaults that are perpetrated against women and 2.9 million intimate partner rapes and physical assaults

that are perpetrated against men. Similar reports indicate that roughly one in three women is subject to physical intimate partner violence while one in ten are subject to rape by an intimate partner in their lifetime (St. Vil et al., 2018).

Research suggests that cohabitating, non-married couples encounter higher rates of intimate partner violence compared to married couples (Stets & Straus, 1989). Females are also more likely to report instances of intimate partner violence such as rape, physical assault, or stalking when living separate from their husbands as opposed to women who live with their spouse. This also applies to husbands who are three times more likely to report intimate partner violence when living separate from their wife. This suggests that although abuses occur while in a relationship, individuals are more likely to report their abuse after they have separated. Additionally, females tend to experience higher rates of intimate partner violence when they have little to no income (Bachman & Saltzman, 1995), less education, and significant disparities in couple status (education, occupational, or income) (Hornung et al.,1981). In addition, females are more likely to be victim to intimate partner violence in power-imbalanced relationships. This is defined as a relationship in which the man exercises strict control and makes executive decisions in most aspects of their lives; specifically, financial decisions (Frieze & Browne, 1989). Having experienced or witnessed intimate partner violence as a child increases the likelihood that they are involved in intimate partner violence in the future.

Due to the incredibly personal and historical nature of this issue, victims of intimate partner violence frequently choose to remain silent about their abuse rather than reporting to the police. With this in mind, females are at a far greater risk than men to be victim to intimate partner violence (Klaus & Rand, 1984). According to the Department of Justice (2014), college age females (18-24) are most susceptible to rape and sexual assault, particularly college age

females who are not students compared to college students. Interestingly, males in college are seventy-eight percent more likely than male *non-students* to be a victim of sexual assault or rape. This finding suggests a significant difference in sex on reporting of sexual violence or differences in sexual violence dynamic in and out of college campuses. There is a significant lack of reporting among female victims of intimate partner violence, however females are still more likely than males to report their abuse (Tjaden & Thoennes, 2000). Approximately one fifth of female intimate partner rapes, one quarter of all physical assaults, and one half of stalkers are reported to law enforcement. Male reports are suspected to be substantially lower. These findings indicate considerable underreporting of males and females victim to intimate partner violence.

Within this report, a majority of non-reporting victims claimed that law enforcement could not effectively support them or detain their abuser. Nearly every victim who reports physical intimate partner abuse but did not report their abuse to the police, feel that law enforcement could not do anything (Tjaden & Thoennes, 2000). A majority of female victims of physical abuse by an intimate partner did not report their abuse because they felt that law enforcement would not believe them. While a large portion of males reported that they did not feel law enforcement would believe their abuse, there is significantly more females than males that did not report their abuse as a result of this belief. That said, significantly more males compared to females, and over half of male victims attribute their physical abuse to a minor or a one-time incident. Females who are physically abused are far less likely to report their abuse in order to try to protect their attacker, their relationship with their attacker, or children involved compared to male victims of physical abuse. Additionally, female victims of physical abuse do not report their abuse as a result of not wanting law enforcement or court involvement and they are fearful of potential retaliation from their abuser.

Fear of retaliation is often cited as a reason for not reporting. Tjaden and Thoennes (2000) also reported that female rape victims chose not to report as they attributed the rape to a less severe, or one-time incident. Of individuals stalked by an intimate partner, nearly half do not report the stalking as they want to protect the stalker, the relationship, or children involved. Importantly, shame is also cited, as victims do not want law enforcement involvement, thus keeping the incident(s) private. Law enforcement is perceived as incapable of resolving the issue and victims feel they will not be believed.

Male and female victims that reported their intimate partner violence to law enforcement were all given a face-to-face interview with a police officer. There were no reported treatment disparities between males and females who were victims of stalking. There were, however, significant differences in treatment of men and women who reported physical abuse by an intimate partner. Law enforcement officers were significantly more likely to prepare a report and arrest or detain the abusive intimate partner when the victim was a female compared to male. In this view, most abuse and/or stalking cases are not prosecuted. However, in those that are, satisfactory outcomes were not achieved for victims of rape, physical abuse, or stalking cases. Additionally, instances of prosecution are extremely rare in cases in which the victim is a male. Additionally, male victims are far less likely to receive a restraining order or order of protection compared to female victims.

Research reveals that male/female co-habitating intimate relationships experience far more violence compared to female/female co-habitating relationships. Co-habitating males, however, experience more intimate partner violence compared to males living with females. The culmination of these findings indicate that men are the majority perpetrators of intimate partner violence (Tjaden & Thoennes, 2000). This finding is consistent with largely believed stereotypes

about intimate partner violence which contribute to the stigma surrounding men reporting their abuse.

There is research that suggests homosexual intimate partners are just as violent as heterosexual intimate partners (Cardarelli, 1997; Waterman, et al., 1989). Female respondents of same-sex cohabitants reported significantly more physical assaults and substantially more rapes by same-sex cohabitants compared to opposite-sex cohabitants in their lifetimes. Male same-sex cohabitants also reported significantly more physical assaults compared to opposite-sex cohabitants. Across sexes, total victimizations were significantly higher among same-sex cohabitants compared to opposite-sex cohabitants. Among same-sex cohabitating females, approximately thirty percent of perpetrators were male as compared to approximately eleven percent that were female perpetrators (Waterman, et al., 1989). In other words, female same-sex cohabitants are three times more likely to report an abusive male partner than an abusive female partner. Although cohabitating men reported victimization as slightly more by another man compared to women, they found that men are two times more likely to report intimate partner violence perpetrated by a man than a woman.

Waterman et al., also found that intimate partner violence is more prevalent among respondents who identify as African American, Asian/Pacific Islander, American Indian/Alaskan Native, and mixed-race respondents compared to white respondents. Analyses reveal that physical assault and total victimization among both men and women are significantly more present in nonwhite respondents compared to white respondents. Stalking was more significant among males in nonwhite respondents compared to white respondents. A comparison among specific races reveal that American Indian/Alaskan Native females report significantly higher rates of intimate partner violence compared to females of other racial backgrounds and males

who identify as Asian/Pacific Islander report significantly less intimate partner violence compared to males of other racial backgrounds. Mixed race females follow American Indian/ Alaskan Native females in total victimization and report high rates among rape and physical assaults. This data supports previous research in prevalence among race considering intimate partner violence (Bachman, 1992). Additional analyses reveal that female Hispanic respondents are more likely to be raped by a current or former intimate partner compared to non-Hispanic females. It is important to note that these results are completely dependent upon what respondents are comfortable sharing with interviewers therefore, the stigma of reporting of intimate partner violence within their immediate communities or culture could be a contributing factor to discrepancies in reporting. For example, traditional Asian values involving close family ties and harmony may deter Asian women from reporting their physical or emotional abuse by intimate partners (National Research Council, 1996). Additionally, logistic regression revealed that among males and females, individuals were more likely to report their abuse if their partner was a different race than them (Tjaden & Thoennes, 2000).

No intimate partner violence case is simple to prosecute. Approximately 7.5 percent of intimate partner violence involving female rape or physical assault is presented at court to prosecute and 14.6 percent of intimate partner stalking is prosecuted. Of these cases, less than half resulted in convictions. A miniscule number of cases in which males are the victims of intimate partner violence are presented in court. Although it is rare for cases of intimate partner violence involving rape, physical abuse, or stalking to be prosecuted, these cases present documentable physical evidence. Victims of mental or emotional intimate partner violence are far less likely to recognize their abuse let alone report it. When physical abuse such as rape, physical assault, or stalking is comorbid with emotionally abusive and controlling behaviors such

as jealousy, controlling, or verbal abuse; females are significantly more likely to report their intimate partner violence. In fact, having a verbally abusive partner is a strong predictor that a female would be victimized by an intimate partner suggesting intimate partner violence is a systematic pattern of dominance and control (Tjaden & Thoennes, 2000). A part of any abuse circumstance involves isolation of the victim. This means isolation from family, friends, work, and anyone else that may threaten the relationship between abuser and victim. Isolating the victim is an ideal situation for an abuser because it allows them complete control over their intimate partner.

Intimate partner violence is not obvious. There are many different facets to abuse, and often people can see violence and fail to recognize that it is violence. In fact, triage nurses who are trained in detecting intimate partner violence often require a victim come in for treatment six to ten times before recognizing the abuse (Sullivan, 2014). One in six women who are victims of intimate partner violence begin when the female becomes pregnant. A recorded four to eight percent of pregnant women experience intimate partner violence (Centers for Disease Control and Prevention, 2010). Aside from motor vehicle accidents, half of women who seek emergency care are experiencing some sort of intimate partner violence and between twenty-two and thirty-five percent will be victims seeking treatment from complications of intimate partner violence.

Betrayal Trauma Theory

Betrayal Trauma Theory posits that falling victim to interpersonal violence by someone who is depended on for the purpose of survival, would cause the victim to blind themselves to the act and isolate their knowledge of the event (Freyd, 2003). Betrayal traumas involve the person depended on to break an explicit or implied social agreement, such as harm between two intimate partners. Due to the dependent nature of the relationship, the victim is not able to

confront or sever the relationship with the abuser and is forced to ignore or accept the abuse. Research in this area focuses primarily on children and the importance of attachment to their caregiver(s). This theory also has merit among hierarchical workplace relationships, and intimate partners that can contribute to victims not reporting their abuse. The closest of offender-victim relationships among adolescents are the least likely to be reported, i.e., parent-child assault (Hanson et al., 2003). Considering that two-thirds of sexual assaults against women occur by individuals known to the victim, betrayal trauma theory can account for many under-reported instances of intimate partner violence (Ullman et al., 2006).

Trauma invokes intense fear, social betrayal, or a combination of both (Freyd et al., 2005). Fear and betrayal are multidimensional as they occur at the time of trauma and fluctuate and adapt throughout the lifetime of the individual involved. Betrayal trauma theory asserts that betrayal is categorically different from fear and therefore traumatic experiences involving betrayal are expected to have different outcomes as a result. Fear and betrayal traumatic experiences has significant physical, emotional, and mental long-term health consequences (Freyd et al., 2005). With this in mind, betrayal trauma theory research indicates that individuals exposed to high betrayal trauma experience symptoms of physical illness, anxiety, dissociation, and depression symptoms. High betrayal traumas include abuse by a person close to them. Low betrayal traumas are scenarios in which individuals are exposed to possible life-threatening events with little betrayal. Low betrayal exposed individuals did not predict symptoms over and above betrayal trauma. This informs us that betrayal has significantly increased effect of the victim or survivor due to the betrayal as opposed to just the fearful situation. Used in the context of intimate partner violence, this means victims and survivors of intimate partner violence experience high betrayal trauma and are subject to increase physical, mental, and emotional

issues as well as dissociation, anxiety, and depressive symptoms. Based upon what we know about intimate partner violence, betrayal trauma theory has considerable standing regarding the foundation, growth, results, and coping of victims and survivors.

Intimate partner violence is a direct violation of trust and care between two people. A significant ideal within betrayal trauma theory is that the victim experiences heavy confusion or conflict regarding what 'should be' and 'what is' (Freyd et al., 2005). This is particularly relevant in long-term relationships in which the perpetrator of IPV has been given enough time to foster a foundation of violence. These relationships make it is stressful for the victim to be able to differentiate between what is and should be. Victims and survivors of intimate partner violence often struggle with new relationships after their abusive experiences. Recurring themes among victims and survivors of intimate partner violence who attempt to form new relationships include vulnerability/fear, relationship expectations, shame, low self-esteem, and communication issues (St. Vil et al., 2018). Victims also report that even when they decided to be with someone, that there is always an expectation that violence can occur at any time. When situations arise similar to the patterns of their previous abuse, respondents anticipated for the results to be the same despite the character of their new intimate partner. Based upon betrayal trauma theory, survivors interested in forming new intimate relationships must reconcile what should be with what is actually happening.

Learned Helplessness

Learned helplessness is the phenomenon that describes the emotional apathy and maladaptive passivity following victimization (Peterson & Seligman, 1983). Victims of repeated intimate partner violence are susceptible to learned helplessness. The theory asserts that victims

who have experienced repeated victimization, will no longer fight for themselves and therefore not report the injustices that have been imposed onto them.

Battered women's syndrome is a theory often considered in these cases. There is significant merit and extensive research based upon this theory. Battered Women's Syndrome has been defined as the psychological response to domestic violence (Dutton, 1993). Battered Women's Syndrome is considered to be partially, theoretically based in learned helplessness. Other researchers contribute learned helplessness as a mediator to Battered Women's Syndrome (Palker-Corell & Marcus, 2004). Research has found that victims of intimate partner violence may not perceive options to escape their abuse. While some victims are physically bound, a majority of victims hold this belief as a result of learned helplessness. This indicates that abused intimate partners are not likely to publicly admit to their abuse let alone report it, act upon it, or fight against it. The cognitive processes of an abused women are likely to prevent them from accessing resources or obtaining help. It is important in cases of intimate partner violence because of how influential these findings have been when cases of domestic violence have been presented in court. While the meaning and research holds value and importance among victims and survivors of intimate partner violence, it also excludes an entire population of victims of IPV. These victims are men. Despite research that indicates men are primary perpetrators of intimate partner violence, men are far less likely to disclose their abuse compared to women simply due to their gender. In the current study learned helplessness is used as a way to encompass all victims of intimate partner abuse.

Victims of intimate partner violence often do not report their abuse. When abuse becomes salient to others, victims become defensive and uncomfortable. It is a difficult subject for numerous reasons. Victims of intimate partner violence often feel humiliated, dumb,

embarrassed, unworthy, and lonely. Over time, some victims come to believe that they are deserving of the abuse or punishment. In a comparative study, Palker-Corell and Marcus (2004) revealed that victims of intimate partner violence report significantly higher feelings of hopelessness and distress compared to a community sample.

Within the context of intimate partner violence, learned helplessness means that the victim has given up any type of control they may have believed to have over their abuse. For example, if at one point the abused party feels that if they don't behave a certain way, that they will not be abused, the victim is still under the belief that they have some control over the situation. Learned helplessness is the overwhelming hopelessness, the idea that no matter what they do, it will be wrong and subject to abuse. Victims exert no control and believe there is no objective way to dictate at what point they will be abused. This hopelessness is so profound, there tends to be significant emotional apathy by the victim. In these cases, there is no winning, no lateral movement either progression or regression, just what the abuser is doing or will do to the victim. The attribution of helplessness has been related to severity of post-traumatic stress symptoms and other symptoms of distress (Palker-Corell & Marcus, 2004).

Toxic Masculinity

Toxic Masculinity is a behavioral response formed from internalized gender norms reinforced by other males that features male aggressiveness, abusiveness and sexism in harmful ways (Markou, 2019). In his publication, *Teaching the cause of rape culture: toxic masculinity*, Posadas (2017) poses that in order to reduce the rape culture often within social constructs, that toxic masculinity must be systematically de-programmed from the male psyche. He asserts that rape culture is a function that channels toxic masculinity into a concentrated, socially legitimized form of sexual violence.

Studies suggest that empathy for male and female victims of sexual abuse are relatively equal (Mezey & King, 1987). Although there is research to suggest that males are assaulted at similar frequencies of females (Martin, 1995; Straus, 1995), there is a vast disparity between male and female reporting of sexual abuse and intimate partner violence (Sable et al., 2006). Mezey and King (1987) attribute male underreporting to several factors including fear of not being believed, fear of being met with hostility and disbelief as opposed to empathy and assistance, and fear of being labeled homosexual. Men are also less likely to report a sexual assault or intimate partner violence for issues related to personal dignity such as jeopardizing their masculine self-image (Sable et al., 2006). In cases of male sexual assault, homosexual offenders were found to have assaulted acquaintances as opposed to heterosexual offenders who are more violent and assault strangers (Hodge & Canter, 1998).

Females are nine times more likely than males to receive timely medical care. This suggests that males are more likely to face resistance when reporting abuse due to pre-existing beliefs stemming from masculine stereotypes. Overwhelmingly, males report to not know who or where resources were available to them in the event that they are abused and in need of assistance (Sable et al., 2006). This finding suggests that resources regarding abuse are solely targeted for women. The culmination of these findings affirm that toxic masculinity serves as a casual and direct characteristic as to why men rarely report their abuse.

Consequences of intimate partner violence have demonstrated detrimental effects on the mental health of victims (Chmielowska & Fuhr, 2017; Golding, 1999; St. Vil et al., 2018). Males are less likely to seek help for mental illness which is evidenced by the significantly higher rates of completed male suicide (Cibis et al, 2012; Rafal et al, 2018). Factors involving toxic masculinity and other reporting preventatives continue to set a precedent of silence for victims.

Silence imposed by toxic masculinity burdens males to work through mental health issues and illness alone (Rafal et al, 2018). Silence also guarantees that there will not be an investigation and therefore no justice for the survivor and guaranteed freedom for the perpetrator to victimize more people.

Children and adolescents view violence as a part of masculinity. They also view violence as wrong except in cases of self-defense (McCarry, 2010). They express that violence is an ordinary aspect of male nature and associate violence with male youth, adolescence and adult masculinity. Male violence also makes men seem more attractive. Discussions reveal that a part of normative masculinity includes violence as a legitimate resource. Within heterosexual relationships, children and adolescents believe that violence is appropriate when the female challenges the male authority. Cases in which the male experienced harm of violence is not discussed.

Victims who are subject to intimate partner violence through the lens of betrayal trauma theory and learned helplessness are often seen as victims. The public is likely to empathize with these survivors and extend their prayers and sympathies. In cases of IPV in which men are the victims, the public often questions the validity of the case, not believing the victim and meeting the idea with hesitation and resistance (Anderson & Quinn, 2009). From these questions leads to the emasculation of the victim. When men hear about another man who has been victimized, they make jokes about his role in the relationship often referring to the victim with derogatory, feminine insults and names. Additionally, the victim's sexuality is often called into play and put into the spotlight to be questioned and criticized, ultimately humiliating the victim. In this way, men who admit to victimization are repeatedly re-victimized and humiliated by the public. It is logical that due to this tremendous burden, that there are more men suffering through intimate

partner violence that do not plan to ever report their abuse. In the current study we will measure the differences in severity and fault between male and female victims and compare perpetrator sex in this context.

Reporting

Approximately 1.2 million incidents of intimate partner violence are reported to law enforcement annually. These reports account for one-fourth to one-half of physical intimate partner violence and one-fifth of intimate partner rape (Lipsky et al., 2009). This means that over half of nation-wide victims of intimate partner violence do not report incidents of intimate partner violence. Binder (1981) investigated whether or not women were reporting sexual assault. The results indicate that eighteen percent of adult women report their sexual assaults and eleven percent of children. Considering that current sexual assault statistics indicate that 1 in 4 women report their sexual assault and 1 in 6 men report their sexual assault, there are numerous unaccounted and unheard victims of sexual abuse. These findings could be attributed to the victim knowing the offender. Women do not report abuse because they do not want family/friends to be prosecuted, they lack resources to obtain help, there can be significant culture or language barriers preventing them from obtaining help, and they are fearful of their perpetrator (Sable et al., 2006).

LGBTQ+

There are significant reporting discrepancies between homosexual and heterosexual individuals subject to intimate partner violence (Langenderfer-Magruder et al., 2016). A majority of LGBTQ+ literature regarding violence is categorized under hate-related victimization. A majority of hates crimes committed onto individuals of the LGBTQ+ are underreported. Based upon this fact, it would make sense that as much out-group victimization is not reported, in-

group victimization is reported less so. Additionally, LGBTQ+ identified individuals report having negative experiences with law enforcement resulting in less motivation to report incidents of abuse (Langenderfer-Magruder et al., 2016). While not statistically significant, transgender individuals were found to report less intimate partner violence to law enforcement compared to cisgender individuals. This indicates that transgender individuals may resist reporting violence more so than their cisgender peers. Approximately thirty percent of gay men, thirty-eight percent of lesbian women, fifty percent of bisexual men, and seventy-five percent of bisexual women experience intimate partner violence in their lifetime (Langenderfer-Magruder et al., 2016).

Langenderfer-Magruder and colleagues (2016) estimate one-fourth of intimate partner violence is reported to law enforcement among LGBTQ+ couples. Men who have sex with men, regardless of sexual orientation report high instances of intimate partner violence, an estimated twenty-two percent within the last five years (2011-2016). Men who have sex with men experience intimate partner violence at similar or higher rates to women of any orientation. There is little indication of intimate partner rates within the transgender community. A concentrated sample of transgender participants did report to have experienced partner perpetrator threats. Additionally, female transgender individuals are at the highest risk of being victim to intimate partner violence including threats, intimidation, harassment and injury compared to any other queer identified individuals.

Race and Socioeconomic Differences

There are racial, ethnic, and socioeconomic differences among intimate partner violence reporting. Data suggests that Black and Hispanic women are more likely to be subject to intimate partner violence as well as report intimate partner violence to law enforcement compared to white women (Field & Caetano, 2004). Lipsky, Caetano, and Roy-Byrne (2009) affirmed this

finding, indicating that Black and Hispanic women report experiencing two to three times higher rates of intimate partner violence compared to White women, consistent with national findings. Hispanic and White women report similar frequencies of physical violence, but Black men and women report higher frequencies of lifetime intimate partner violence. Black women also report more severe or fatal experiences of intimate partner violence compared to other races (Lipsky et al, 2009). Similarly, Hispanic couples reported high rates of severe partner violence compared to non-Hispanics.

Household income, age, and urban residence has been shown to predict intimate partner violence among Hispanic communities. Family history of violence, drugs, alcohol, and lack of opportunities for advancement are also strong contributors to intimate partner violence (Lipsky et al, 2009). Interestingly, research suggests despite reported cases of intimate partner violence that unidirectional violence, meaning one partner against the other is constant among Black, White, and Hispanic couples. Black couples, however, report significantly higher rates of mutual partner violence, in which both partners exhibit intimate partner violence against one another compared to Hispanic and White couples. Intimate partner homicide statistics reveal that homicide across all races have decreased recently, but there are still significantly more intimate partner homicides among Black couples than any other race.

Socioeconomic status also mitigates many instances of intimate partner violence (Field & Caetano, 2004). Intimate partner violence is more prevalent among lower socioeconomic classes. Due to the over-representation of minority populations within lower socioeconomic backgrounds, there is a high likelihood that socioeconomic class holds a larger role regarding intimate partner violence than race alone. There are higher frequencies of intimate partner violence among impoverished neighborhoods. Black couples residing in impoverished

neighborhoods experience three times higher rates of males offending female partners and are two times more likely to report females offending male partners.

Age

Intimate partner violence in the Dallas, Texas region reveal that 18 to 24-year-olds represent the largest rates of reported intimate partner violence to law enforcement (Lipsky et al., 2009). This is consistent with national statistics which contend reports of intimate partner violence are more prevalent in younger generations and dwindle in aging populations (Teaster, et al., 2006). Intimate partner violence is prevalent as people age although it is reported less. There is evidence to suggest that aging women subject to IPV exist in particularly rural areas, where they are more invisible due to geographical isolation, economic constraints, strong cultural and social pressures, and lack of available resources. Additional perceived restraints in regard to aging women reporting intimate partner violence include ageism which can perceive reports of intimate partner violence be less prevalent or even true based upon age, and hesitation because older individuals are not seen as capable of being violent. It is significant that although sexual assault occurs among adolescent and adult populations, that reporting is not significantly greater amongst the adult population. This finding suggests that age is not a predicting factor as to whether or not a victim will report abuse. Additionally, as an adult, there is a higher societal expectation to be able to defend oneself compared to children or adolescents.

Disclosing abuse opens victims to feelings of embarrassment and humiliation, especially for someone who is considered a responsible member of society. Unfortunately, this rhetoric has attributed to many unreported crimes (Sable et al, 2006). Society often tries to change what the victim did to reduce their likelihood of being offended rather than hold the offender responsible and attempt to prevent future crime. This rhetoric is an additional reporting preventative if a

victim internalizes fault. Victims are in no way responsible for their victimization although they feel a tremendous amount of guilt and embarrassment. The perpetrator is the only individual at fault for their actions. These emotions can cause additional and unnecessary trauma and psychological damages to the victim (Nishith et al, 2005; Rafal et al, 2018).

Mandated Reporting

There is controversy regarding nurses and doctors' duties as mandated reporters (Grimley-Baker, 2014). Medical professionals feel there is a fine line between doing what is considered right by reporting and putting the victim at potentially more risk due to their circumstance. Victims of IPV present varied and numerous increased health risks as a result of intimate partner violence. Due to their increased harm and injuries, victims and survivors' frequent hospitals more so than non-victimized individuals. Mandatory reporting has numerous potential benefits including preserving the health of the victims, holds the abuser accountable for their actions and sends a message that intimate partner violence should not and will not be tolerated. Being a mandated reporter also weighs on reporters in cases that put the victim at higher risk of abuse as a result. Reporting could increase the risk of retaliating violence, jeopardize the victim's safety, and undermine the privilege relationship between medical caretaker and client. Many times, the report comes at behest of the victim themselves, who feel a loss of autonomy as a result.

Evolution of Intimate Partner Violence

Intimate partner violence has been a pervasive practice in the history of humankind. In documented history, up until the late 1800s, there is no explicit precaution documented to prevent spousal abuse. In the late 1800s, Alabama revoked their law for a man to assert his 'husbandly' right to punish his spouse (Barner & Carney, 2011). By the 1900s most states had

followed suit, outlawing spousal abuse nation-wide. Cases which involved rape of intimate partners were not confronted and largely ignored or dismissed during this time. In 1914 the Psychiatric Institute of the Municipal Court of Chicago offered short-term jail sentences and psychiatric treatment for offenders of spousal abuse and offered social casework for the victims. This was one of the only systems developed for spousal abuse during this period. In 1945, a spousal homicide case in which the wife murdered the husband forced the California Supreme Court to rule that domestic violence laws must be the same regarding sex. Despite this ruling, the statute remained, it was more prevalent if a man was abusing a woman than if a woman was abusing the man in the relationship. Spousal abuse was considered a misdemeanor and not necessarily taken seriously until there was a larger focus on domestic violence in the 1960s (Barner & Carney, 2011).

During the 1960s there was increased legislation due to the national attention on the discrimination of women. In 1962 the state of New York transferred jurisdiction of domestic violence cases to the civil courts resulting in fewer arrests and incarcerations for perpetrators of domestic violence. This action forced legislators to increase the strength of restraining orders and bolster protective services for victims of domestic violence. The 1970s sparked many women's shelters to form out of apartments and private residences. These shelters developed a network among one another dedicated to securing state and federal funding, raising public awareness and expanding services to help support victims and survivors of domestic violence. This organization came to be known as the 'Battered Women's Movement' (Barner & Carney, 2011). By the 1980s funding was dwindling and shelters were at full capacity forcing many shelters to deny victims. The Victims of Crime (1984) bill offered broad-based federal funding for these shelters to expand, and the 1988 amendment compensated victims of intimate partner violence. The 1994

Violence Against Women Act incorporated state funding to women's shelters to help support victims and survivors.

The 1990s involved many inter-disciplinary actions developed by various state and federal agencies to help combat domestic violence and provide support systems for victims. Many of these developments such as the Duluth Model involve the cooperation of emergency responders, police departments, prosecutors, courts, several women's shelters, and human service agencies (Barner & Carney, 2011). These models promoted research into the domestic violence and intimate partner violence field. Researchers were able to gain further insight and develop theories and treatment plans as a result of these models. At the state and federal level, we continue to study and research domestic and intimate partner violence to help prevent future instances and provide optimal care for victims and survivors.

Public Perceptions

Intimate partner violence victimization is often scrutinized by society. These judgements can affect how victims of intimate partner violence make decisions about whether or not to report their abuse. Perceived trauma and attributions of blame will be measured in the current study. Research involving intimate partner violence focuses primarily from the perspective of the victims. The current study will investigate how the public perceives severity, fault, and trauma within a case of interpersonal violence.

Female victims and survivors of intimate partner violence feel the need for more support from their community neighbors than what they are currently offered (McDonnell et al., 2011). Victims and survivors feel as though neighbors and other witnesses of intimate partner violence should not inject themselves into the fights, but they should contact law enforcement when they hear screaming or witness an altercation. There is limited research involving how the public

examines these cases and how they attribute fault and levels of blame and anger within intimate partner violence scenarios. Increased public education regarding intimate partner violence should be implemented in order to promote recognition and prevention of abuse.

The Current Study

In the current study, we examined attributions of betrayal trauma theory, learned helplessness and toxic masculinity within the context of intimate partner violence. Although the research presents important theoretical findings, there have been no empirical examinations investigating the comparative utility of theoretical explanations for IPV. With this in mind, we examined how individuals attribute fault and severity through the lens of each theory tested within one experimental paradigm. We also examined the predictive ability of the Intimate Partner Violence Responsibility Attribution Scale and PTSD Scale on our primary dependent measures.

We predicted a main effect of victim gender such that perceptions of severity will be less when gender of victim is male compared to a female victim. We predicted a main effect of gender of offender such that the perceptions of severity will be less when gender of the offender is female compared to male. We also predicted an offender gender and victim gender interaction will occur as perceptions of severity will be the least when victim gender is male, and offender is a female. Additionally, we predicted that our theories: learned helplessness, betrayal trauma, and toxic masculinity will significantly predict participant responses on fault, empathy and severity within this paradigm.

Method

Participants

Participants consisted of 199 adults recruited from Amazon Mechanical Turk. Participation took place through *Qualtrics*, the online survey development software tool. Sixteen of the 199 participants responded that the scenario was not a case of intimate partner violence. As a result, the sixteen participant responses were taken out of further data examinations resulting in 183 participants. The remaining 183 participants consisted of 93 females, 88 males, 1 transgender individual, as well as 1 non-binary individual. A majority of participants were White (74.9%), married (43.7%), and have a Bachelor education (45.9%). Participants were compensated $2.00 for their participation in the experiment.

Procedures and Methodology

This was an online study and participants accessed the study using a secure link via the Qualtrics network through Amazon's Mechanical Turk. Participants electronically read and signed an informed consent form, after which the participants were randomly assigned to one of four IPV scenarios varying the gender of victim and perpetrator. Each scenario can be accessed in Appendix. After reading the scenario, participants responded to a series of items assessing fault and severity. Afterward, participants completed the Intimate Partner Violence Responsibility Attribution Scale and PTSD Scale. Following the completion of all the materials, they answered demographic questions concerning their race, gender, marital status, political views, employment, and education then were thanked, debriefed and compensated.

Consent Procedures and Data Confidentiality and Anonymity

This study followed the guidelines set by the American Psychological Association. The participants were fully informed of the procedures and told that they may discontinue their

participation at any time without prejudice or penalty. As stated previously, potential participants read through the informed consent form outlining the basic purpose of the study should they decide to participate. In order to ensure confidentiality, data was collected in such a way that no one other than the student researcher and the faculty advisor will have access to this information. When analyzing the data, participant responses were separated from any identifying information.

Results

The Pilot

In order to ensure all our measures were internally consistent, we conducted a pilot study consisting of 78 participants. We recoded two negative items on The Intimate Partner Violence Attribution Responsibility Scale (IPVARS) scale. Reliability revealed a Cronbach's Alpha score of .943. IPVRAS significantly predicted participants perceived severity of this case of IPV, β = .67, $p < .001$. IPVRAS explained a significant portion of the variance in perceived severity, R^2 = .453. F (2, 68) = 11.888, p =.015. The IPVRAS scale was negatively correlated with severity indicating that the more responsibility participants attributed to the offender, the more severe they found the case of IPV.

The Posttraumatic Stress Disorder (PTSD) Scale did not significantly predict participants agreement or disagreement that this was a case of IPV. The PTSD Scale did not explain a significant portion of the variance in case of IPV. The Posttraumatic Stress Disorder (PTSD) Scale did, however, significantly predict participants severity level in this case of IPV, β = .683, p = .008, explaining a significant portion of the Model's variability:R^2 = .466.

Participants were asked to rank fault of each individual within this scenario, 1 being least at fault and 3 being most at fault for Alex (victim), Jordan (offender), and Alex's friend

(knowing-bystander). A descriptive statistical analysis revealed that the fault mean for Alex's friend (M = 2.4) was significantly higher than the fault means of Jordan (M = 1.6) as well as the fault mean of Alex (M = 2.0). Interestingly, this reveals that there was a significantly higher frequency of fault attributed to the victim and bystander across all conditions compared to the offender. This indicates that Alex's friend was the individual held most at fault within this scenario rather than the abusive party across all conditions. When participants were asked to rate fault on a scale of 1 to 5, the descriptive statistical analyses revealed that the fault mean of Alex (M = 3.10), Alex's friend (M = 3.23), and Jordan (M = 4.03) are statistically different from one another. The results of this analysis, however, contradict the previous finding as the offender was found to have a higher attribution of fault compared to the victim and bystander.

Participants were asked to indicate on a scale of 1 to 5 the statement that best represents why Alex did not report their abuse. Results from a descriptive statistical analysis revealed that the learned helplessness mean (M = 3.76), Betrayal trauma mean (M = 3.76), and toxic masculinity mean (M = 3.74) were not statistically different from one another. Additionally, a univariate Analysis of Variance revealed no significant main effects of the theoretical models on severity of IPV. While not significant, it is important to note that an ANOVA revealed the least significant factor to be betrayal trauma followed by learned helplessness and toxic masculinity respectively. These findings revealed that the joint theoretical lens did not pose significantly different explanations for public perceptions of severity within a case of intimate partner violence.

The Current Study

We predicted a main effect of victim gender such that perceptions of severity will be less when gender of victim is male compared to a female victim. A significant main effect of victim

gender on severity was not observed: p = .971. We predicted a main effect of gender of offender such that the perceptions of severity will be less when gender of the offender is female compared to male. Again, no main effect was observed: p = .207. We also predicted an offender gender and victim gender interaction will occur as perceptions of severity will be the least when victim gender is male and offender is a female. No interaction was observed: p = .738.

Additionally, we predicted that our theoretical explanations: learned helplessness, betrayal trauma, and toxic masculinity will significantly predict participant responses on fault and severity within this paradigm. Our predictor variables are linear and were assessed to the extent to which the theory is represented in the scenario 1 = does not at all represent to 5 = completely represent. Our theoretical explanations did not predict severity or fault, p values = .088 and .152, respectively. Learned helplessness significantly predicted empathy of Alex, Model R^2 = .039 p = .052; n_p^2 = .02, indicating a modest effect size. Learned helplessness additionally predicted empathy with friend, Model R^2 = .058 p = .009; n_p^2 = .02,also indicating a modest effect size. Analyses revealed no predictive ability of our theories on fault of Alex's friend.

Our theories did not predict empathy with Jordan (the offender). Learned helplessness however, significantly predicted fault of Jordan, β = .170, p = .020. Toxic masculinity also significantly predicted fault of Jordan, β = -.189, p = .009, explaining a significant portion of the variance on fault of Jordan, R^2 = .063. F (2, 175) = -2.631, p = .009. See Table 1.

Predictive Ability of Scales

A regression analysis was conducted on the The Intimate Partner Violence Responsibility Attribution Scale (IPVRAS) and the Post-Traumatic Stress Disorder (PTSD) Scale to assess their predictive utility of severity in this instance of intimate partner violence. The IPVRAS significantly predicted severity, β = -.443, p < .001, explaining a significant portion of the variability in severity, R^2 = *.268.* The Post-Traumatic Stress Disorder (PTSD) Scale significantly predicted severity, β = .143, p = .044, also explaining a significant portion of the variance in severity, R^2 = .268. F (2, 175) = 32.115, p = .044. (See Table 2).

A regression analysis was conducted on the The Intimate Partner Violence Responsibility Attribution Scale (IPVRAS) and the Post-Traumatic Stress Disorder (PTSD) Scale ability to predict fault of Alex and Jordan in this instance of intimate partner violence. The IPVRAS significantly predicted fault of Alex: F (2, 175) = 56.843, p < .001, β = .574, p < .001. IPVRAS explained a significant portion of the variance on fault of Alex, R^2 = *.394.* The Post-Traumatic Stress Disorder (PTSD) Scale significantly predicted fault of Alex, β = -.112, p = .083. The PTSD Scale explained a significant portion of the variance in fault of Alex. The IPVRAS significantly predicted fault of Jordan, β = -.355. The Post-Traumatic Stress Disorder (PTSD) Scale did not significantly predict fault of Jordan. The PTSD Scale did not explain a significant portion of the variance in fault of Jordan. Tables 3 and 4 depict results of these complete regression analyses.

A regression analysis was additionally conducted on fault of Alex's friend. The IPVRAS significantly predicted fault of the friend: F (2, 175) = 42.778, p < .001, β = .593, p < .001. IPVRAS explained a significant portion of the variance on fault of the friend, R^2 = *.328.* The Post-Traumatic Stress Disorder (PTSD) Scale did not significantly predict fault of the friend.

Additional regression analyses were conducted to examine the predictive ability of the IPVRAS and PTSD Scales on our theoretical explanations. The IPVRAS did not significantly predict learned helplessness however the PTSD did: $\beta = .241$, $p = .003$ $R^2 = .063$. The PTSD Scale also significantly predicted betrayal trauma, $\beta = .295$, $p < .001$: $R^2 = .074$. The IPVRAS significantly predicted toxic masculinity as did the PTSD scale: $\beta = .238$, $p = .004$: $R^2 = .057$.

Demographics as Predictors

A regression analysis was conducted to examine the predictive ability of our demographics on severity. Participant gender and significantly predicted severity, $\beta = .183$, $p = .014$: $R^2 = .127$. A Univariate Analysis of Variance was conducted to examine significant differences of participant gender and gender of the perpetrator and victim on severity. There was a significant main effect of participant gender on scores on severity, $F(1, 173) = 10.138$, $p = .002$, $\eta_p^2 = .055$ indicating a small effect size. A Univariate Analysis of Variance was conducted to examine significant differences of participant gender and gender of the perpetrator and victim on fault of the victim. There was a main effect approaching significance of victim gender on scores of fault of the victim, $F(1, 173) = 3.204$, $p = .075$, $\eta_p^2 = .018$. Table 5 depicts the predictive ability of our demographics on outcome severity.

A Univariate Analysis of Variance was conducted to examine significant differences of participant gender and gender of the perpetrator and victim on fault of the perpetrator. There was a significant main effect of perpetrator gender on scores of fault of the perpetrator, $F(1, 173) = 3.918$, $p = .049$, $\eta_p^2 = .022$. There was a main effect approaching significance of victim gender on scores of fault of the perpetrator, $F(1, 173) = 3.294$, $p = .071$, $\eta_p^2 = .019$.

Discussion

A majority of participants rated this case of intimate partner violence as extremely severe (59.8%) and very severe (21.6%). While these results are positive in that participants recognize this situation as abuse, it also limits our ability to use severity as a significant dependent measure because a majority of participants weighed this case as extremely severe. As a result, our hypotheses examining the differences of victim and perpetrator gender rendered no significant main effects or interactions when analyzed on the severity item.

Our first prediction of a main effect of victim gender such that perceptions of severity will be less when gender of victim is male compared to a female victim was not significant. This reveals that there were no significant differences of participant perception on this case of intimate partner violence regardless of the gender of victim. Our second prediction of gender of offender such that the perceptions of severity will be less when gender of the offender is female compared to male was also not significant. This reveals there were no significant differences in public perception of the offender regardless of their gender. Our third prediction was an offender gender and victim gender interaction will occur as perceptions of severity will be the least when victim gender is male, and offender is a female. This interaction was also found to be non-significant, as no differences were observed in gender of victim or perpetrator.

Lastly, we predicted that our theoretical explanations: learned helplessness, betrayal trauma, and toxic masculinity will predict responses of fault, empathy, and severity. Our theoretical explanations did not predict severity. This finding could be attributed to the lack of variability of our severity measure. The theoretical explanations did not predict fault of Alex, $p = .152$. This finding reveals that fault of Alex, the victim, was not determined by our theoretical explanations but rather how participants viewed this instance of IPV. Learned helplessness did

significantly predict empathy of Alex. This finding reveals that the greater extent that participants feel learned helplessness is represented in this scenario, the more empathy they expressed toward Alex. Learned helplessness additionally predicted empathy with friend. This finding reveals, that when participants believed learned helplessness was represented in the scenario, the greater empathy they had with the friend.

Our theoretical explanations did not predict empathy with Jordan (the offender). Considering our theoretical explanations are more inclined to empathize with the victim's experiences and characteristics as opposed to the offender, this finding is reasonable. Learned helplessness did, however, significantly predict fault of Jordan. When participants believed learned helplessness was present, greater fault was attributed to the offender, Jordan. Toxic masculinity also significantly predicted fault of Jordan. This indicates that when participants believed toxic masculinity was not present, more fault was attributed to the offender in this case.

Intimate Partner Violence Responsibility Attribution (IPVRAS) Scale as well as our Post-Traumatic Stress Disorder (PTSD) Scale significantly predicted participant responses on fault and severity. The IPVRAS and the PTSD Scale significantly predicted severity in this case of intimate partner violence. This indicates that perceived post-traumatic stress and responsibility attribution are good predictors of how severe the public generally perceives instances of intimate partner violence. Additional regression analyses were conducted in order to examine the predictive ability of the IPVRAS and PTSD Scales on fault of the victim (Alex), perpetrator (Jordan), and Alex's friend.

The IPVRAS significantly predicted fault of the victim (Alex), fault of the perpetrator (Jordan), as well as fault of the friend. The IPVRAS predicted that lower scores, which translates to higher responsibility of the perpetrator, resulted in higher fault attributed to Jordan. Higher

scores, which translates to less responsibility to the perpetrator, resulted in higher fault attributed toward the victim, Alex. Lower scores, and therefore high responsibility to the offender on the IPVRAS, additionally resulted in less fault being attributed to the friend in this scenario.

High scores on the PTSD Scale indicate a high perception of post-traumatic stress and low scores indicate a low perception of post-traumatic stress. The PTSD Scale significantly predicted fault of Alex, meaning low scores on this scale translate to higher fault of the victim, while high scores translate too little to no fault of the victim, Alex. The PTSD Scale did not significantly predict fault of Jordan, although it approached significance. Based upon this data, we cannot contend that the PTSD Scale carries the same weight for perception of victim as perception of perpetrator. While we cannot definitively assert that the PTSD Scale is predictive of fault of the perpetrator, because it approaches significance, additional participants may increase its likelihood of becoming significant.

Regression analyses were conducted to examine the predictive ability of the IPVRAS and PTSD Scales on our theoretical explanations. The IPVRAS significantly predicted toxic masculinity. Low scores on the IPVRAS indicate higher responsibility to the perpetrator. High scores of toxic masculinity indicate a high perception of toxic masculinity demonstrated within this scenario. Due to the positive correlation between these variables, this result demonstrates that high scores on the IPVRAS predicts higher attribution of toxic masculinity and lower IPVRAS scores predict less attribution of toxic masculinity.

The PTSD Scale significantly predicted learned helplessness, betrayal trauma, and toxic masculinity. High scores on the PTSD Scale indicate a high perception of post-traumatic stress expected of the victim. The PTSD Scale had positive correlations with each theoretical explanation. This means high perception of PTSD experienced by the victim also predicts high

perception of learned helplessness, betrayal trauma, and toxic masculinity. Conversely, low perception of PTSD experienced by the victim predicts low perception of learned helplessness, betrayal trauma, and toxic masculinity.

About seventy-two percent of participants rated the learned helplessness, seventy-one percent rated betrayal trauma, and fifty-eight percent rated the toxic masculinity condition as somewhat to completely representing why Alex remained in the relationship rather than reporting their abuse. This reveals learned helplessness to be the most prevalent reason for the public to understand why victims choose not to report their abuse, closely followed by betrayal trauma. With this said, there was a fair distribution on the item. This suggests that while the public has a general understanding as to why victims may not report their abuse, they still have strong feelings regarding reporting.

Regression analyses were also conducted to examine the predictive ability of our demographic information on severity. Our findings indicate that participant gender significantly predicted severity in this scenario of intimate partner violence. There was a positive correlation of these variables indicating that female participants rated this scenario as more severe than males. This is consistent with previous research which asserts that females report significantly higher intolerance for domestic violence (Griffith et al., 2006) and are approximately 18% more likely to help victims of IPV compared to men (Beeble et al., 2008). Women have also been found to be more willing to mediate in instances of intimate partner violence against women compared to men (Gracia et al., 2009) and to have higher expressiveness and empathy scores involving cases of intimate partner violence (Chabot et al., 2018).

These significant differences in gender helping in instances of IPV may be a result of women being abused by intimate partners more frequently than men. Women who have

previously experienced intimate partner violence are more likely to intervene if they are bystander to an instance of IPV compared to women who have no previous experience of IPV (Abramsky et al., 2018). Survivors and other victims of IPV are significantly more likely to provide instrumental help to victims of IPV (Beeble et al., 2008). Instrumental support is providing the survivor with a place to stay, financial assistance, or removing the survivor from the abusive relationship. Women may also be more willing to help in instances of IPV because women have been found to have higher expressiveness and empathy scores involving cases of intimate partner violence (Chabot et al., 2018). The bystander acknowledgement of pain experienced by the victim may be why women are more likely to provide assistance to victims in these cases.

Participant age also significantly predicted severity indicating older participants rated this situation as more severe compared to younger participants who were not as likely to rate this scenario as severe. This is interesting as there is significantly higher reporting of intimate partner violence committed among younger couples (18-24 years old) compared to older couples (Lipsky et al., 2009; Teaster, et al., 2006). Older men and women have been found more likely to report having helped a victim of IPV instrumentally compared to younger men and women (Abramsky et al., 2018). Instrumental help involves supporting the victim or survivor of intimate partner violence outside of the abusive event itself. Older people may be aware of additional resources for victims to use when trying to leave their current abusive relationship. Older people may also have more personal resources that they are willing to extend to victims compared to younger people. Participant political views approached significance but did not predict severity. This finding, while not significant, indicates that individuals with more liberal views are more

likely to rate this instance of intimate partner violence as more severe than individuals with more conservative views.

Examining significant differences of participant gender and gender of the perpetrator and victim on severity revealed a significant main effect of participant gender on scores on severity. Differences in participant gender and gender of the perpetrator and victim on fault of the victim were examined. This revealed a main effect approaching significance of victim gender on scores of fault of the victim. No interaction indicated there was a difference of fault attributed to the victim dependent on victim gender. When the victim (Alex) was male, there was higher fault attributed to them compared to when they were female. Additionally, highest fault attributed to the victim was in the condition in which the victim and perpetrator was male. Despite these findings, about forty-seven percent of participants felt that the gender of Alex and Jordan weighed little to none in their determinations of this scenario. Interestingly, more fault was attributed to the offender (Jordan) when they were male compared to when they were female. In light of these findings, it is interesting to note that of the sixteen participants who deemed the scenario not a case of intimate partner violence, that a majority of the participants were in the condition in which the victim and perpetrator were female.

Considering this scenario depicted intimate partner violence as a situation that is mandated to report, we explored participant opinions regarding mandated reporting. Interestingly, a majority of participants strongly disagreed with the item ‘the doctor should not have reported the abuse to the police’. This is significant as there is debate regarding the efficacy of mandated reporting and that intimate partner violence is not a situation required of mandated reporters to report (Grimley-Baker, 2014). Additionally, only forty percent of participants strongly disagreed with the item item ‘the doctor should have asked to report the abuse to the

police rather than automatically reporting'. This indicates although participants feel that mandated reporting is necessary in cases of intimate partner violence, some feel that asking may also be inappropriate.

Finally, of 183 participants, only 40 reported having an awareness or knowledge of someone experiencing a similar situation. This was surprisingly low, considering the significant reach of intimate partner violence. Additionally, approximately sixty-eight percent of participants reported not having seen a scenario similar to the one they read in any media platforms.

Limitations and Future Directions

This project was created working under the social framework that public perception largely affects whether and how victims and survivors of intimate partner violence report their abuse. Although this ideal is largely accepted considering social theories and how we behave in reaction with our daily experiences, there is limited research making this direct causation. With this said, it is vital that future research create a more direct connection between social perception of intimate partner violence and whether or how victims/survivors report their abuse.

Given the present findings, it is advantageous for researchers to continue discovering connections to public characteristics that affect how we view intimate partner violence reporting within different psychological theories. Additionally, it is important to understand how the public empathizes and is capable of understanding the psychological processes of an abused human. Clearly, how individuals attribute post-traumatic stress and attribution of blame are strong predictors of public determinations regrading intimate partner violence.

In addition to research; intimate partner violence signs, bystander intervention strategies, effects of IPV, and available resources for IPV survivors should be made available and

standardized in schools with on-site counselors. Providing this important information in a third-party location allows victims to come forward or recognize their abuse in a safe space that allows them to process and express themselves freely. How intimate partner violence is taught determines how the public largely perceives each case of IPV and ultimately, how or if they will respond.

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Appendix

Experimental Condition: Male Perpetrator/Female Victim

Alex and Jordan were high school sweethearts and to this day, are practically joined at the hip. While in college, Jordan didn't allow Alex to have sustaining friendships and often insisted that she stay in the house while he played videogames with his online friends. Jordan has also influenced Alex to separate ties from her family, claiming that they want to keep them apart. After college, Alex and Jordan got an apartment together just outside of the city. Although Alex was successful in her academic studies, Jordan is the sole provider for their household. Jordan has a stressful job in corporate finance, demanding strenuous hours and often drinking with clients and colleagues. When they go out, Alex is often shy and reluctant to speak to others. Jordan tells everyone she is shy and seems to be protective of her, never allowing her out of arms reach. It is really because when Alex speaks to other people, especially men, Jordan becomes unreasonably jealous and confronts her when they get home often punching her in the stomach and sides and holding her arms so tight that they cause bruises. Occasionally, Jordan invites his work friends Troy and his wife Tina out to dinner where they go on double dates. This is the only time Alex usually gets out of the house and develops a fond relationship with Tina. Tina notices that when Jordan speaks to Alex that he is quite commanding but doesn't think much of it because they both seem happy together and have been together for so long. One time, Tina thought that she saw some bruising covered up with makeup on Alex's neck but assumed it was just the lighting and didn't think much of it afterwards. One day, Alex followed Tina outside while she smoked. Alex dropped her phone and when she bent down to get it, Tina noticed large bruises covering most of Alex's side. Tina asked what happened and Alex said that she wasn't watching where she was going and hit the kitchen counter pretty hard. The next few weeks were

normal although Alex was noticeably more quiet than usual. On another night, Tina noticed bruised skin and scabbing on Alex's wrist and asked her to go to outside with her so she can smoke. Tina confronted her about her wrist and Alex confided that she made a mistake and Jordan punished her. When Tina asked if Jordan punished her frequently, Alex quietly nodded and turned away. Tina asked what she could do, and Alex responded that she was fine and not to worry about her. Tina replied that she wouldn't say anything, and they returned to their dinner. The next date night, Alex didn't come and when Tina asked why, Jordan replied that she wasn't feeling well. Tina insisted on coming over to check on her the next day, but Jordan told her that it wasn't necessary, and that Alex left the apartment a mess and would not be comfortable with having visitors. The date nights ended abruptly after that night, and Tina had not heard from Alex since. A few months later, Alex called Tina crying and breathing heavily. She told Tina that she messed up and forgot to do the laundry correctly, then Jordan almost killed her. He held her down and strangled her until she passed out, telling her it was her fault for not having his fresh suit out on time. Alex told her that she is scared and to help her get out of the apartment. Tina rushed over to the apartment and took her home. Together, they decided to go to a doctor and discuss their options. The doctor ran several tests due to the gruesome marks on Alex's neck and body. The tests revealed several instances of previous traumatic brain injuries, in addition to muscle damage as a result of habitual physical and sexual abuse. Tina could not believe it and asked Alex what she wanted to do. As a mandated reporter, the doctor reported the abuse to authorities who took Jordan into police custody. Alex is unsure whether or not she will testify.

Experimental Condition: Female Perpetrator/Male Victim

Alex and Jordan were high school sweethearts and to this day, are practically joined at the hip. While in college, Jordan didn't allow Alex to have sustaining friendships and often insisted that he stay in the house while she played videogames with her online friends. Jordan has also influenced Alex to separate ties from his family, claiming that they want to keep them apart. After college, Alex and Jordan got an apartment together just outside of the city. Although Alex was successful in his academic studies, Jordan is the sole provider for their household. Jordan has a stressful job in corporate finance, demanding strenuous hours and often drinking with clients and colleagues. When they go out, Alex is often shy and reluctant to speak to others. Jordan tells everyone he is shy and seems to be protective of him, never allowing him out of arms reach. It is really because when Alex speaks to other people, especially women, Jordan becomes unreasonably jealous and confronts him when they get home often punching him in the stomach and sides and holding his arms so tight that they cause bruises. Occasionally, Jordan invites her work friends Troy and his wife Tina out to dinner where they go on double dates. This is the only time Alex usually gets out of the house and develops a fond relationship with Troy. Troy notices that when Jordan speaks to Alex that she is quite commanding but doesn't think much of it because they both seem happy together and have been together for so long. One time, Troy thought that he saw some bruising covered up with makeup on Alex's neck but assumed it was just the lighting and didn't think much of it afterwards. One day, Alex followed Troy outside while he smoked. Alex dropped his phone and when he bent down to get it, Troy noticed large bruises covering most of Alex's side. Troy asked what happened and Alex said that he wasn't watching where he was going and hit the kitchen counter pretty hard. The next few weeks were normal although Alex was noticeably more quiet than usual. On another night, Troy

noticed bruised skin and scabbing on Alex's wrist and asked him to go to outside with him so he can smoke. Troy confronted him about his wrist and Alex confided that he made a mistake and Jordan punished him. When Troy asked if Jordan punished him frequently, Alex quietly nodded and turned away. Troy asked what he could do, and Alex responded that he was fine and not to worry about him. Troy replied that he wouldn't say anything, and they returned to their dinner. The next date night, Alex didn't come and when Troy asked why, Jordan replied that he wasn't feeling well. Troy insisted on coming over to check on him the next day, but Jordan told him that it wasn't necessary, and that Alex left the apartment a mess and would not be comfortable with having visitors. The date nights ended abruptly after that night, and Troy had not heard from Alex since. A few months later, Alex called Troy crying and breathing heavily. He told Troy that he messed up and forgot to do the laundry correctly, then Jordan almost killed him. She held him down and strangled him until he passed out, telling him it was his fault for not having her fresh suit out on time. Alex told him that he is scared and to help him get out of the apartment. Troy rushed over to the apartment and took him home. Together, they decided to go to a doctor and discuss their options. The doctor ran several tests due to the gruesome marks on Alex's neck and body. The tests revealed several instances of previous traumatic brain injuries, in addition to muscle damage as a result of habitual physical and sexual abuse. Troy could not believe it and asked Alex what he wanted to do. As a mandated reporter, the doctor reported the abuse to authorities who took Jordan into police custody. Alex is unsure whether or not he will testify.

Experimental Condition: Male Perpetrator/Male Victim

Alex and Jordan were high school sweethearts and to this day, are practically joined at the hip. While in college, Jordan didn't allow Alex to have sustaining friendships and often insisted that he stay in the house while he played videogames with his online friends. Jordan has also influenced Alex to separate ties from his family, claiming that they want to keep them apart. After college, Alex and Jordan got an apartment together just outside of the city. Although Alex was successful in his academic studies, Jordan is the sole provider for their household. Jordan has a stressful job in corporate finance, demanding strenuous hours and often drinking with clients and colleagues. When they go out, Alex is often shy and reluctant to speak to others. Jordan tells everyone he is shy and seems to be protective of him, never allowing him out of arms reach. It is really because when Alex speaks to other people, especially men, Jordan becomes unreasonably jealous and confronts him when they get home often punching him in the stomach and sides and holding his arms so tight that they cause bruises. Occasionally, Jordan invites his work friends Troy and his wife Tina out to dinner where they go on double dates. This is the only time Alex usually gets out of the house and develops a fond relationship with Tina. Tina notices that when Jordan speaks to Alex that he is quite commanding but doesn't think much of it because they both seem happy together and have been together for so long. One time, Tina thought that she saw some bruising covered up with makeup on Alex's neck but assumed it was just the lighting and didn't think much of it afterwards. One day, Alex followed Tina outside while she smoked. Alex dropped his phone and when he bent down to get it, Tina noticed large bruises covering most of Alex's side. Tina asked what happened and Alex said that he wasn't watching where he was going and hit the kitchen counter pretty hard. The next few weeks were normal although Alex was noticeably more quiet than usual. On another night, Tina noticed

bruised skin and scabbing on Alex's wrist and asked him to go to outside with her so she can smoke. Tina confronted him about his wrist and Alex confided that he made a mistake and Jordan punished him. When Tina asked if Jordan punished him frequently, Alex quietly nodded and turned away. Tina asked what she could do, and Alex responded that he was fine and not to worry about him. Tina replied that she wouldn't say anything, and they returned to their dinner. The next date night, Alex didn't come and when Tina asked why, Jordan replied that he wasn't feeling well. Tina insisted on coming over to check on him the next day, but Jordan told him that it wasn't necessary, and that Alex left the apartment a mess and would not be comfortable with having visitors. The date nights ended abruptly after that night, and Tina had not heard from Alex since. A few months later, Alex called Tina crying and breathing heavily. He told Tina that he messed up and forgot to do the laundry correctly, then Jordan almost killed him. He held him down and strangled him until he passed out, telling him it was his fault for not having his fresh suit out on time. Alex told her that he is scared and to help him get out of the apartment. Tina rushed over to the apartment and took him home. Together, they decided to go to a doctor and discuss their options. The doctor ran several tests due to the gruesome marks on Alex's neck and body. The tests revealed several instances of previous traumatic brain injuries, in addition to muscle damage as a result of habitual physical and sexual abuse. Tina could not believe it and asked Alex what he wanted to do. As a mandated reporter, the doctor reported the abuse to authorities who took Jordan into police custody. Alex is unsure whether or not he will testify.

Experimental Condition: Female Perpetrator/Female Victim

Alex and Jordan were high school sweethearts and to this day, are practically joined at the hip. While in college, Jordan didn't allow Alex to have sustaining friendships and often insisted that she stay in the house while she played videogames with her online friends. Jordan has also influenced Alex to separate ties from her family, claiming that they want to keep them apart. After college, Alex and Jordan got an apartment together just outside of the city. Although Alex was successful in her academic studies, Jordan is the sole provider for their household. Jordan has a stressful job in corporate finance, demanding strenuous hours and often drinking with clients and colleagues. When they go out, Alex is often shy and reluctant to speak to others. Jordan tells everyone she is shy and seems to be protective of her, never allowing her out of arms reach. It is really because when Alex speaks to other people, especially women, Jordan becomes unreasonably jealous and confronts her when they get home often punching her in the stomach and sides and holding her arms so tight that they cause bruises. Occasionally, Jordan invites her work friends Troy and his wife Tina out to dinner where they go on double dates. This is the only time Alex usually gets out of the house and develops a fond relationship with Troy. Troy notices that when Jordan speaks to Alex that she is quite commanding but doesn't think much of it because they both seem happy together and have been together for so long. One time, Troy thought that he saw some bruising covered up with makeup on Alex's neck but assumed it was just the lighting and didn't think much of it afterwards. One day, Alex followed Troy outside while he smoked. Alex dropped her phone and when she bent down to get it, Troy noticed large bruises covering most of Alex's side. Troy asked what happened and Alex said that she wasn't watching where she was going and hit the kitchen counter pretty hard. The next few weeks were normal although Alex was noticeably more quiet than usual. On another night, Troy noticed

bruised skin and scabbing on Alex's wrist and asked her to go outside with him so he can smoke. Troy confronted her about her wrist and Alex confided that she made a mistake and Jordan punished her. When Troy asked if Jordan punished her frequently, Alex quietly nodded and turned away. Troy asked what he could do, and Alex responded that she was fine and not to worry about her. Troy replied that he wouldn't say anything, and they returned to their dinner. The next date night, Alex didn't come and when Troy asked why, Jordan replied that she wasn't feeling well. Troy insisted on coming over to check on her the next day, but Jordan told her that it wasn't necessary, and that Alex left the apartment a mess and would not be comfortable with having visitors. The date nights ended abruptly after that night, and Troy had not heard from Alex since. A few months later, Alex called Troy crying and breathing heavily. She told Troy that she messed up and forgot to do the laundry correctly, then Jordan almost killed her. She held her down and strangled her until she passed out, telling her it was her fault for not having her fresh suit out on time. Alex told him that she is scared and to help her get out of the apartment. Troy rushed over to the apartment and took her home. Together, they decided to go to a doctor and discuss their options. The doctor ran several tests due to the gruesome marks on Alex's neck and body. The tests revealed several instances of previous traumatic brain injuries, in addition to muscle damage as a result of habitual physical and sexual abuse. Troy could not believe it and asked Alex what she wanted to do. As a mandated reporter, the doctor reported the abuse to authorities who took Jordan into police custody. Alex is unsure whether or not she will testify.

The Intimate Partner Violence Responsibility Attribution Scale (IPVRAS)

Jordan is in jail because of an injustice.

1 2 3 4 5

Completely False *Completely True*

Alex's behavior and way of treating Jordan are the main reasons for being in this situation.

1 2 3 4 5

Completely False *Completely True*

An unfair legal system (laws, judges, etc.) is the reason Jordan is in this situation.

1 2 3 4 5

Completely False *Completely True*

Jordan is in this situation because of their jealousy.

1 2 3 4 5

Completely False *Completely True*

Alcohol or substance abuse is the reason why Jordan is in this situation.

1 2 3 4 5

Completely False *Completely True*

Economic or employment problems are the reason why Jordan is in this situation.

1 2 3 4 5

Completely False *Completely True*

The reason why Jordan is in jail is because the law gets involved in private matters.

1 2 3 4 5

Completely False *Completely True*

The aggressive character, lack of control, nervousness or psychological problems of Alex are the reasons why Jordan is in this situation.

1 2 3 4 5

Completely False *Completely True*

Jordan is here because nowadays “domestic violence” is a label applied to trivial things.

1 2 3 4 5

Completely False *Completely True*

Jordan’s character (aggressiveness, impulsivity, lack of control, nervousness, psychological problems, etc.) is the reason why Jordan is in this situation.

1 2 3 4 5

Completely False *Completely True*

Jordan is in jail because they defended themselves from their partner’s aggressions.

1 2 3 4 5

Completely False *Completely True*

Jordan is in jail because of the lies and exaggeration of Alex.

1 2 3 4 5

Completely False *Completely True*

PTSD Scale

Please indicate the extent to which you perceive Alex has experienced these instances

Unwanted upsetting memories about the trauma

0	1	2	3	4
Not at all	*Once a week*	*2-3 times a wk*	*4-5 times a week*	*6 or more times*

Bad dreams or nightmares related to the trauma

0	1	2	3	4
Not at all	*Once a week*	*2-3 times a wk*	*4-5 times a week*	*6 or more times*

Reliving the traumatic event or feeling as if it were actually happening again

0	1	2	3	4
Not at all	*Once a week*	*2-3 times a wk*	*4-5 times a week*	*6 or more times*

Feeling very emotionally upset when reminded of the trauma

0	1	2	3	4
Not at all	*Once a week*	*2-3 times a wk*	*4-5 times a week*	*6 or more times*

Having physical reactions when reminded of the trauma (for example, sweating, heart racing)

0	1	2	3	4
Not at all	*Once a week*	*2-3 times a wk*	*4-5 times a week*	*6 or more times*

Trying to avoid thoughts or feelings related to the trauma

0	1	2	3	4
Not at all	*Once a week*	*2-3 times a wk*	*4-5 times a week*	*6 or more times*

Trying to avoid activities, situations, or places that remind you of the trauma or that feel more dangerous since the trauma

0	1	2	3	4
Not at all	*Once a week*	*2-3 times a wk*	*4-5 times a week*	*6 or more times*

Not being able to remember important parts of the trauma

0	1	2	3	4
Not at all	*Once a week*	*2-3 times a wk*	*4-5 times a week*	*6 or more times*

Seeing themself, others, or the world in a more negative way (for example “I can’t trust people,” “I’m a weak person”)

0	1	2	3	4
Not at all	*Once a week*	*2-3 times a wk*	*4-5 times a week*	*6 or more times*

Blaming themself or others (besides the person who hurt them) for what happened

0	1	2	3	4
Not at all	*Once a week*	*2-3 times a wk*	*4-5 times a week*	*6 or more times*

Having intense negative feelings like fear, horror, anger, guilt or shame

0	1	2	3	4
Not at all	*Once a week*	*2-3 times a wk*	*4-5 times a week*	*6 or more times*

Losing interest or not participating in activities you used to do

0	1	2	3	4
Not at all	*Once a week*	*2-3 times a wk*	*4-5 times a week*	*6 or more times*

Feeling distant or cut off from others

0	1	2	3	4
Not at all	*Once a week*	*2-3 times a wk*	*4-5 times a week*	*6 or more times*

Having difficulty experiencing positive feelings

0	1	2	3	4
Not at all	*Once a week*	*2-3 times a wk*	*4-5 times a week*	*6 or more times*

Acting more irritable or aggressive with others

0	1	2	3	4
Not at all	*Once a week*	*2-3 times a wk*	*4-5 times a week*	*6 or more times*

Taking more risks or doing things that might cause them or others harm (for example, driving recklessly, taking drugs, having unprotected sex)

0	1	2	3	4
Not at all	*Once a week*	*2-3 times a wk*	*4-5 times a week*	*6 or more times*

Being overly alert or on-guard (for example, checking to see who is around you, being uncomfortable with your back to a door)

0	1	2	3	4
Not at all	*Once a week*	*2-3 times a wk*	*4-5 times a week*	*6 or more times*

Being jumpy or more easily startled (for example when someone walks up behind you)

0	1	2	3	4
Not at all	*Once a week*	*2-3 times a wk*	*4-5 times a week*	*6 or more times*

Having trouble concentrating

0	1	2	3	4
Not at all	*Once a week*	*2-3 times a wk*	*4-5 times a week*	*6 or more times*

Having trouble falling or staying asleep

0	1	2	3	4
Not at all	*Once a week*	*2-3 times a wk*	*4-5 times a week*	*6 or more times*

DISTRESS AND INTERFERENCE

How often would these difficulties been bothering Alex?

0	1	2	3	4
Not at all	*Once a week*	*2-3 times a wk*	*4-5 times a week*	*6 or more times*

How much would these difficulties been interfering with Alex's everyday life (for example relationships, work, or other important activities)?

0	1	2	3	4
Not at all	*Once a week*	*2-3 times a wk*	*4-5 times a week*	*6 or more times*

Table 1

Regresssion Depicting Significant Theoretical Explanations Predicting Fault of Jordan (the Offender)

Regression Coefficients of LH and TM on fault attributed to Jordan – Model R^2 = .063

Variable	Model				
	B	β	t	Sig.	Part
Learned Helplessness (LH)	.140	.170	2.342	*.020*	.162
Toxic Masculinity (TM)	-.151	-.189	-2.631	*.009*	-.182

Note. N = 195. The amount of variability explained by both predictors = .059

Table 2

Regression Depicting the IPVRAS and PTSD Scales Significance on Severity

Regression Coefficients of IPVRAS and PTSD on level of severity – Model R^2 = .268

Variable	Model				
	B	β	t	Sig.	Part
PTSD	.008	.143	2.028	*.044*	.131
IPVRAS	-.045	-.443	-6.263	*.000*	.524

Note. N = 177. The amount of variability explained by both predictors = .181

Table 3

Regression Depicting the IPVRAS and PTSD Scales Significance in Predicting Fault of Jordan (the Offender)

Regression Coefficients of IPVRAS and PTSD on perception of fault– Model R^2 = .185

Variable	Model				
	B	β	t	Sig.	Part
PTSD	.008	.139	1.859	*.065*	.127
IPVRAS	-.038	-.355	-4.756	*.000*	-.324

Note. N = 177. The amount of variability explained by IPVRAS = .104

Table 4

Regression Depicting the IPVRS and PTSD Scales Significance in Predicting Fault of Alex (the Victim)

Regression Coefficients of IPVRAS and PTSD on perception of fault– Model R^2 = .394

Variable	Model				
	B	β	t	Sig.	Part
PTSD	-.006	-.112	-1.742	*.083*	-.103
IPVRAS	-.062	.574	8.906	*.000*	.524

Note. N = 177. The amount of variability explained by IPVRAS = .274

Table 5

Regression Depicting the Demographics Significant Predictors on Severity

Regression Coefficients of age and gender on perceptions of severity – Model R^2 = .092

Variable	Model				
	B	β	t	Sig.	Part
Age	.124	.181	2.501	*.013*	.178
Gender	.347	.212	2.935	*.004*	.209

Note. N = 177. The amount of variability explained by both age and gender = .074