

ENTRENCHED IN CONTEXT:
PERCEPTIONS REGARDING INTIMATE PARTNER VIOLENCE
AND VIABLE INTERVENTIONS AMONG
UNDERGRADUATE STUDENTS

by

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A thesis submitted in partial fulfillment of the requirements
for the Honors in the Major Program in Sociology
in the College of Sciences
and in the Burnett Honors College
at the University of Central Florida
Orlando, Florida

Fall Term 2015

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ABSTRACT

Many policies and programs have relevance to intimate partner violence (IPV), such as no-drop policies, firearm-related policies, mandatory reporting, mandatory arrest, and others. IPV affects persons from a multitude of demographics and statuses. Dating violence has its mark on college campuses. The present research studies both attitudes toward IPV and attitudes toward interventions that pertain to IPV. Attitudes toward IPV have been found to relate to a number of explanatory variables: attributions, socioeconomic status, age, class standing, race/ethnicity, religion/spirituality, attitudes toward gender, violence in the family of origin, and previous IPV histories. Perceptions of IPV interventions have been found to relate to a number of explanatory variables as well: attitudes toward IPV, attributions, race/ethnicity, gender, age, socioeconomic status, education victim status, sexual orientation, attitudes regarding gender, and political variables. The present research administered a survey to undergraduate students at the University of Central Florida as a means to explore such perceptions.

DEDICATION

This thesis is firstly dedicated to my mother and two younger brothers.

This thesis is also dedicated to my friends and family members who did not let me quit.

To my dad, Julio Oscar Montanez (1972-2003)

To all victims and survivors.

ACKNOWLEDGEMENTS

I wish to thank Dr. Amy Donley for all of her guidance with regard to this project. Under her guidance, I have become a better writer, student, and person. Thank you so much, Dr. Donley!

I wish to also thank Dr. Jana L. Jasinski and Dr. Lee Ross for their helpful comments and feedback.

I wish to thank Denise Crisafi for being understanding regarding program deadlines and her great work with the Honors in the Major Program.

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CHAPTER 1: INTRODUCTION

Social problems make their mark on society and all of its institutions. Social problems are defined as follows:

a situation judged by an advocate group to be adversely affecting personal or social well-being of a target group (or collectivity) to the extent that it needs to be redressed by means of an ameliorating action to be taken by an action group/organization or institution. (Horsfall, 2012, p. 6)

Violence functions as a noteworthy social problem.

The present research aims to explore a) attitudes toward intimate partner violence (IPV) and b) attitudes toward interventions that specifically pertain to IPV. The present research has three research questions. What is the nature of the relationships between certain explanatory variables and attitudes toward IPV? What is the nature of the relationships between certain explanatory variables and perceptions of interventions that regard IPV? Do college students view IPV as symmetrical (in which there is equivalency in perpetration/victimization rates between genders), asymmetrical by women (in which women perpetrate IPV more than men), or asymmetrical by men (in which men perpetrate IPV more than women)?

There are many different types of violence. For example, gender violence represents a phenomenon in which any identity, physical embodiment, or configuration of behavior that runs *counter* to being male-, man-, or masculine-identifying (or expressive) is subject to oppressive forces, which include the consequence of violence based on such unequal distribution of power (Taylor, Stein, and Burden, 2010). Family violence encapsulates actions in which family members cause various types of harm, resulting in the degradation of “healthy development”

(Levesque, 2001, p. 13) (Barnett, Miller-Perrin, & Perrin, 2011, p. 646). Breaches of personal autonomy and well-being, such as physically-injurious actions (e.g., arm twisting; Caetano et al., 2008, p. 1322), psychologically-damaging tendencies (e.g., spiteful behavior; Caetano et al., 2008, p. 1322), and the perpetration of sexual harm (e.g., “insist[ing]” on various sexual interactions without “physical force”; Caetano et al., 2008, p. 1322), constitute facets of a multidimensional phenomenon that can pervade the interactions of romantically-oriented relationships: IPV.

Sociologically, a number of theories have been used in order to explain IPV, including “systems theory,” “ecological theory,” “exchange theory,” “social control theory,” “resource theory,” “subculture-of-violence theory,” and “feminist perspectives” (Lawson, 2012, p. 575-579). For example, the intersectional examination of IPV, according to Kelley (2011), entails two ideas: exploring how a society conducive to IPV is fostered by inequality at the structural level and how the ways in which victims respond relate to experiences/hardships associated with stigmatized and “disadvantaged social identities” (p. e44). Additionally, typologies have been created to understand differing types of IPV (see, Johnson & Ferraro, 2000).

Policies and Programs

There are a number of policies and programs that center on alleviating the effects of IPV or helping victims.

Victim advocacy/domestic violence centers. Victim advocacy and domestic violence centers represent intervention apparatuses grounded in making diverse domains of recourse available to victims (and affected others). To explain, this intervention hinges on (domestic violence) victim advocates (see, Smith, 2001; Fla. Stat. 90.5036(1)(b), n.d.) of paraprofessional

status (Shorey, Tirone, & Stuart, 2014) who hold voluntary or employment roles (Fla. Stat. 90.5036(1)(b), n.d.). These specialists help victims navigate legal processes such as hearing and trial accompaniment (Smith, 2001), protection order assistance and “filing criminal charges” (Shorey et al., 2014, p. 365), allotting informational support regarding case statuses (Smith, 2001), advising, counseling (Fla. Stat. 90.5036(1)(b), n.d.), lobbying, financial planning (Shorey et al., 2014), and a diversity of other services. For instance, the Harbor House, a county-level agency dedicated “to prevent[ing] and eliminate[ing] domestic abuse” (“Strategic Plan: 2011-2017,” n.d., p. 2), exemplifies the aforementioned by allotting various forms of assistance, such as “counseling,” “safety planning,” an emergency shelter (“Harbor House,” n.d., p. 1), “homicide prevention” (“Strategic Plan,” n.d., p. 2), and others (see “Impact Report,” 2014, for the agency’s distribution of funds).

Mandatory arrest. In providing information on the socio-historical development of domestic violence-related arrest, Dichter (2013) describes “mandated arrest in IPV cases” (p. 82) as derivative of institutional responses to advocacy movements’ suggesting just responses to violence: a transition *from* law enforcement’s tendency to not arrest at all. Mandatory arrest represents a legal intervention that disregards victim preference for arresting a perpetrator/suspect (Smith, 2001). This includes the compulsory withdrawal of such a perpetrator’s socio-legal autonomy (i.e., arrest, Smith, 2001; Durfee & Fetzer, 2014) in the presence of evidentiary support suggesting the (possible) occurrence of violent behavior (i.e., physical or sexual, Durfee & Fetzer, 2014; e.g., [the threat of] hitting, Smith, 2001) against another individual (i.e., a family member, Smith, 2001, p. 98). The scope of this intervention varies by subnational unit (e.g., the 13 states that exclude dating relationships and the five states

that display optimal relationship inclusivity, Durfee & Fetzer, 2014, p. 11; see also, “Domestic Violence Arrest,” 2014, for a description of all fifty states’ policy variations). Excluding verbal violence (i.e., when not accompanied by physical harm; Conn Gen. Stat. §46b-38(a)(1), n.d.) and including dating (see, Conn. Gen. Stat. §46b-38(a)(2), n.d.), Connecticut statutory law textually exemplifies mandatory arrest; persons perpetrating “family violence” “shall” receive necessary arrest and charges by law enforcement in accordance with law enforcement’s receiving “information” indicative/suggestive of such perpetration (Conn. Gen. Stat. §46b-38(b)(a), n.d.).

Injunction for protection. Known by a number of names (e.g., personal protection orders and restraining orders) one legal device bears upon persons who utilize a myriad of violent (and violently-suggestive) tactics, implementing limitations on such persons’ socio-legal autonomy/freedom (Dejong, and Burgess-Proctor, 2006): injunctions for protection (Fla. Stat. 741.30(1)(a), n.d.). Accounting for state-specific statutory provisions (e.g., the restriction of weapons), diversity best describes such a legal device’s implementation across the U.S. (e.g., Missouri orders as more victim-friendly than Florida; see, Dejong and Burgess-Proctor., 2006, for a listing of state-specific statutes). Florida makes this legal device (i.e., the ability to obtain spatial protection; Fla. Stat. 741.30(1)(a), n.d.) available to “family or household members” (regardless of spousal status; Fla. Stat. 741.30(1)(e)).

Firearm-related policies. Another area of concern in the context of family violence research regards firearms. Federal statutory law deems prohibitory broad modes of possessing or exchanging (e.g., receiving or transporting) firearms among those who hold domestic violence-specific misdemeanor convictions (18 U.S.C. 922(g)(9), n.d.). At the state level, Florida statutory provisions, while encouraging consistency with federal-level legislative provisions, deems as a

first degree misdemeanor the condition in which persons under “final injunction[s]” for domestic violence have “firearm[s] or ammunition” (Fla. Stat. §§790.233(1)-(3), n.d.). A 2014 federally-judicial output (see, Wolf, 2014, for an introductory discussion) underscores the temporal relevance of this policy area. In *United States v. Castleman* (2014), the Supreme Court resolved a definitional dispute regarding domestic violence-specific gun control: what constitutes “physical force” utilization. The Court labeled the plaintiff’s bringing forth an intimate partner’s “bodily injury” (e.g., bruises; p. 12) as derivative of “physical force” (via tangible “bodies”; p. 12) usage (i.e., the deliberative “application of” or “act of” some verb of interest; p. 13), falling within the definitional boundaries of “a misdemeanor crime of domestic violence” affirming 18 U.S.C. 922(g)(9)’s scope in prohibiting the plaintiff’s selling firearms (*U.S. v. Castleman*, 2014, p. 13).

Domestic violence court. Within general court settings, certain domestic violence cases may receive consideration as embodying lesser urgency compared to cases thought to be representative of more imminent, immediate danger; as a means to address this concern, the construction of specialized judicial entities directed enhanced focus to domestic violence: exclusively comparing cases within a crime, as opposed to across crimes (Petrucci, 2010). At their conceptual foundations, these entities place explicit focus on cases that involve domestic violence (Smith, 2001). Examples of these specialized courts include Florida’s Fifteenth Judicial Circuit’s Domestic Violence Program (“The 15th Judicial,” n.d.) and Florida’s 11th Judicial Circuit Court’s “specialized Domestic Violence Division” (“Domestic Violence Criminal Court,” n.d.; organizationally-situated in the county division). The 11th Judicial Circuit employs the

prioritization of IPV-related matters pertaining to misdemeanors and injunctions, operating on a “no-drop policy.”

No-drop policies. The no-drop rule embodies the following; notwithstanding victim/survivor prosecution preferences (Nichols, 2014; Smith, 2001), prosecution (i.e., filing of charges) of domestic violence perpetrators (i.e., defendants of such matters), occurs as a function of legal mandate (Nichols, 2014; Smith, 2001). Looking at the socio-historical development of domestic violence-related prosecutions, changes in legal processes/tendencies (e.g., transitioning to allow enforcement proactivity, utilizing restraining orders and specialized courts) included the development of *no-drop* prosecutions (or prosecutions grounded in evidence) that embodied a transition from occurrences such as case dismissal (i.e., due to post-violence, victim non-cooperation) toward legitimate legal recognition and utilization of certain forms of evidentiary support (e.g., witness testimony; such as within the case of late 20th Century San Diego) in case processing, in which the typology of such policy includes *hard* (i.e., utilizing adequate evidentiary support, discounting victim preferences) and *soft* policies (i.e., conditional allowance of victim preference; Davis, Smith, and Davies, 2001).

Mandatory reporting. Depending on the existence of such a policy, when wounds and injuries that suggest the occurrence of domestic violence (e.g., IPV) capture the attention of health professionals, such professionals’ notifying law enforcement of the existences of such injuries embodies legal requirement (Smith, 2001). For instance, certain professionals within Kentucky must bring allegations of suspected harm/neglect that occurs against an adult (e.g., spouses; Ken. Rev. Stat. 209A.020(4), n.d.) to the attention of a certain administrative entity, which accordingly brings the contents of such a report to the attention of law enforcement,

accordingly (see, Ken. Rev. Stat. 209A.030(2), n.d.; see also, Ken. Rev. Stat. 209A.030(5)(a), n.d.). Whereas Florida does not specify mandatory reporting for domestic violence and IPV-related instances (see, Dunborow, Lizdas, O’Flaherty, & Marjavi, 2010, for a compilation of state reporting laws), statutory provisions set forth that healthcare professionals “shall” bring the knowledge of burn injuries (i.e., those derived from violence and other crimes, Fla. Stat. 877.155(1)), potentially-lethal injuries, and injuries resulting from gun violence (Fla. Stat. 790.24) to the attention of their counties’ respective law enforcement entities, which, although not IPV-specific, could hypothetically include IPV.

Screening. Screening represents a process that involves the determination of (e.g., via verbal inquiry) a patient’s (i.e., a woman’s) “present” or prior victimization status as a prerequisite to determining appropriate response(s) (O’ Doherty, Taft, Hegarty, Ramsay, Davidson, & Feder, 2013, p. 6). There are four primary ways this process can manifest in empirical application: “universal[ly],” “selective[ly],” “routine[ly],” or via “case finding” (see O’Doherty et al., 2013, for a description). Most U.S. sub-national units do *not* have statutes that set forth formal screening requirements (see, Dunborow et al., 2010). Florida does not designate screening policy at the state-level (Dunborow et al., 2010). In an example, California encourages the identification/documenting of violence (Cal. Health & Saf. Code §§1259.5(a)-(b), n.d.) and provision of education, advisement, and information/referral (as appropriate; see Cal. Health & Saf. Code §§1259.5(c)-(e), n.d.) for a number of health facilities and hospitals, focusing on routine inquiry (Cal. Health & Saf. Code §§1259.5, n.d.).

Demography and Status.

Although inroads have been made in an attempt to curb its prevalence, alleviate its effects, and theoretically understand its existence, IPV pervades society, affecting a myriad of relationship configurations. For instance, IPV transcends demography and status, affecting persons from a diversity of social statuses and identities, such as sexual orientation minorities (e.g., Messinger, 2011), gender identity and expression minorities (e.g., Guadalupe-Diaz, 2013), and persons of varying ability statuses (e.g., Barranti and Yuen, 2008).

Dating Violence

At the intersection of violence, age, and education exists *dating violence*, essentially representing IPV in the context of relationships that occur among college students, adolescents (Amar & Gennaro, 2005), and for those within the age range of 16 and 24 (Dardis, Dixon, Edwards, & Turchik, 2014). *Dating* functions as a phase of interpersonal connection in which multiple dimensions of attraction (e.g., emotional) may be exercised via social interaction, existing at some point between friendship and more intimate and/or committed levels of connection; during the process of such social interaction, such connections may cease to exist or progress toward more in-depth connection (Murray Wester, & Paladino, 2008, p. 42; Straus, 2004, p. 792). For instance, one case study within Barnett, Miller-Perrin, and Perrin's (2011) work describes the experience of a couple who were first "madly in love" (p. 305); however, in one instance, the boyfriend in the relationship "grabbed" the girlfriend "by the throat and began to slap and choke her" (p. 306). How common is dating violence?

Prevalence. Dating violence pervades college campuses at surprising rates. A brief review of some studies featuring college student samples underscores such a conclusion. Makepeace's (1981) classical work marked the beginning of the contemporary study of dating

violence by reporting on college courtship violence in a sample of 202 participants; overall, “21.2%” reported “at least one direct personal experience” with violence (Makepeace, 1981, p. 96). Straus (2004) reported data from 31 universities on an international level. Eleven of the universities were located in the United States (U.S.). Among these U.S. universities, physical (overall) assault perpetration ranged from 17.7% to 44.7%; severe physical assault rates ranged from 4.9% to 21%; injury rates ranged from 2.7% to 18%; severe injury rates ranged from 0% to 7.6%. Barrick, Krebs, and Lindquist (2013) reported on data from the HBCU Campus Sexual Assault (CSA) Study. Undergraduate women reported any instance of IPV within the previous year; 64.7% of the sample experienced any form of IPV; 1.4% experienced sexual IPV; 17.8% experienced physical IPV; 63.7% experienced verbal or controlling IPV. However, specific tactics varied in terms of prevalence; for instance, threatening to harm a partner (13.8%) occurred much less than yelling, screaming, or swearing at a partner (57.5%). Another all-female sample revealed a minor physical dating violence perpetration rate of 20%, with a severe physical dating violence perpetration rate of 7.4% (Kendra, Bell, & Guimond, 2012). Gover, Jennings, Tomsich, Park, and Rennison’s (2011) work reported data from the Family and Relationship Experiences and Attitudes among College Students survey, which included *both* South Korean and United States samples; regarding victimization during the past year within the U.S. sample, 44% received psychological abuse; 19% received physical abuse. Amar and Gennaro (2005) found that 48% of their sample of college women experienced some form of past-year violence. Another study reported very high victimization rates; 87% experienced psychological IPV victimization; 51% experienced physical IPV victimization; finally, 34% experienced sexual IPV victimization (Próspero, 2008).

Examples of findings within the literature. Dating violence represents a complex phenomenon, as measured by the many studies that strive toward explaining its existence. Mental illness, historical variables (e.g., observing interparental violence) and attitudinal variables (e.g., patriarchal attitudes) have been assessed with regard to dating violence (Barnett, Miller-Perrin, and Perrin, 2011). Some studies have looked at gender differences in perpetration and victimization. For instance, in about 2/3 of universities studied in Straus's (2004) work, women perpetrated more physical assault than men. Other studies have looked at possible predictors of dating violence. In one study among college students, increased IPV victimization and controlling behavior positively predicted psychological, physical, and sexual IPV perpetration (Próspero, 2008). Higher masculinity positively predicted psychological IPV, but not physical or sexual IPV. Higher femininity related to decreased psychological abuse perpetration, but not physical or sexual IPV. Women were more likely to perpetrate psychological IPV; men were more likely to perpetrate sexual IPV. Expressive violence attitudes and instrumental violence attitudes were negatively and positively related to physical IPV, respectively (Próspero, 2008). Barrick et al. (2013) studied predictors of past-year IPV among students at HBCUs. For instance, younger respondents displayed an increased tendency to experience any past-year IPV. Women who identified as white displayed a decreased tendency to experience past-year IPV. Respondents who were married or in domestic partnerships, as well as those who were sexually attracted to women, displayed an increased tendency to report past-year IPV (for a discussion of other findings, see Barrick et al., 2013). Some studies have focused on the relationship between child abuse and dating violence (Gover et al., 2011; Kendra et al., 2012). In Gover et al.'s (2011) analyses, childhood physical abuse was related to physical and

psychological abuse and perpetration. However, interparental violence (i.e., father-to-mother violence) was related only to physical abuse victimization, not physical and psychological violence perpetration and psychological violence victimization. Dating violence also has a significant impact on mental and physical health outcomes (Amar & Gennaro, 2005). Victims of dating violence experience more depression, anxiety, and other mental health symptoms than non-victims (Amar & Gennaro, 2005). In one study, physical injury was reported by almost one out of three students who experienced violence (Amar & Gennaro, 2005).

Intimate partner violence serves as a social problem. There are a number of ways in which the criminal justice system has attempted to curb its prevalence and effects (e.g., specialized domestic violence courts). Dating violence has its place on college campuses and represents a complex phenomenon.

CHAPTER 2: REVIEW OF THE LITERATURE

Attitudes toward IPV

Attitudes function as an important construct. In citing their 1993 work, Eagly and Chaiken (2007) offer readers the following understanding of this construct: “a psychological tendency that is expressed by evaluating a particular entity with some degree of favor or disfavor” (p. 585). Regarding the connection between this construct and IPV, Garcia and Tomás (2014) put forth the following: “public attitudes shape the social climate in which partner violence against women (PVAW) takes place” (p. 26). However, the formation of the context in which abuse occurs based on attitudinal dispositions (of both individuals and aggregates) is *not* limited to PVAW, but includes various forms of IPV. In an explanation of the aforementioned, attitudes and other constructs of perceptions (such as opinions on policy), along with their implications, inhabit the audible and verbal space(s) that exist within (i.e., victims and perpetrators) and around (e.g., among friends, family, law enforcement) interactional contexts of violence.

There exists a number of studies that have assessed varying types of attitudes toward violence among college students (Berkel, Vandiver, & Bahner, 2004; Bryant & Spencer, 2013; Dardis, Edwards, Kelley, & Gidycz, 2015; Fincham, Cui, Braithwaite, & Pasley, 2008; Lin, Sun, Wu, & Liu, 2015; McDermott & Lopez, 2013; Nabors, Dietz, & Jasinski, 2006; Nguyen, Morinaga, Frieze, Cheng, Li, Doi, Hirai, Joo, & Li, 2013; Smith, Thompson, Tomaka, & Buchanan, 2005; Sylaska & Walters, 2014). Some researchers have utilized attribution attitudes as their dependent variables (Bryant & Spencer, 2003; Nabors et al., 2006; Nguyen et al., 2013). Other researcher have utilized violence acceptability as dependent variables (Fincham et al.,

2008; McDermott & Lopez, 2013; Smith et al., 2005). Some researchers have also focused on how respondents rate the abusiveness of certain acts of violence (Dardis, Edwards, Kelley, & Gidycz, 2015; Lin et al., 2015; Nabors et al., 2006). One study utilized vignettes to study how seriously students rated certain forms of abuse (Sylaska & Walters, 2014). Another study focused on persons involved in relationship abuse by focusing on sympathy for victims (Berkel, Vandiver, & Bahner, 2004).

Attributions and acceptability. Attribution theory, in general, places causal explanation at the forefront of perceptions regarding the empirical world; specifically, “the gateway to attribution theory” is “perceived causality” (Weiner, 2012, p. 137). To clarify, this particular theoretical framework attempts to view how people address the following inquiry: What contributes to the existences of empirical occurrences, statuses, and conditions? Some questions that represent common knowledge examples of how persons may attempt to inquire about the causes of worldly phenomena are as follows. Why do some people experience homelessness? Why do some people identify with the lesbian, gay, bisexual, transgender, queer, and questioning communities? Why do some people have disabilities? Why does IPV occur?

As previously-mentioned, there exist differing types of attitudes. How these constructs relate with one another may allow for a better understanding of attitudes in general. For instance, in the literature focusing on attitudes toward sexual minorities, there have been two types of attitudinal variables that have been assessed: attributions and sexual prejudice. In Herek and Capitanio’s (1995) work, attributions were utilized as an independent variable, while sexual prejudice manifested as the dependent variable; more prejudice was found among those who believed that homosexuality was a choice when compared to those who felt that homosexuality

did not fall within “an individual’s control” (p. 101). One study included how perceived causes of IPV relate to perceptions of IPV-related interventions (Wu, Button, Smolter, and Poteyeva, 2013). Maybe a similar analysis can be conducted with respect to perceived causes of IPV (e.g., victim blaming) and the extent to which IPV is seen as acceptable.

Socioeconomic status. Lin et al. (2015) utilized a sample of 491 college students in order to study their perceptions of IPV. Participants indicated their level of agreement to whether or not they considered various abusive acts as abuse. The authors completed both China- and U.S.-specific multivariate regressions to look at predictors of such attitudes. Socioeconomic status functioned as one of the variables input into the models. For the U.S. sample, increases in socioeconomic status did not have a significant effect on considering certain abusive acts as abuse. In a multivariate regression focusing on all students in the sample, socioeconomic status did not have a significant effect on considering certain abusive acts as abuse. Nabors et al. (2006) utilized a sample of 1,938 college students from the Relationship Characteristics Study; they included father’s education, mother’s education, and family income in their multiple regression analyses; each were statistically unrelated to physical and sexual abuse beliefs, verbal abuse beliefs, and causation (mythical and empirical) beliefs.

Age. We may review Lin et al.’s (2015) work to view how age connects to attitudes regarding IPV. In a multivariate regression focusing on a U.S. sample, as age increased, the tendency to define acts of violence as abuse also increased. However, this was *not* true for multivariate regression of their combined U.S. *and* Chinese sample.

Class standing. Some studies have also looked at collegiate class standing as a potential factor in shaping attitudes toward IPV. Bryant and Spencer (2003) studied attributions of

university students. Part of their work indicated that upperclassmen (i.e., juniors and seniors) embodied a higher tendency (when compared to freshmen and sophomores) of assigning blame for domestic violence to societal causes, as opposed to assigning blame to situational occurrences, perpetrators, and/or victims. Nabors et al.'s (2006) work found that, as college class standing increased, a decrease in the tendency "to hold beliefs supportive of physical and sexual abuse" transpired (p. 789); also, as college class standing increased, scores on mythical causation decreased, while scores on empirical causation increased.

Race/ethnicity. Some researchers have studied the impact of racial/ethnic background on attitudes, yielding mixed results. For instance, Lin et al. (2015) included racial/ethnic minority status in their regression models, finding no statistically significant relationship between identification with a racial/ethnic minority background and viewing certain abusive acts as abuse. In Nabors et al.'s (2006) work, Hispanic and *other*-identifying (racial/ethnic backgrounds) persons were "least likely to hold beliefs supportive of verbal abuse" (p. 791). Additionally, those who identified as black "were less likely to score higher on" a mythical causation scale (p. 791). Those who identified as black "were less likely" than those individuals of other racial/ethnic backgrounds to score higher on an empirical causation scale (p. 791). No racial/ethnic minority backgrounds were statistically associated with a physical and sexual abuse belief scale. Smith et al. (2005) did *not* find statistically significant differences across three attitudinal scales between non-Hispanic White and Mexican American college students.

Gender. Gender has functioned as the most widely studied variable among studies that focus on attitudes toward IPV. For instance, in Bryant and Spencer's (2003) work, men engaged in victim blaming more than women. In another study, women were less likely to hold victim

blaming attitudes (Nguyen et al., 2013). Among U.S. students within Lin et al.'s (2015) work, women were more likely to rate certain IPV acts as abusive when compared to men. Compared to men, women are less likely to hold beliefs that support physical or sexual abuse, score lower on mythical causation, score higher on empirical causation (Nabors et al., 2006), and rate many forms of violence as more abusive (Dardis et al., 2015).

Religion/spirituality. Religious tendencies may also be an important variable to assess in regards to attitudes toward IPV. Berkel, Vandiver, and Bahner (2004) performed hierarchical multiple regressions to understand the relationships among spirituality, religious tendencies, gender role beliefs, and sympathetic attitudes toward battered women. The authors found that more sympathetic attitudes toward battered women were associated with higher scores on a “spiritual actions scale” (p. 128). Thus, spirituality may contribute the effect of “treat[ing] others with dignity and respect” (p. 129), informing attitudes toward domestic violence accordingly. However, Berkel et al. (2004) excluded from multivariate analyses religious attendance and affiliation; maybe these variables play a role in shaping IPV attitudes.

Attitudes regarding gender. Feminist theories places gender and gender-related variables at the forefront of comprehending the complex nature of criminal justice and crime. In regards to criminal justice and crime, there exists an emphasis on concepts such as inequality regarding gender, the ways in which roles in parts of society are based on gender, and the more in-depth, and an analytical construct known as “patriarchy” (i.e., structural configuration of institutions, as well as enduring limitations on human interactional behavior, that are grounded in asymmetric power possession, in which men hold greater social power than women; Akers & Sellers, 2004, p. 246).

Herzog's (2007) introductory material detailed the application of the feminist theoretical framework to attitudes regarding IPV and related constructs. Firstly, IPV has changed from being publically defined as a private occurrence to being defined as criminal and socially problematic that is worthy of public attention. Secondly, attitudes that propose the acceptance and justification of violence may be a precursor to IPV, in which an attitude-behavior connection has been hinted. Thirdly, feminist theory postulates that patriarchy extends into the interpersonal realm (i.e., relationships), in which a) certain dichotomous lifestyle roles based on gender exist, b) such roles maintain male/man entitlement to control the female/woman sex/gender, and c) such unequal gender relations may contribute to the justification of violence. Fourthly, gender role attitudes that include the aforementioned may be related to IPV attitudes.

Some researchers have studied how attitudes regarding women and gender roles affect attitudes toward IPV-related areas. For instance, in Lin et al.'s (2015) study, as agreement with male dominance increased, defining certain abusive acts as violence decreased. In Berkel et al.'s (2004) analysis, having more egalitarian attitudes was associated with more sympathy for battered women. Herzog (2007) tested four hypotheses regarding gendered attitudes and IPV perceived seriousness and suggested punishments. In looking at old fashioned sexism, the author found "less serious" perceptions of IPV among those with higher old-fashioned sexism scores when compared to egalitarian respondents (p. 232; see Herzog, 2007, for more findings). Testing how such a construct (i.e., attitudes that devalue the status of women) interacts with IPV perceptions may provide a confirmatory test of findings from the extant literature.

Violence in the family of origin. Violence in the family of origin may represent another construct that relates to attitudes regarding IPV. Bryant and Spencer (2003) found that those

individuals who experienced violence in the family of origin were more likely than those without such a history of abuse to place blame for domestic violence on societal mechanisms. However, violence in the family of origin did not relate to placing blame on situational mechanisms, perpetrators, or victims. Utilizing family of origin violence as an explanatory variable may help to better understand attitudes toward IPV.

Previous IPV history. How does previous experience(s) with violence influence attitudes? Kunnuji (2015) explored a similar research question with data from out-of-school adolescent girls. On a scale measuring “higher scores” as “indicative of greater perceptions that” certain “acts were abusive” (Dardis et al., 2015, p. 9), Dardis et al. (2015) found that, for men, previous IPV victimization and perpetration negatively predicted abuse perceptions on five out of six regression models; for women, IPV victimization and perpetration were *unrelated* to abuse perceptions in five out of six regression models.

Perceptions of Interventions, Responses, and Policies

Perceptions of interventions, responses, and policies related IPV are an important part of attitudinal research. Hough and Roberts (n.d.) provide some reasons for researching criminal justice perceptions, including a) legitimacy of the criminal justice system grounded in public trust, b) electoral impact by the public, and c) cooperation as a necessary component of criminal justice functioning. From the field of political science, the classical political systems model shows the cyclical nature of policy implementation, in which policy and decision implementation are derived from a conversion process within “a political system” that incorporates the “demands” and “supports” from members and groups within society (see Easton, 1957, p. 384).

Attitudes toward IPV and perceptions of interventions. An unnamed postulation has been put forth in a number of fields, specifically examining the role that attitudes may play regarding the attitudes of interventions and policies. The difference between the constructs is that one (e.g., attitudinal dispositions) is directed at people/occurrences, while the other (e.g., intervention support/opposition) regards a mechanism, construct, or apparatus that exists external to individuals/occurrences, but can affect them (e.g., a policy). For instance, researchers who study perceptions of topics relating to the sexual orientation minority communities generally have researched such a connection. For instance, one research project analyzed data from a sample of European university students. A part of this analysis assessed dynamics of possessing sexual prejudicial perceptive tendencies and support for rights that regard gay men and lesbian women. The study found that positive policy positions toward such groups were related to reduction in prejudicial perceptive tendency against gays and lesbians (Ellis, Kitzinger, & Wilkinson, 2003). Maybe a similar connection can be drawn in regards to IPV, in which there could be a possible connection between attitudes toward IPV and attitudes toward policies and interventions that specifically regard IPV, IPV victims, and IPV perpetrators. Wu et al. (2013) included an attitude-related variable: “tolerance for IPV” (p. 310).

Attributions. Attributions represent another area that could possibly relate to perceptions of interventions. Wu et al. (2013) tested this in their work by looking at how perceived causes of IPV (e.g., drugs/alcohol, unequal power, financial stress, and mental/psychological/personality problems) relate to perceptions of law enforcement and social service interventions. For instance, in regressions encompassing their total sample (i.e., including Chinese students and students from the U.S.), believing that violence is caused by drugs/alcohol was associated with more

agreement with social service interventions. A similar relationship was found for the U.S.-only sample. However, the present research wishes to inquire about the impact that victim blaming could have on perceptions of interventions.

Consensus theory. Consensus theory, in general, postulates that the implementation of criminal justice policy and practice is a derivative of consistency within the general population's attitudes towards crime/criminality and opinions regarding intervention (Robinson, 1999): "agreement" (Hagan, 2008, p. 12) and "the greatest normative consensus" (Akers and Sellers, 2004, p. 193). Robinson (1999) analyzed data from a random sample of Alabama residents ($n = 403$) generated from telephone survey administration, finding supermajority strong and general agreement with a mandatory arrest policy (78%). A study focusing on views regarding IPV screening found that a large majority (90%) of the sample indicated that violent experiences as a topic of inquiry in interactions between health professionals and all young women is a very good or somewhat good idea (Zeitler et al., 2006)

Conflict theory. Conflict theory possesses a core concept: "power" (Akers and Sellers, 2004, p. 191), in which there may exist a contention between contrasting, opposing forces and interests. Applied to opinions regarding IPV-related interventions, structural power differentials between groups may possibly explain and contribute to variations in social group views of criminality and criminal justice interventions: "subgroup differences" reflect "differences in power" (Robinson, 1999, p. 97).

Race/ethnicity. Under the conflict theoretical framework, racial minorities may possess different opinions on policies and interventions regarding domestic violence in comparison to members of a racial majority (Robinson, 1999). In Robinson's (1999) work, increased agreement

with pro-arrest policies was related to identifying as Caucasian (when compared to African Americans). In a study assessing attitudes toward police responses, identification with a racial/ethnic minority background was unrelated to support for traditional and proactive responses in the study's entire sample; however, among the U.S. portion of the sample, identification with a racial/ethnic minority background was positively related to support for proactive police responses, but not traditional police responses (Sun, Wu, Button, Li, & Su (2011). In Guadalupe-Diaz and Yglesias's (2013) work, nonwhite lesbian, gay, and bisexual (LGB) persons evaluated domestic violence laws more negatively when compared to white LGB persons. Gielen et al. (2000) found no significant difference between African American and white/other women regarding agreement with the policy that "health care providers should routinely screen all women for physical and sexual abuse at all visits" (p. 282). Smith (2001) found differences based on policy types; for instance, women who identified as black were less likely to support mandatory arrest and no-drop prosecution: "less support for mandatory laws" (p. 102).

Gender. Under the conflict theoretical framework, women may possess different opinions on policies and interventions regarding domestic violence in comparison to men (Robinson, 1999). In Robinson's (1999) work, increased agreement with pro-arrest policies was related to identifying as female (when compared to identifying as male). In Li, Wu, and Sun's (2013) study, being female was related to support for parochial interventions, but not private, criminal justice, and social and medical responses. For both their whole sample and U.S.-only sample, identification with female sex was related to more support for social service interventions, but was unrelated to support for law enforcement intervention within Wu et al.'s

(2013) study. In Sun et al.'s (2011) total and U.S.-only sample, identification with female sex was related to increased support for traditional police response, but not proactive police response. In another study, identification with female sex was associated with decreasing support for criminal justice interventions, but unrelated to support for general interventions (Bui, 2006).

Age. Under the conflict theoretical framework, older persons may possess different opinions on policies and interventions regarding domestic violence in comparison to younger persons. (Robinson, 1999). In Robinson's (1999) work, increased support for pro-arrest policies was related to being of older age. In Li et al. (2013) study, age was unrelated to support for private, parochial, criminal justice-oriented, and social and medical interventions.

Socioeconomic status. Under the conflict theoretical framework, persons of lower income may possess different opinions on policies and interventions regarding domestic violence in comparison to persons of higher incomes (Robinson, 1999). In Wu et al.'s (2013) work, socioeconomic status was unrelated to support for both law enforcement and social service interventions in their whole sample and their U.S.-only sample. In Sun et al.'s (2011) U.S.-only and total samples, socioeconomic status was unrelated to support for both traditional and proactive police responses. In Robinson's (1999) work, increased support for pro-arrest policies was related to being wealthy (income-based). Gielen et al. (2000) found no significant difference between making less than and more-than-or-equal-to \$50,000 in policy preferences for routine screening. Smith (2001) found no significant differences based on income.

Education. In Robinson's (1999) work, increased support for pro-arrest policies was related to having less education. Gielen et al. (2000) found no significant difference between those with less than college education and "other" in policy preferences for routine screening (p.

282). Smith (2001) found no significant differences based on being more and less educated. In Li et al.'s (2013) study, collegiate class standing was unrelated to support for private, parochial, criminal justice-oriented, and social/medical interventions. In another study, higher U.S. education was related to decreased support for general interventions toward intimate violence, and was unrelated to support for criminal justice interventions (Bui, 2006).

Victim status. How does victim status relate to opinions on interventions? Gielen et al. (2000) found that abused women were 1.53 times more likely than non-abused women to support routine screening. Smith (2001) found that “uninjured women are less likely to support mandatory arrest laws and no-drop policies” when compared to injured women (p. 104).

Survivor thesis. From Gondolf's (1998) survivor thesis (focusing on victim help-seeking), it can be interpreted that victims employ proactive measures and efforts to end their plight; the individual possesses the embodiment of “a ‘survivor’” (p. 103). Hare (2010), overall, focused on support/opposition regarding an important part of the legal intervention process among victims: trial. The author's findings generally supported the survivor thesis; increased victims' injury severity (measured in terms of medical costs) was positively associated with support for a trial in their particular IPV cases. The author of the present research questions whether or not the survivor thesis can explain support/opposition for adoption or employment of interventions at a more structural level.

Sexual orientation. The role of sexual orientation in regards to opinions interventions and policies is also important because such a demographic is an integral part of the population. Guadalupe-Diaz and Yglesias (2013) looked at perceptions of laws (i.e., whether or not a state law application exists for sexual/gender identity/expression minority and majority persons,

knowledge of sexual violence-related rights pertaining to relationships of same-gender status, knowledge of partner violence-related rights when gender identity/expression minority status is integral, and whether or not sexual and gender identity/expression minorities have access to protective orders) within a sample of LGB respondents (N = 317; *lesbian, gay, and bisexual*) (p.479). Thus, sexual orientation and gender identity statuses may offer a more nuanced understanding of the ways in which interventions are perceived.

Attitudes regarding gender. Attitudes toward gender role beliefs may also have relevance. In Li et al.'s (2013) study, as support for male dominance attitudes increased, support for social/medical IPV interventions decreased; these attitudes were unrelated to support for private, parochial, and criminal justice-oriented interventions. In Wu et al.'s (2013) work, as male dominance attitudes increased, support for both law enforcement and social service interventions decreased (within their combined sample). For their U.S.-only sample, male dominance attitudes were unrelated to support for law enforcement and social service interventions.

Political variables. The role that political variables could potentially play in attitudes toward IPV-related policies functions as another avenue of investigative enrichment. The present research did not find any studies in which political variables were studied with regard to IPV-related policies. However, other types of criminal justice-related dependent variables have been assessed. For instance, Gromet and Darley (2011) studied the role that political ideology has on crime perceptions. A piece of Ramirez's (2013) work studied perceptions of which political party "is better suited to deal with crime" (p. 1020). Maybe these variables (i.e., political

ideology and political party identification) can be utilized to explore perceptions of IPV interventions.

Research Questions

The present research hinges on three research questions:

- What is the nature of the relationships between certain explanatory variables and attitudes toward IPV?
- What is the nature of the relationships between certain explanatory variables and perceptions of interventions that regard IPV?
- Do college students view IPV as symmetrical (in which there is equivalency in perpetration/victimization rates between genders), asymmetrical by women (in which women perpetrate IPV more than men), or asymmetrical by men (in which men perpetrate IPV more than women)?

CHAPTER 3: METHODOLOGY

This chapter details the methodology associated with the present study. First, the section details the means by which data were collected. Then, the chapter details the specific measures used to operationalize the constructs of interest.

Data Collection

In order to answer the research questions of this study, data were collected via a survey questionnaire that was administered to undergraduate students at the University of Central Florida (UCF). Surveys were administered both online and in-person. As Donley (2012) puts it, “internet surveys have the potential to ensure anonymity to the respondent” (p. 25). Thus, it may be useful to test how such anonymity can impact responses, especially for a sensitive topic such as abuse. Professors were contacted with an email inquiring whether or not they will allow the researcher to administer a survey in their course(s). The professors had three choices: a) opt to allow survey administration in their courses, b) opt to allow online survey administration in their courses (i.e., the advertisement of a link via email or on online course components such as *Canvas’s Webcourses*), or c) refuse to have surveys administered in their courses. Within both online and in-person administration, all subjects were presented with an explanation of the research (i.e., consent process) before survey commencement.

During the Spring 2015 semester, professors who the researcher of the present research knew from previous survey administration and coursework were contacted. For online administration, some of these courses included Popular Culture in Society (a total of 98 students enrolled), a Social Theory course (a total of 40 students enrolled), another Social Theory course (a total of 35 students enrolled), an Intermediate Macroeconomics course (about 70 students

enrolled), International Macroeconomics (about 70 students enrolled), a sociology Data Analysis course (a total of 100 students enrolled), a Family Trends course (100 students enrolled), a Sociology of Deviant Behavior course (100 students enrolled), two Introduction to Sociology courses (126 students in one of the courses and 100 in the other course), a Contemporary Society course (36 students enrolled), and two Applied Health Research Methodology courses (51 enrolled in one of the courses and 73 enrolled in the other). From these numbers, at least 999 students had access to the survey link.

During the Spring 2015 semester, another sociology Data Analysis course featured group administered, in-person administration, resulting in 26 surveys (out of a total of 27 passed out). For a Composition I course, students were invited to a room where data collection could take place; this resulted in 45 surveys. Other courses were also involved in the data collection process; however, total enrollments were not obtained.

During the Summer 2015 semester, professors teaching general education courses were contacted, in addition to some professors that the researcher of the present research knew. For online administration, these courses included Patterns of Domestic Violence in Society (88 students enrolled) and two Composition II courses (25 students enrolled in one of them and 18 enrolled in the other). The online survey was made available online to all university honors students (a total of 1,174 students) and all Honors in the Major (HIM) students (a total of 212 students). At least 1,517 students had access to the survey link. One course featured group, in-person administration, in which 37 surveys were returned as complete (two were returned as incomplete; the total present for survey administration was 43 students). During the Summer

2015 semester, a link to the online survey was also posted to a number of social media outlets (i.e., *Facebook* and *Reddit*).

In the Fall 2015 semester, group, in-person administration was completed for a face-to-face sociology Data Analysis course. Thirty-eight students were present at the time of survey administration. Thirty-seven returned completed surveys. After data cleaning, the final sample size for the present research was 290 respondents: 139 in-person and 151 online.

Measures

Perceptions of interventions. First, the present research adapted Li et al.'s (2013) measures. Participants were asked whether a number of intervention apparatuses had the responsibility to assist in intimate partner violence situations. Options included the following: "family of victim," "family of abuser," "friends," "neighbors," "employer of victim," "employer of abuser," "women's advocate groups," "school/teachers," "clergy/churches," "entire community," "the police," "the prosecutors," "medical community (nurses, doctors, and psychologists)," and "social services (counselors and social workers)" (Li et al., 2013, p. 749). These were then combined to form a number of constructs: private interventions, parochial interventions, criminal justice practitioners, and social and medical professionals. Participants were provided with three substantive responses: "yes," "it depends," and "no."

Next, this research utilized Smith's (2001) descriptions of policies and programs to formulate questions, which included "confidentiality laws," "mandatory reporting for medical personnel," "victim advocate programs," "privilege laws," "mandatory arrest," and "specialized domestic violence courts" (p. 98). For the present research, participants rated their extent of agreement (or disagreement) with whether or not such policies and programs were needed or

should be implemented. Response options ranged from “strongly disagree” to “strongly agree” on a 7-point Likert-type scale.

To assess respondents’ ideas regarding the screening of IPV, an item from Gielen, et al.’s (2000) work was used. The present research adapted the following question: “Do you think doctors and nurses should ask all women at all visits if they are being physically or sexually abused?” (p. 280). For the present research, the phrase “Do you think doctors and nurses” was replaced with “Intake nurses.”

The present research also assessed the extent to which individuals want general government involvement in IPV intervention. To accomplish this, the present research adapted a question from Bui’s (2006) work, which in its original context was worded as follows:

“Government should intervene to stop intimate violence” (p.13). In adapting this question, the present research inserted the term “the” into the statement’s beginning and inserted the term “partner” between the terms “intimate” and “violence” within the original question’s wording.

The question read as follows for the present research: “The government should intervene to stop intimate partner violence.” To operationalize views on injunctions for protection (see Fla. Stat. 741.30(1)(a), n.d.), an original question was put forth, specifically asking if intimate partner violence victims should be allowed to file injunctions for protection against their abusers. Two original questions were also put forth based on firearm policies (Fla. Stat. §§790.233(1)-(3), n.d.). Respondents were first asked whether or not “perpetrators of intimate partner violence should be allowed to possess firearms.” The next question was similar, but focused on whether or not “intimate partner violence perpetrators who have injunctions for protection” should be legally permitted to possess firearms.

Relationship attitudes. Attitudes regarding IPV were assessed using a scale. The Intimate Partner Violence Attitudes Scale-Revised (Fincham et al., 2008; for a complete list, see “Intimate Partner Violence Attitude Scale (Revised)”) is a 17-item measure that comprehensively captures the dynamics of attitudes toward physical and psychological violence, as well as control. However, the present research altered the wording of three items as a means to make them more demographically inclusive. For the first question of interest, “I would be flattered if my partner told me not to talk to someone of the opposite sex” (Fincham et al., 2008, p. 263) was changed to “I would be flattered if my partner told me not to talk to someone of the gender to which I am attracted.” For the second variable of interest, “During a heated argument, it is okay for me to bring up something from my partner’s past to hurt him or her” (p. 263) was changed to “During a heated argument, it is okay for me to bring up something from my partner’s past to hurt my partner.” The final variable of interest, “It is okay for me to tell my partner not to talk to someone of the opposite sex” (p. 263), was changed to “It is okay for me to tell my partner not to talk to someone of the gender to which my partner is attracted.”

Attributions. To measure attributions regarding the perceived cause of IPV, the present research harnessed a victim-blame variable. Salazar, Baker, Price, and Carlin’s (2003) victim-blame measure was used, but altered. The original wording of one of the items, “Men who commit acts of domestic violence do so because they are provoked by their wife/girlfriend” (p. 257), was changed to “People who commit acts of intimate partner violence do so because they are provoked by their partners.” The original wording of another item, “There are acceptable reasons for a man to commit domestic violence” (p. 257-258), was changed to “There are acceptable reasons for someone to commit intimate partner violence.”

Gender (a)symmetry attitudes. The gender (a)symmetry debate bisects the field of IPV research into two camps: the family violence camp and the feminist/violence against women camp (Groves and Thomas, 2014). This debate includes a contention pertaining to understanding which part of the dichotomously-measured demographic of gender perpetrates/receives IPV: the woman/female gender/sex or the man/male gender/sex. The family violence researchers contend that an equivalence in the perpetration of IPV between genders manifests itself: symmetry. The feminist/violence against women researchers contend that an imbalanced pattern of perpetration/victimization exists, in which men may be on the perpetration end of the equation: asymmetry (Groves and Thomas, 2014). For the present research, respondents were asked to indicate which sex or gender perpetrates IPV at higher rates: males/men or females/women.

Male dominance attitudes. To measure attitudes regarding gender, the present research utilized the “male dominance” variable from Li et al.’s (2013) work (p. 748). This group of variables originally possessed three questions. One of these questions, “A woman should not expect to go to the same places or have the same freedom as men” (p. 749), was split into two separate questions. One of the questions referred to whether or not job preference for men was necessary: “There are many jobs in which men should be given preference over women” (p. 749). For this question, the term “many” was changed to “some.” Thus, there were four questions total: a preference for sons to go to college, job preferences for men, location restrictions for women, and freedom restrictions for women. For the present research, the four items together demonstrated acceptable internal consistency (Cronbach’s $\alpha = .615$).

Victimization. Rodríguez, Sheldon, and Rao’s (2002) work encompassed a small, adapted scale of The Abuse Assessment Screen (AAS), which is an assessment of intimate

partner abuse (IPA); Rodríguez et al.'s (2002) adaptation was comprised of three questions gauging victim experiences with three dimensions of IPA: physical violence, threats, and sexual violence. The present research harnessed this adaptation verbatim. To measure a control dimension, this research adapted the sentence structure of the AAS's threat of violence variable. The control question read as follows: "Has your partner or ex-partner ever asserted, or attempted to assert, control over you (e.g., try to keep you from seeing friends/family)?" If respondents answered "yes" to one of the abuse questions, they were then asked to rate the severity of such abuse on a 1 (low) to 5 (high) scale.

Family of origin experiences. To assess respondents' experiences with violence in their families of origin, the present research used Malamuth, Linz, Heavey, Barnes, and Acker's (1995) questions assessing perceived frequency of corporal punishment/child abuse in childhood, witnessing spousal violence in childhood, and frequency of parental fights. The present work altered one of the questions. The question that assessed spousal violence, "While you were growing up, how often did your father hit your mother (mother hit father)?" (p. 356), was changed to "While you were growing up, how often did one of your parents hit the other parent?"

Socio-demography. To construct a question assessing gender identity, a University of Central Florida Counseling and Psychological Services document, "Vocabulary" (n.d.), was consulted. The last page of the document features a depiction of a number of gender identity and expression minority statuses; however, the final response options were "male/man," "female/woman," "transgender," and "other" (with the opportunity to specify). The item assessing age possessed a free response, in which individuals can indicate the exact number of

their ages. This research measured sexual orientation as inclusively as possible. To construct this, the University of Central Florida Counseling and Psychological Services document, “Vocabulary” (n.d.), was consulted; response options included heterosexual, bisexual, lesbian, gay, pansexual, questioning, and others; to be more inclusive, the terms “men who have sex with men (MSM)” and “women who have sex with women (WSW)” were also included (Goldberg & Meyer, 2013, p. 1111). The measure for socioeconomic status was adapted from an American National Election Studies time series cumulative data file (“Version of Cumulative Data File,” 2014). The item assessing racial/ethnic background encompassed seven nominal categories. College level/academic class standing includes five options (“freshman,” “sophomore,” “junior,” “senior,” “graduate student,” and “non-degree seeking”). This research measured party identification by changing a 7-point scale from the American National Election Studies (“Party Identification,” n.d.) into a nominal question in which respondents just report party identification (i.e., “Republican,” “Democrat,” “Independent,” “Other,” and “None”). Religious identity was assessed with five categories adapted from the American National Election Studies’ four-option question (“Religion of Respondent,” n.d.). Religious attendance was assessed using a truncated version of a Pew Research Center (2014) question. The present research measured political ideological orientation by adapting a 7-point scale from the American National Election Studies (“Liberal-Conservative,” n.d.).

CHAPTER 4: RESULTS

This chapter details the steps and results of data analysis for the present research. First, descriptive statistics of demographic data are presented. Then, some key dependent variable measures are discussed, along with a discussion of their reliabilities. A factor analysis of select dependent variables is also discussed, along with reliability statistics. Bivariate statistics (i.e., t-tests and correlation analyses) between attitudes toward IPV and a number of explanatory variables are also presented. Bivariate statistics are also shown for attitudes toward interventions and a number of explanatory variables. Finally, there is a discussion of which sex or gender was perceived as perpetrating IPV the most.

Table 1 Demographics of Respondents

Demographics	Number	Percent
Gender		
Male/Man	84	29.0
Female/Woman	201	69.3
Transgender	2	0.7
Other	3	1.0
Total	290	100
Class Standing		
Freshman	42	14.5
Sophomore	36	12.5
Junior	101	34.9
Senior	110	38.1
Total	289	100
Socioeconomic Status		
Lower or Working Class	37	12.8
Lower-Middle Class	51	17.6
Middle Class	145	50.0
Upper-Middle Class	50	17.2
Upper Class/Wealthy	7	2.4
Total	290	100
Sexual Orientation		
Heterosexual	232	80.8
Non-Heterosexual	55	19.2
Total	287	100
Racial/Ethnic Background		
White	162	56.1
Non-White	127	43.9
Total	289	100
Religious/Spiritual Identity		

Table 1 continued

Protestant	102	35.7
Catholic	64	22.4
Jewish	12	4.2
Other	36	12.6
None or Atheist	72	25.2
Total	286	100

Table 1 reports demographic data. First, 29% of the sample identified as male/man, while 69% identified as female/woman. Most of the sample identified with an upper class academic class standing. Half of the sample identified with a middle class socioeconomic status. Most of the sample identified as white (55.9%). A plurality identified as Protestant (35.2%). Table 2 also reports on demographic information. For instance, a plurality of the sample (35.2%) identified as Democrat. The mean age was 22.59 years.

Table 2 Demographics of Respondents Continued

Demographics	Number	Percent
Attendance at Religious Services		
More than once a week	17	6.0
Once a week	51	17.9
Once or twice a month	23	8.1
A few times a year	53	18.6
Seldom	63	22.1
Never	78	27.4
Total	286	100
Political Ideology		
Extremely liberal	16	5.6
Liberal	77	26.8
Slightly liberal	47	16.4
Moderate, Middle of the Road	96	33.4
Slightly conservative	24	8.4
Conservative	26	9.1
Extremely Conservative	1	0.3
Total	287	100
Political Party		
Republican	50	20.3
Democrat	102	41.5
Independent	80	32.5
Other	14	5.6

Table 2 continued

Total				246		100
Age						
	Mean	Median	Range	Minimum	Maximum	Valid
	22.59	21	35	18	53	287

Table 3 reports percentages of abuse experienced within the sample. Within the sample, 244 individuals (84.1%) indicated that they had ever been involved in a romantic relationship. Of these 244 individuals, 25.4% reported experiencing physical abuse victimization; 20.5% reported experiencing sexual abuse victimization; 22.5% reported experiencing emotional abuse victimization; 38.1% reported experiencing controlling victimization.

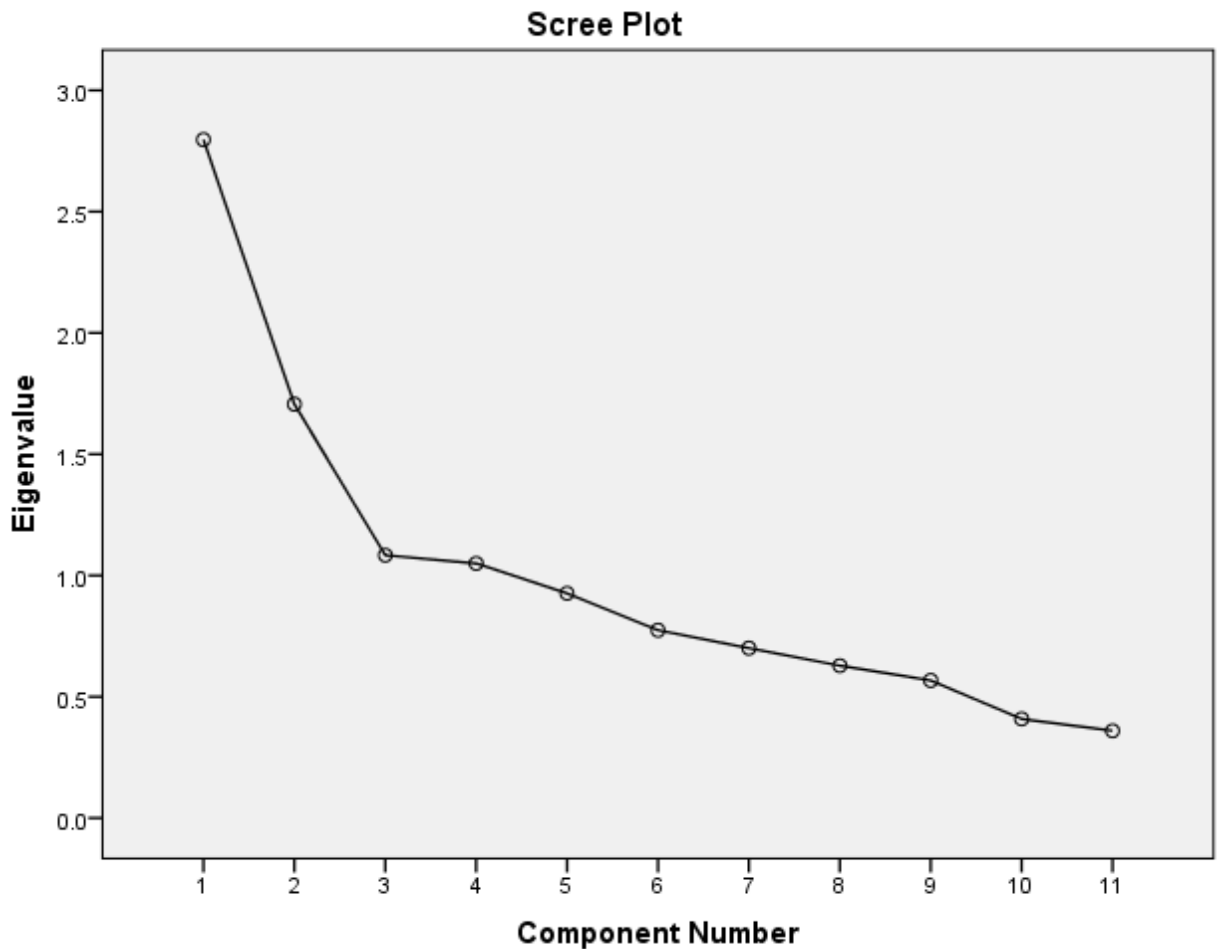
Table 3 Percentages of Abuse

Abuse Type	Number	Percent
Physical Abuse		
Yes	62	25.4
No	182	74.6
Total	244	100
Sexual Abuse		
Yes	50	20.5
No	194	79.5
Total	244	100
Emotional Abuse		
Yes	55	22.5
No	189	77.5
Total	244	100
Control		
Yes	93	38.1
No	151	61.9
Total	244	100

Li et al. (2013) noted that “a Cronbach’s alpha of .60” was indicative of “acceptable reliability” (p. 749). For the present research, the private responses construct possessed a Cronbach’s alpha of .674. The parochial responses construct possessed a Cronbach’s alpha of .850. The criminal justice practitioners construct possessed a Cronbach’s alpha of .747. The

social and medical professionals constructed possessed a Cronbach's alpha of .764. The Intimate Partner Violence Attitude Scale-Revised (IPVAS-R) possessed a Cronbach's alpha of .771. The male dominance scale possessed a Cronbach's alpha of .615.

Figure 1 Scree Plot of Exploratory Factor Analysis



To reduce the number of dependent variables utilized in the analysis part of the present research, a number of dependent variable measures were entered into an exploratory factor analysis: support for mandatory arrest, support for victim advocate programs, support for specialized IPV courts, support for confidentiality laws, support for privilege laws, support for

mandatory reporting laws, support for screening, support for government intervention, support for injunctions for protection, support for firearm restrictions for IPV perpetrators, and support for firearm restrictions for IPV perpetrators with injunctions in effect. The scree plot associated with the analysis is presented in Figure 1. The slope of the curve associated with the scree plot leveled out after three factors, indicating that a three-factor solution may be best for the data. Based on such, the statistical analysis program used for this research was directed to extract three factors.

Table 4 presents the rotated component matrix. Three factors were extracted. Variables were assigned to the factors based on having the strongest relationship to a particular factor. For example, support for mandatory reporting laws had the strongest relationship with the first factor (i.e., Standard Interventions); thus, support for mandatory reporting laws was included in the factor to which it was related most strongly.

Six variables related the most strongly to first factor: perceptions of mandatory arrest, victim advocate programs, domestic violence courts, mandatory reporting, screening, government intervention, and injunction for protection. This factor became the Standard Interventions scale (Cronbach's $\alpha = .623$). Two variables related most strongly to the second factor: perceptions of gun control for perpetrators and gun control for perpetrators with injunctions for protection in effect against them. This factor became the Firearm Policies scale (Cronbach's $\alpha = .762$). Two variables related most strongly to the third factor: perceptions of confidentiality laws and privilege laws. This factor became the Confidentiality Policies scale (Cronbach's $\alpha = .671$).

Table 4 Factor Analysis

	Standard Interventions	Firearm Policies	Confidentiality Policies
Some communities have “mandatory arrest” policies. This means that in the situation where an individual threatens to hit or has actually hit a family member (e.g., a wife or a husband), the officers must arrest (assuming that the suspect is still on the premises; otherwise, a request to arrest the suspect will be issued). This is the case even though the “victim” may <i>not</i> want this person arrested. Please indicate the extent to which you agree or disagree with the implementation of “mandatory arrest” policies.	.421*	.265	-.196
Many communities have victim advocate programs. Victim advocates keep victims informed about the status of cases, provide information to the victims, and usually accompany victims to court for hearings and trials. Please indicate the extent to which you agree or disagree with the implementation of victim advocate programs.	.417*	.365	.223
Some communities have specialized courts that are devoted to processing intimate partner violence cases. Please indicate the extent to which you agree or disagree that these courts are needed.	.523*	.296	.142
Some communities have “confidentiality” laws. Confidentiality laws ensure that employees at battered women shelters are <i>not</i> obligated to report violence to the police. This allows shelter and crisis center employees to keep violence in confidence and does <i>not</i> require, mandate, or obligate them to report violence to police (except in the cases of child or elderly abuse). Please indicate the extent to which you agree or disagree with the implementation of “confidentiality” laws.	-.134	-.052	.853*
Some communities have “privilege” laws, which prohibit the employees of battered women shelters from being subpoenaed to testify in court about conversations held with victims seeking a “safe place.” Please indicate the extent to which you agree or disagree with the implementation of “privilege laws.”	.024	.050	.791*
Some communities have mandatory reporting laws for doctors and nurses. These laws require doctors and nurses to inform the police about injuries they suspect are caused by intimate partner violence. Please indicate the extent to which you agree or disagree with the implementation of mandatory reporting laws.	.546*	.080	-.292
Intake nurses should ask all women at all visits if they are being physically or sexually abused.	.609*	-.013	-.256
The government should intervene to stop intimate partner violence.	.721*	.053	-.011
Intimate partner violence victims should be allowed to file injunctions for protection (i.e., restraining orders or protection orders) against their abusers.	.485*	.158	.228
Intimate partner violence perpetrators should <i>not</i> be allowed to possess firearms.	.159	.876*	.014

Table 4 continued

Intimate partner violence perpetrators who have injunctions for protection (i.e., restraining orders or protection orders) in effect against them should <u>not</u> be allowed to possess firearms.	.106	.847*	-.056
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* Item is most related to this particular factor.

Addressing Research Question 1: Attitudes toward IPV

A series of t-tests were completed to understand the relationships between IPVAS-R scores and a number of explanatory variables. Women ($M = 109.01$; $SD = 8.19$) held more anti-IPV attitudes than men ($M = 103.82$; $SD = 9.72$), $t(276) = -4.56$, $p = .000$. Those of upper class standing ($M = 108.20$; $SD = 8.99$) held more anti-IPV attitudes than individuals of lower class standing ($M = 105.64$; $SD = 8.84$), $t(280) = -2.148$, $p < .05$. No significant difference was found between White ($M = 108.27$; $SD = 8.77$) and non-White ($M = 106.71$; $SD = 9.09$) respondents, $t(280) = -1.456$, $p > .05$. No significant difference was found between religious ($M = 107.31$; $SD = 9.00$) and non-religious or atheist ($M = 108.13$; $SD = 9.06$) respondents, $t(277) = .652$, $p > .05$. No significant difference was found between those with a history of physical IPV ($M = 107.02$; $SD = 9.09$) and those without a history of IPV ($M = 108.01$; $SD = 8.84$) respondents, $t(235) = -.744$, $p > .05$. No significant difference was found between those with a history of sexual IPV ($M = 109.08$; $SD = 8.73$) and those without a history of sexual IPV ($M = 107.4$; $SD = 8.93$) respondents, $t(235) = -.744$, $p > .05$. No significant difference was found between those with a history of emotional IPV ($M = 108.94$; $SD = 8.78$) and those without a history of emotional IPV ($M = 107.41$; $SD = 8.92$), $t(235) = 1.104$, $p > .05$. No significant difference was found between those with a history of controlling IPV ($M = 108.37$; $SD = 8.76$) and those without a history of controlling IPV ($M = 107.38$; $SD = 8.98$) respondents, $t(235) = .821$, $p > .05$.

Table 5 Independent Sample T-test – IPVAS-R Means for Some and No Religious Identification

	Religious Identification		<i>t</i>	<i>df</i>
	Some Religious Identification	None or Atheist		
IPVAS-R Score	107.31 (9.00)	108.13 (9.06)	.652	277

Note: Standard deviations appear in parentheses below the mean. IPVAS-R scores ranged from 17 (agreement with IPV) to 119 (disagreement with IPV).

Pearson's correlations were also completed with regard to IPVAS-R scores. Support for Private Responses ($r = .153$), Parochial Responses ($r = .155$), Criminal Justice Practitioners ($r = .225$), Social and Medical Professionals ($r = .261$), Standard Interventions ($r = .215$), and Firearm Policies ($r = .187$) was positively related to anti-IPV attitudes. Male Dominance attitudes ($r = -.303$), believing that partners provoke IPV perpetrators ($r = -.340$) and that there are acceptable reasons for IPV ($r = -.300$) all were negatively associated with anti-IPV attitudes.

Table 6 Pearson's Correlations of IPVAS-R Scores on Independent Factors

Factor	IPVAS-R Scores	Number
Private Responses	.153*	280
Parochial Responses	.155*	281
Criminal Justice Practitioners	.225**	279
Social and Medical Professionals	.261**	282
Standard Interventions	.215**	279
Confidentiality Policies	.015	282
Firearm Policies	.187*	283
Male Dominance	-.303**	283
Attribution 1	-.340**	282
Attribution 2	-.300**	283

Note: * $p \leq .01$; ** $p \leq .001$; Attribution 1 = People who commit acts of intimate partner violence do so because they are provoked by their partners. Attribution 2 = There are acceptable reasons for someone to commit intimate partner violence.

Addressing Research Question 2: Perceptions of Interventions

Private responses. T-tests were completed for support for Private Responses. Men ($M = 103.82$; $SD = 109.01$) did not differ significantly from women ($M = 109.01$; $SD = 8.19$) with regard to support for Private Responses, $t(276) = -.817$, $p > .05$. Respondents of lower class standing ($M = 10.57$; $SD = 1.53$) did not differ significantly from those of upper class standing

($M = 10.64$; $SD = 1.47$) with regard to support for Private Responses, $t(284) = -.351$, $p > .05$.

White persons ($M = 10.49$; $SD = 1.61$) and non-white persons ($M = 10.49$; $SD = 1.29$) did not

differ significantly with regard to support for Private Responses, $t(284) = 1.647$, $p > .05$. Having

a history of physical abuse victimization ($M = 10.56$; $SD = 1.66$) did not differ significantly from

not having a history of physical abuse ($M = 10.62$; $SD = 1.48$), $t(239) = -.286$, $p > .05$. With

regard to support for private responses, those with sexual abuse histories ($M = 10.83$; $SD = 1.20$)

and without sexual abuse histories ($M = 10.55$; $SD = 1.60$) did not differ significantly, $t(239) =$

1.187 , $p > .05$. For emotional abuse, there was no significant difference between those with

emotional abuse histories ($M = 10.44$; $SD = 1.57$) and those without emotional abuse histories (M

$= 10.65$; $SD = 1.51$), $t(239) = -.881$, $p > .05$. Additionally, no significant difference was found

between those who experienced controlling IPV ($M = 10.56$; $SD = 1.60$) and those without

controlling IPV histories ($M = 10.63$; $SD = 1.49$), $t(239) = -.324$, $p > .05$.

Table 7 Independent Sample T-test – IPVAS-R, Private Responses, Parochial Responses, Criminal Justice Practitioners, Social and Medical Professionals, Standard Interventions, Confidentiality Policies, and Firearm Policies Means for Men and Women

	Sex/Gender		<i>t</i>	<i>df</i>
	Males/Men	Females/Women		
IPVAS-R Score	103.82 (9.72)	109.01 (8.19)	-4.56*	276
Private Responses	10.49 (1.44)	10.65 (1.51)	-.817	280
Parochial Responses	13.78 (3.25)	14.40 (3.15)	-1.476	280
Criminal Justice Practitioners	5.40 (1.06)	5.61 (.83)	-1.811	279
Social and Medical Professionals	5.54 (.92)	5.71 (.78)	-1.672	282
Standard Interventions	38.40 (5.03)	40.67 (4.70)	-3.596*	278
Confidentiality Policies	8.47 (3.15)	8.58 (3.01)	-.282	282
Firearm Policies	10.80 (2.79)	11.94 (2.45)	-3.431*	283

Table 7 continued

Note: * $p \leq .001$. Standard deviations appear in parentheses below the mean. IPVAS-R scores ranged from 17 (agreement with IPV) to 119 (disagreement with IPV). Private interventions ranged from 4 (low) to 12 (high). Parochial interventions ranged from 6 (low) to 18 (high). Criminal Justice Practitioners and Social and Medical Professionals ranged from 3 (low) to 6 (high). Standard Interventions ranged from 7 (low) to 49 (high). Confidentiality Policies and Firearm Policies ranged from 2 (low) to 14 (high).

To look at the relationships for other variables, a series of correlation analysis were completed. Support for Private Responses was negatively related to male dominance attitudes ($r = -.137$), negatively related to believing that partners provoke IPV perpetrators ($r = -.195$), negatively related to believing that there are acceptable reasons for partner violence ($r = -.156$), and unrelated to partisan identification and political ideology.

Parochial responses. T-tests were completed for Parochial Responses. Men ($M = 13.78$; $SD = 3.25$) and women ($M = 14.40$; $SD = 3.15$) did not differ significantly with regard to support for Parochial Responses, $t(280) = -1.476$, $p > .05$. Individuals of lower class standing ($M = 13.88$; $SD = 3.41$) and upper class standing ($M = 14.42$; $SD = 3.10$) also did not differ, $t(284) = -1.256$, $p > .05$. There were no significant differences for whites ($M = 13.98$; $SD = 3.34$) and non-whites ($M = 14.64$; $SD = 2.96$), $t(284) = 1.738$, $p > .05$. Those individuals with a history of physical IPV ($M = 13.83$; $SD = 3.29$) did not differ significantly from those individuals without such histories ($M = 14.43$; $SD = 3.18$), $t(239) = -1.239$, $p > .05$. No differences were found between individuals with sexual abuse histories ($M = 14.39$; $SD = 2.90$) and individuals without such histories ($M = 14.25$; $SD = 3.29$), $t(239) = .268$. Those with an emotional abuse history ($M = 14.19$; $SD = 3.11$) and without such histories ($M = 14.30$; $SD = 3.25$), $t(239) = -.241$, $p > .05$. Individuals who have controlling abuse histories ($M = 14.26$; $SD = 3.26$) did not differ significantly from those without such histories ($M = 14.29$; $SD = 3.19$), $t(239) = -.084$, $p > .05$.

To look at the relationships for other variables, a series of correlation analysis were completed. Support for Parochial Responses was negatively related to male dominance attitudes ($r = -.127$), negatively related to believing that partners provoke IPV perpetrators ($r = -.161$), negatively related to believing that there are acceptable reasons for IPV ($r = -.138$), and unrelated to partisan identification and political ideology.

Criminal justice practitioners. T-tests were completed for Criminal Justice Practitioners. Men ($M = 5.40$; $SD = 1.06$) did not differ significantly from women ($M = 5.61$; $SD = .83$), $t(279) = -1.811$, $p > .05$. Being of lower class standing ($M = 5.57$; $SD = .98$) did not differ significantly from upper class standing ($M = 5.55$; $SD = .87$), $t(283) = .194$, $p > .05$. Regarding support for Criminal Justice Practitioners, those who identified as white ($M = 5.53$; $SD = .95$) and non-white ($M = 5.57$; $SD = .84$) did not differ significantly, $t(283) = .342$, $p > .05$. Those with physical abuse histories ($M = 5.39$; $SD = 1.14$) and no physical abuse histories ($M = 5.63$; $SD = .82$) did not differ either, $t(239) = -1.750$, $p > .05$. Those with sexual abuse histories ($M = 5.70$; $SD = .62$) and those without sexual abuse histories ($M = 5.54$; $SD = .96$) did not differ in their support for Criminal Justice Practitioners, $t(239) = .261$, $p > .05$. Individuals with emotional abuse histories ($M = 5.58$; $SD = .91$) did not differ significantly from individuals without such histories ($M = 5.57$; $SD = .91$), $t(239) = .076$, $p > .05$. Individuals who have suffered controlling IPV ($M = 5.57$; $SD = .98$) and those who have not ($M = 5.57$; $SD = .86$) did not differ significantly, $t(239) = -.024$, $p > .05$.

Table 8 Independent Sample T-test – IPVAS-R, Private Responses, Parochial Responses, Criminal Justice Practitioners, Social and Medical Professionals, Standard Interventions, Confidentiality Policies, and Firearm Policies Means for Upper and Lower Class Standing

	Class Standing		<i>t</i>	<i>df</i>
	Lower Class Standing	Upper Class Standing		
IPVAS-R Score	105.64 (8.84)	108.20 (8.99)	-2.148*	280
Private Responses	10.57 (1.53)	10.64 (1.47)	-.351	284
Parochial Responses	13.88 (3.41)	14.42 (3.10)	-1.256	284
Criminal Justice Practitioners	5.57 (.98)	5.55 (.87)	.194	283
Social and Medical Professionals	5.62 (.90)	5.68 (.79)	-.600	286
Standard Interventions	40.39 (5.19)	39.88 (4.76)	.784	282
Confidentiality Laws	8.29 (2.82)	8.69 (3.14)	-.966	286
Firearm Policies	11.54 (2.37)	11.67 (2.68)	-.391	287

Note: * $p < .05$. Standard deviations appear in parentheses below the mean. IPVAS-R scores ranged from 17 (agreement with IPV) to 119 (disagreement with IPV). Private interventions ranged from 4 (low) to 12 (high). Parochial interventions ranged from 6 (low) to 18 (high). Criminal Justice Practitioners and Social and Medical Professionals ranged from 3 (low) to 6 (high). Standard Interventions ranged from 7 (low) to 49 (high). Confidentiality Policies and Firearm Policies ranged from 2 (low) to 14 (high).

To look at the relationships for other variables, a series of correlation analyses were completed. Support for Criminal Justice Practitioners was negatively related to male dominance attitudes ($r = -.135$), negatively related to believing that partners provoke IPV perpetrators ($r = -.234$), unrelated to believing that there are acceptable reasons for IPV, unrelated to partisan identification, and negatively related to conservative ideology ($r = -.143$).

Social and medical professionals. T-tests were completed for Social and Medical Professionals. Men ($M = 5.54$; $SD = .92$) did not differ from women ($M = 5.71$; $SD = .78$) in terms of support for this construct, $t(282) = -1.672$, $p > .05$. Individuals of lower class standing ($M = 5.62$; $SD = .90$) did not differ significantly from individuals of upper class standing ($M =$

5.68; $SD = .79$), $t(286) = -.600$, $p > .05$. There were no significant differences between white persons ($M = 5.62$; $SD = .87$) and non-white persons ($M = 5.71$; $SD = .76$), $t(286) = .929$, $p > .05$.

Regarding support for Social and Medical Professionals, those individuals with a history of physical abuse ($M = 5.51$; $SD = 1.04$) did not differ from those without such histories ($M = 5.74$; $SD = .71$), $t(241) = -1.962$. Those with a sexual abuse history ($M = 5.80$; $SD = .53$) and those without a sexual abuse history ($M = 5.65$; $SD = .87$), $t(241) = .360$, $p > .05$. Persons with emotional abuse histories ($M = 5.67$; $SD = .82$) did not differ significantly from persons without such histories ($M = 5.69$; $SD = .81$), $t(241) = -.108$, $p > .05$. Persons with controlling IPV histories ($M = 5.69$; $SD = .86$) did not differ from those without such histories ($M = 5.68$; $SD = .78$), $t(241) = .076$, $p > .05$.

To look at the relationships for other variables, a series of correlation analysis were completed. Support for Social and Medical Professionals was negatively related to male dominance attitudes ($r = -.196$), negatively related to believing that partners provoke IPV perpetrators ($r = -.184$), negatively related to believing that there are acceptable reasons for IPV ($r = -.151$), unrelated to partisan identification, and negatively related to conservative ideology ($r = -.118$).

Standard interventions. T-tests were completed for the Standard Interventions construct. Females/women ($M = 40.67$; $SD = 4.70$) showed more support for Standard Interventions than men ($M = 38.40$; $SD = 5.03$), $t(278) = -3.596$, $p < .001$. Persons of lower class standing ($M = 40.39$; $SD = 5.19$) did not differ significantly from persons of upper class standing ($M = 39.88$; $SD = 4.76$), $t(282) = .784$. Persons who identified as white ($M = 39.53$; $SD = 5.04$) and persons who identified as non-white ($M = 40.64$; $SD = 4.61$) did not differ significantly,

$t(282) = 1.916, p > .05$. There was no significant difference between individuals with physical abuse histories ($M = 40.39; SD = 4.89$) and individuals without physical abuse histories ($M = 39.87$), $t(238) = .711, p > .05$. Persons with sexual abuse histories ($M = 41.30; SD = 4.55$) did not differ with regard to support for Standard Interventions from persons without sexual abuse histories ($M = 39.65; SD = 4.94$), $t(238) = 2.133, p > .05$. Persons who experienced emotional abuse ($M = 41.17; SD = 4.31$) supported Standard Interventions more than men ($M = 39.66; SD = 5.01$), $t(238) = 2.009, p < .05$. Persons with experiences with controlling abuse ($M = 40.67; SD = 4.82$) experiences did not differ significantly from persons without such experiences ($M = 39.58; SD = 4.91$), $t(238) = 1.674, p > .05$.

Table 9 Independent Sample T-test – IPVAS-R, Private Responses, Parochial Responses, Criminal Justice Practitioners, Social and Medical Professionals, Standard Interventions, Confidentiality Policies, and Firearm Policies Means for White and Non-White Race/Ethnicity

	Race/Ethnicity		<i>t</i>	<i>df</i>
	White	Non-White		
IPVAS-R Score	108.27 (8.77)	106.71 (9.09)	-1.456	280
Private Responses	10.49 (1.61)	10.49 (1.29)	1.647	284
Parochial Responses	13.98 (3.34)	14.64 (2.96)	1.738	284
Criminal Justice Practitioners	5.53 (.95)	5.57 (.84)	.342	283
Social and Medical Professionals	5.62 (.87)	5.71 (.76)	.929	286
Standard Interventions	39.53 (5.04)	40.64 (4.61)	1.916	282
Confidentiality Policies	8.72 (3.02)	8.43 (3.11)	-.813	286
Firearm Policies	11.41 (2.78)	11.94 (2.31)	1.731	287

Note: Standard deviations appear in parentheses below the mean. IPVAS-R scores ranged from 17 (agreement with IPV) to 119 (disagreement with IPV). Private interventions ranged from 4 (low) to 12 (high). Parochial interventions ranged from 6 (low) to 18 (high). Criminal Justice Practitioners and Social and Medical Professionals ranged from 3 (low) to 6 (high). Standard Interventions ranged from 7 (low) to 49 (high). Confidentiality Policies and Firearm Policies ranged from 2 (low) to 14 (high).

To look at the relationships for other variables, a series of correlation analysis were completed. Support for Standard Interventions was negatively related to male dominance attitudes ($r = -.218$), negatively related to believing that partners provoke IPV perpetrators ($r = -.240$), negatively related to believing that there are acceptable reasons for IPV ($r = -.235$), negatively related to Republican identification ($r = -.225$), and unrelated to political ideology.

Table 10 Independent Sample T-test – IPVAS-R, Private Responses, Parochial Responses, Criminal Justice Practitioners, Social and Medical Professionals, Standard Interventions, Confidentiality Policies, and Firearm Policies Means for Physical Abuse

	Physical Abuse		<i>t</i>	<i>df</i>
	Yes	No		
IPVAS-R Score	107.02 (9.09)	108.01 (8.84)	-.744	235
Private Responses	10.56 (1.66)	10.62 (1.48)	-.286	239
Parochial Responses	13.83 (3.29)	14.43 (3.18)	-1.239	239
Criminal Justice Practitioners	5.39 (1.14)	5.63 (.81)	-1.750	239
Social and Medical Professionals	5.51 (1.04)	5.74 (.71)	-1.962	241
Standard Interventions	40.39 (4.89)	39.87 (4.90)	.711	238
Confidentiality Policies	8.85 (3.55)	8.49 (2.91)	.798	241
Firearm Policies	12.02 (2.51)	11.48 (2.56)	1.423	242

Note: Standard deviations appear in parentheses below the mean. IPVAS-R scores ranged from 17 (agreement with IPV) to 119 (disagreement with IPV). Private interventions ranged from 4 (low) to 12 (high). Parochial interventions ranged from 6 (low) to 18 (high). Criminal Justice Practitioners and Social and Medical Professionals ranged from 3 (low) to 6 (high). Standard Interventions ranged from 7 (low) to 49 (high). Confidentiality Policies and Firearm Policies ranged from 2 (low) to 14 (high).

Confidentiality policies. T-tests were completed for the Confidentiality Policies construct. There was no significant difference found for men ($M = 8.47$; $SD = 3.15$) and women ($M = 8.58$; $SD = 3.01$) with regard to this construct, $t(282) = -.282$, $p > .05$. Students of lower class standing ($M = 8.29$; $SD = 2.82$) did not differ significantly from students of upper class standing ($M = 8.69$; $SD = 3.14$), $t(286) = -.966$, $p > .05$. There was no significant difference

found between persons who identified as white ($M = 8.72$; $SD = 3.02$) and those who identified as non-white ($M = 8.43$; $SD = 3.11$), $t(286) = .813$, $p > .05$. Persons with physical abuse histories ($M = 8.85$; $SD = 3.55$) did not differ significantly from those without such experiences ($M=8.48$; $SD = 2.91$). Persons who experienced sexual abuse ($M = 8.72$; $SD = 3.20$) did not differ significantly from those without such experiences ($M = 8.54$; $SD = 3.05$), $t(241)=.360$, $p > .05$. Those who experienced emotional abuse ($M = 8.78$; $SD = 3.50$) and those who did not ($M = 8.52$; $SD = 2.95$) did not differ significantly, $t(241)=.552$, $p > .05$. With regard to support for Confidentiality Laws, there was no significant difference between individuals with controlling IPV experiences ($M = 8.75$; $SD = 3.02$) and individuals without such experiences ($M = 8.47$; $SD = 3.12$), $t(241)=.687$, $p > .05$.

Table 11 Independent Sample T-test – IPVAS-R, Private Responses, Parochial Responses, Criminal Justice Practitioners, Social and Medical Professionals, Standard Interventions, Confidentiality Policies, and Firearm Policies Means for Sexual Abuse

	Sexual Abuse		<i>t</i>	<i>df</i>
	Yes	No		
IPVAS-R Score	109.08 (8.73)	107.40 (8.93)	-.744	235
Private Responses	10.83 (1.20)	10.55 (1.60)	1.187	239
Parochial Responses	14.39 (2.90)	14.25 (3.29)	.268	239
Criminal Justice Practitioners	5.70 (.62)	5.54 (.96)	.261	239
Social and Medical Professionals	5.80 (.53)	5.65 (.87)	1.146	241
Standard Interventions	41.30 (4.55)	39.65 (4.94)	2.133	238
Confidentiality Policies	8.72 (3.20)	8.54 (3.05)	.360	241
Firearm Policies	12.90 (1.59)	11.29 (2.65)	4.111*	242

Table 11 continued

Note: * $p < .001$. Standard deviations appear in parentheses below the mean. IPVAS-R scores ranged from 17 (agreement with IPV) to 119 (disagreement with IPV). Private interventions ranged from 4 (low) to 12 (high). Parochial interventions ranged from 6 (low) to 18 (high). Criminal Justice Practitioners and Social and Medical Professionals ranged from 3 (low) to 6 (high). Standard Interventions ranged from 7 (low) to 49 (high). Confidentiality Policies and Firearm Policies ranged from 2 (low) to 14 (high).

To look at the relationships for other variables, a series of correlation analysis were completed. Support for Confidentiality Policies was negatively related to male dominance attitudes ($r = -.174$), unrelated to believing that partners provoke IPV perpetrators, unrelated to believing that there are acceptable reasons for IPV, unrelated to political party identification, and negatively related to conservative ideology ($r = -.189$).

Table 12 Independent Sample T-test – IPVAS-R, Private Responses, Parochial Responses, Criminal Justice Practitioners, Social and Medical Professionals, Standard Interventions, Confidentiality Policies, and Firearm Policies Means for Emotional Abuse

	Emotional Abuse		<i>t</i>	<i>df</i>
	Yes	No		
IPVAS-R Score	108.94 (8.78)	107.41 (8.92)	1.104	235
Private Responses	10.44 (1.57)	10.65 (1.51)	-.881	239
Parochial Responses	14.19 (3.11)	14.30 (3.25)	-.241	239
Criminal Justice Practitioners	5.58 (.91)	5.57 (.91)	.076	239
Social and Medical Professionals	5.67 (.82)	5.69 (.81)	-.108	241
Standard Interventions	41.17 (4.31)	39.66 (5.01)	2.009*	238
Confidentiality Policies	8.78 (3.50)	8.52 (2.95)	.552	241
Firearm Policies	12.38 (2.09)	11.40 (2.63)	2.548*	242

Note: * $p < .05$. Standard deviations appear in parentheses below the mean. IPVAS-R scores ranged from 17 (agreement with IPV) to 119 (disagreement with IPV). Private interventions ranged from 4 (low) to 12 (high). Parochial interventions ranged from 6 (low) to 18 (high). Criminal Justice Practitioners and Social and Medical Professionals ranged from 3 (low) to 6 (high). Standard Interventions ranged from 7 (low) to 49 (high). Confidentiality Policies and Firearm Policies ranged from 2 (low) to 14 (high).

Firearm policies. T-tests were completed for the Firearm Policies construct. Women ($M = 11.94$; $SD = 2.45$) showed more support for Firearm Policies than men ($M = 10.80$; $SD = 2.79$), $t(283) = -3.431$, $p = .001$. Persons of lower class standing ($M = 11.54$; $SD = 2.37$) and persons of upper class standing ($M = 11.67$; $SD = 2.68$) did not differ significantly with regard to support for Firearm Policies. There was also no significant difference between those individuals who identified as white ($M = 11.41$; $SD = 2.78$) and those individuals who identified as non-white ($M = 11.94$; $SD = 2.31$), $t(287) = 1.731$, $p > .05$. Individuals who experienced physical abuse ($M = 12.02$; $SD = 2.51$) and individuals who did not experience physical abuse ($M = 11.48$; $SD = 2.65$) did not significantly differ $t(242) = 1.423$, $p > .05$. However, persons who experienced sexual abuse ($M = 12.90$; $SD = 1.59$) supported Firearm Policies more than those without such experiences ($M = 11.29$), $t(242) = 4.111$, $p < .001$. Additionally, persons who experienced emotional abuse victimization ($M = 12.38$; $SD = 2.09$) supported Firearm Policies more than persons who did not have such experiences ($M = 11.40$; $SD = 2.63$), $t(242) = 2.548$, $p < .05$. Finally, individuals with controlling IPV victimization experiences ($M = 11.84$; $SD = 2.37$) and individuals without such experiences ($M = 11.48$; $SD = 2.66$) did not differ significantly, $t(242) = 1.057$, $p > .05$.

Table 13 Independent Sample T-test – IPVAS-R, Private Responses, Parochial Responses, Criminal Justice Practitioners, Social and Medical Professionals, Standard Interventions, Confidentiality Policies, and Firearm Policies Means for Control Experiences

	Control		<i>t</i>	<i>df</i>
	Yes	No		
IPVAS-R Score	108.37 (8.76)	107.38 (8.98)	.821	235
Private Responses	10.56 (1.60)	10.63 (1.49)	-.324	239

Table 13 continued

Parochial Responses	14.26 (3.26)	14.29 (3.19)	-.084	239
Criminal Justice Practitioners	5.57 (.98)	5.57 (.86)	-.024	239
Social and Medical Professionals	5.69 (.86)	5.68 (.78)	.076	241
Standard Interventions	40.67 (4.82)	39.58 (4.91)	1.674	238
Confidentiality Policies	8.75 (3.02)	8.47 (3.12)	.687	241
Firearm Policies	11.84 (2.37)	11.48 (2.66)	1.057	242

Note: Standard deviations appear in parentheses below the mean. IPVAS-R scores ranged from 17 (agreement with IPV) to 119 (disagreement with IPV). Private interventions ranged from 4 (low) to 12 (high). Parochial interventions ranged from 6 (low) to 18 (high). Criminal Justice Practitioners and Social and Medical Professionals ranged from 3 (low) to 6 (high). Standard Interventions ranged from 7 (low) to 49 (high). Confidentiality Policies and Firearm Policies ranged from 2 (low) to 14 (high).

To look at the relationships for other variables, a series of correlation analysis were completed. Support for Firearm Policies was negatively related to male dominance attitudes ($r = -.249$), negatively related to believing that partners provoke IPV perpetrators ($r = -.319$), negatively related to believing that there are acceptable reasons for IPV ($r = -.193$), negatively related to Republican identification ($r = -.255$), and negatively related to conservative ideology ($r = -.230$).

Addressing Research Questions 3: (A)symmetry Attitudes

Finally, participants were asked to identify which sex or gender perpetrates IPV at higher rates; a majority of the sample indicated that males/men perpetrate IPV at higher rates. Next, 34.6% indicated that both sexes/genders perpetrate violence at similar rates. A very small portion of the sample indicated that females/women perpetrate IPV at higher rates.

Table 14 (A)symmetry Attitudes

Which sex or gender perpetrates IPV at higher rates?		
Males/Men	Females/Women	Both
61.5%	3.9%	34.6%

CHAPTER 5: CONCLUSION

This conclusion provides final remarks on this research study. First, its contents provide an overview of findings from this research's results section. Then, its contents compare the findings of the present research to previous research as a means to show how this research builds on previous works. Limitations of the present research are discussed as a means to figure how future studies may evade potential drawbacks when dealing with survey research methodologies. Finally, this chapter concludes with a discussion of a direction that future researchers can take when dealing with studies such as this one.

Discussion

Findings and previous research. One of the constructs that this research sought to study was attitudes toward IPV. The present research specifically aimed to study the nature of the relationships between various explanatory variables and attitudes toward IPV. First, victim blaming was inversely related to anti-IPV attitudes; for the present research, this was a test of Attribution Theory (Weiner, 2012). Perceived causes of IPV were related to IPV attitudes. Regarding student year in college, upperclassmen held more anti-IPV attitudes than underclassmen. This is consistent with the previous literature on this topic; Nabors et al.'s (2006) work found that, as college class standing increased, a decrease in the tendency "to hold beliefs supportive of physical and sexual abuse" transpired (p. 789). Women held more anti-IPV attitudes than men. This is consistent with previous literature, such as Lin et al.'s work in which women rated more IPV acts as being abusive than men and Nabors et al.'s (2006) work in which women were less likely to hold physical and sexual abuse-supportive beliefs. Those who identified with a religious background did not differ significantly from those individuals who

identified as “none” or atheist. This is an exploratory finding, as previous literature on the topic (i.e., Berkel, Vandiver, and Bahner, 2004) did not use religious affiliation or identification within analyses.

Correlation analyses revealed that male dominance attitudes negatively correlated to anti-IPV attitudes. This is somewhat consistent with previous literature. For instance, Lin et al. (2015) found that as male dominance attitudes increased, defining certain abusive acts as violence decreased. Berkel et al. (2004) found that more sympathy for battered women was related to more egalitarian attitudes. The present study found no meaningful differences in anti-IPV attitudes based on racial/ethnic background. This is consistent with previous works (e.g., Lin et al., 2015; Smith et al., 2005). The present research found no meaningful mean differences in anti-IPV attitudes based on previous IPV victimization.

The second construct that the present research sought to understand was perceptions of interventions that specifically regard IPV. The present research specifically aimed to study the nature of the relationships between various explanatory variables attitudes toward such interventions. First, anti-IPV attitudes were positively (but weakly) related to support for a number of interventions. This is consistent with works in other fields that show a positive relationship between attitudes toward something and attitudes toward policies, rights, or interventions that specifically regard such social objects (Ellis et al., 2003). In Wu et al.’s (2013) total sample, as tolerance for IPV increased, support for law enforcement interventions and social services interventions decreased. In their U.S.-only sample, as tolerance for IPV increased, support for social services intervention decreased.

Victim blaming (i.e., allocating responsibility for IPV on victims) was consistently and (weakly) negatively associated with support for interventions. This finding was a test of Attribution Theory (Weiner, 2012), in which the causes of empirical phenomena are brought to the forefront of scholarship. In Wu et al.'s (2013) regression utilizing their total sample, believing that IPV is caused by drugs/alcohol was positively related to support for social service interventions.

Women were more likely than men to support Standard Interventions and Firearm Policies. However, in most t-tests in which the dependent variable was support for an intervention, there were no sex/gender differences. The finding that women were more likely than men to support Standard Interventions and Firearm Policies is consistent with the findings of previous literature that women are more supportive (e.g., Li et al., 2013; Robinson, 1999; Wu et al., 2013; Sun et al., 2011). No significant differences in support for interventions were found for class standing. This is consistent with Li et al.'s (2013) work. For the present research, no significant differences were found based on racial ethnic background. Also, no differences were found based on physical abuse or controlling abuse. For the most part, experiences with sexual abuse did not differ significantly from those without such histories in regard to support for interventions. However, persons with a sexual abuse history had a higher tendency to support Firearm Policies. Persons with emotional abuse histories supported Standard Interventions and Firearm Policies more than those without such histories. These were the only two analyses in which differences were found. In Gielen et al.'s (2000) study, abused women were more likely than non-abused women to support routine screening.

For the present research, male dominance attitudes consistently (but weakly) and negatively related to support for interventions. In Li et al.'s (2013) work, these attitudes were largely unrelated to private, parochial, and criminal justice oriented interventions; however, the directionality of the relationship is consistent with Li et al.'s (2013) finding that male dominance attitudes were negatively related to support for social/medical professionals responses. The directionality was similar for Wu et al.'s (2013) work; as male dominances attitudes increased, support for interventions decreased (within their combined sample).

Exploratory findings of this research include looking at how partisan identification and political ideology interact with attitudes toward interventions. Partisanship was mostly unrelated to support for interventions. However, individuals identifying as Republican were less likely to support Standard Intervention and Firearm Policies. Political ideology was somewhat related to support for interventions. More conservative ideology was associated with lower support for Criminal Justice Practitioners, Social and Medical Responses, Confidentiality Policies, and Firearm Policies.

Trends of findings. Within the results section of this research, a number of analyses garnered non-significant results. However, such non-significant results are useful in uncovering trends within the data. For instance, eight different t-tests were completed with sex/gender as the independent variable. Women had significantly higher means for anti-IPV attitudes, support for Standard Interventions, and support for Firearm Policies. For all of the non-significant t-tests, women still possessed more support for interventions regarding IPV. A similar phenomenon occurred for academic class standing. Persons of upper class standing held more anti-IPV attitudes than persons of lower class standing. All t-tests for support for interventions were not

significant. However, for five out of seven t-test, although not significant, persons of upper class standing held marginally higher means regarding support for interventions.

Limitations

Sample size. The present research featured a number of limitations, one of which is a relatively small sample size. The University of Central Florida possesses 52,539 undergraduate students (“UCF Current Facts,” n.d.). The relatively small sample size included within the present research (290 undergraduates) renders the present research unable to generalize to the wider UCF population.

Operationalization issues. Another set of limitations for the present work regards operationalization of key variables.

Attribution variables. For example, the present work included two items to measure attributions (believing that partners provoke IPV perpetrators and believing that there are acceptable reasons for committing IPV): victim blaming variables. However, a limitation is that utilizing *only* these two variables discounts a long list of potential attributions. For instance, Wu et al. (2013) included many attributions, such as drugs/alcohol, financial stress, unequal power, and others. Additionally, the present research left out other important constructs, such as global patriarchy.

Sexual orientation. Another issue regarding operationalization regards the sexual orientation variable. A multitude of options were provided as a means to be as inclusive as possible. Fifty-five persons identified with a non-heterosexual sexual orientation. Such a large number indicates that maybe there were some dishonest responses in the data, which may be related to the number of options containing names of sexual identities that are not commonly

utilized in everyday language (e.g., asexual). A way to overcome this limitation would be to provide fewer options, while still allowing for inclusive language.

Socioeconomic status. Another problem variable is this research's measurement of socioeconomic status. To have the most accurate findings, the best line of action would be to have multiple questions that assess this construct. Wu et al. (2013) measured socioeconomic status with parental education and household income. The most accurate depiction of socioeconomic status may come from adding students' personal incomes to this variable.

Relying on bivariate association. The present research relied exclusively on bivariate associations. The statistical analysis portion of this research relied heavily on independent samples t-tests and correlation analyses. These bivariate associations are "a good place to start" (Pollock III, 2012, p. 161); however such statistics do not provide answers to "which variable is the cause and which is the effect" (p. 161). Running a more powerful statistical technique such as a regression analysis could have brought this research closer to "investigat[ing] causal relationships" (p. 161).

Survey length. The survey instrument utilized for the present research included 72 items. Although lengthy surveys enhance the ability to have more variables, they have their limitations. One possible outcome is survey fatigue, in which survey respondents may grow tired after answering a certain number of questions.

Researcher bias. We may turn to actual survey respondents to pin point potential limitations of the present research. One survey participant gave the following feedback: "You focused on women on one of your questions when you should have focused on all genders a lack of focus on male partner on male partner or female on male clearly shows your unprofessional

sexist skew. Please treat both genders equally or give them separate questions.” This particular respondent made a fair point. The comment was in relation to survey question adapted from Gielen, et al.’s (2000) work: “Intake nurses should ask all women at all visits if they are being physically or sexually abused.” In reflection, this question should have also been adapted for men, as to ensure that both genders are equally represented in survey questions.

A note on self-defense. One survey participant put forth that some questions “could use a never (except for self-defense) distinction” This statement was most likely attributed to some of the attitudinal questions that specifically dealt with violent acts, such as the following: “It would not be appropriate to ever kick, bite, or hit a partner with one’s fist.” The present research could have included an “except for self-defense” distinction.

Directions for Future Research

Intersectionality. One way attitudinal research can further the study of attitudes toward interventions is by incorporating intersectionality, which focuses on how “systems of oppression” “mutually construct one another” (Collins, 2000, p. 47). Applied to attitudes toward interventions, we must first understand that knowledge is determined by one’s social standpoint (Appelrouth & Edles, 2008). This standpoint colors how people see and react to the world around them. As Collins and Andersen (2015) put it, “race, class, and gender are *intersecting* categories of experience that affect all aspects of human life; they *simultaneously* structure the experiences of all people in this society” (p. 4). Future research could investigate how women of color specifically view IPV interventions at such intersections. Smith’s (2001) literature review showed that black citizens distrust police more than white citizens; focusing on battered women, Smith (2001) also brings gender into the discussion. Smith’s (2001) first hypothesis put forth that

black women's attitudes toward intervention are colored by an overtone of not "relinquishing power to the police," affecting their views on interventions, such as mandatory arrest (p. 95). Future research could shed light on how specific subgroups (e.g., Hispanic women) view interventions in the context of their experiences at such demographic intersections.

Implicit association tests. Implicit association tests (IATs) assess "automatically activated evaluations" (Greenwald, McGhee, & Schwartz, 1998, p. 1464). These evaluations function as triggers: triggers that give power to "actions or judgements" that are out of control of the person expressing them (p. 1464). In lay terms, IATs assess the attitudes that humans do not voluntarily express. They access the attitudes that are for the most part hidden via means of word-word or word-picture associations. The field of IPV attitudinal research could benefit from utilizing IATs as a means to tap into the mostly hidden attitudes that people may have about IPV. For instance, a future IAT could depict male-to-female IPV and female-to-male IPV, prompting the associations between such pictures and positive words (e.g., tolerable, bearable, satisfactory) and negative words (e.g., unbearable, awful, bad).

Other interventions. Although the present research assessed opinions on a number of policies and interventions, there are other policies/interventions that this research did not include. For instance, dual arrest is another type of such interventions (Martin, 1997). This particular intervention features "the arrest" of both "parties" in an IPV situation (p. 140). Future researchers attempting to understand attitudes toward IPV-related interventions could ask respondents if dual arrest is a preferred means of dealing with IPV situations. Another step would be to look at more punishment-oriented interventions. For instance Bui (2006) utilized questions that specified how intimate violence perpetrators should be punished, including arrest,

prosecution, probation, jailing, fining, and mandatory treatment. Such a direction could further enrich our understanding of attitudes toward interventions.

APPENDIX A: INSTITUTIONAL REVIEW BOARD APPROVAL LETTER



University of Central Florida Institutional Review Board
Office of Research & Commercialization
12201 Research Parkway, Suite 501
Orlando, Florida 32826-3246
Telephone: 407-823-2901 or 407-882-2276
www.research.ucf.edu/compliance/irb.html

Approval of Exempt Human Research

From: UCF Institutional Review Board #1
FWA00000351, IRB00001138

To: Amy M. Donley and Co-PI: Julio R. Montanez

Date: March 12, 2015

Dear Researcher:

On 03/12/2015, the IRB approved the following activity as human participant research that is exempt from regulation:

Type of Review: Exempt Determination
Project Title: Social Problem Attitudes and Opinions
Investigator: Amy M Donley
IRB Number: SBE-15-11148
Funding Agency:
Grant Title:
Research ID: N/A

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these changes affect the exempt status of the human research, please contact the IRB. When you have completed your research, please submit a Study Closure request in iRIS so that IRB records will be accurate.

In the conduct of this research, you are responsible to follow the requirements of the [Investigator Manual](#).

On behalf of Sophia Dziegielewski, Ph.D., L.C.S.W., UCF IRB Chair, this letter is signed by:

A handwritten signature in black ink that reads "Joanne Muratori".

Signature applied by Joanne Muratori on 03/12/2015 12:03:05 PM EDT

IRB Coordinator

APPENDIX B: HARD-COPY VERSION OF SURVEY

EXPLANATION OF RESEARCH

Title of Project: Social Problem Attitudes and Opinions

Principal Investigator: Dr. Amy Donley

Other Investigators: Julio Montanez

You are being invited to take part in a research study. Whether you take part is up to you.

- This study seeks to understand undergraduate students' attitudes toward intimate partner violence, as well as opinions toward interventions, responses, and policies that pertain to intimate partner violence.
- Students will be asked to answer questions on a survey. Participation in this study is voluntary; participants may opt to withdraw their participation at any point in the survey.
- The survey will necessitate approximately five to ten minutes for the purposes of completion.

You must be 18 years of age or older to take part in this research study.

By participating in this survey, you confirm that you a) are at least 18 years of age or older, b) are an undergraduate student enrolled at the University of Central Florida, and c) agree to participate in this survey.

Study contact for questions about the study or to report a problem: If you have questions, concerns, or complaints: Julio Montanez, Undergraduate Student, Co-Principal Investigator at jrichmontanez@knights.ucf.edu, or Dr. Amy Donley, Principal Investigator, Department of Sociology, at (407) 823-2357, or by email at Amy.Donley@ucf.edu.

IRB contact about your rights in the study or to report a complaint: Research at the University of Central Florida involving human participants is carried out under the oversight of the Institutional Review Board (UCF IRB). This research has been reviewed and approved by the IRB. For information about the rights of people who take part in research, please contact: Institutional Review Board, University of Central Florida, Office of Research & Commercialization, 12201 Research Parkway, Suite 501, Orlando, FL 32826-3246 or by telephone at (407) 823-2901.

This survey will ask participants about intimate partner violence and related topics, as well as personal experiences with violence. If you experience any emotional distress as a result of participation in this survey, please feel free to contact the University of Central Florida's (UCF) Counseling and Psychological Services at 407-823-2811; additionally, please feel free to contact UCF Victim Services at 407-823-2425.

In this survey, you will be asked to indicate how you feel about intimate partner violence and related topics. You will also be asked to indicate, *in general*, how you feel about certain interventions, responses, laws, and policies that could potentially address intimate partner violence. Intimate partner violence includes a pattern, or any instance, of physical violence, sexual violence, psychological/emotional abuse, and/or other tactics (e.g., social isolation, stalking, deprivation, intimidation, and threats) perpetrated against current or former spouses, dating partners, boyfriends, or girlfriends.

Opinions on Interventions

Please answer the following questions.

Do the following have a responsibility to assist in anyway in an intimate partner violence situation?	Yes	It Depends	No
1. Family of victim	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Family of abuser	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Neighbors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Employer of victim	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Employer of abuser	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Women's advocate groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. School/teachers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Clergy/churches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Entire community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. The police	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. The prosecutors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Medical community (nurses, doctors, and psychologists)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Social services (counselors and social workers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate the extent to which you agree or disagree with the following statements.

15. Some communities have “mandatory arrest” policies. This means that in the situation where an individual threatens to hit or has actually hit a family member (e.g., a wife or a husband), the officers must arrest (assuming that the suspect is still on the premises; otherwise, a request to arrest the suspect will be issued). This is the case even though the “victim” may *not* want this person arrested. Please indicate the extent to which you agree or disagree with the implementation of “mandatory arrest” policies. |

Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Many communities have victim advocate programs. Victim advocates keep victims informed about the status of cases, provide information to the victims, and usually accompany victims to court for hearings and trials. Please indicate the extent to which you agree or disagree with the implementation of victim advocate programs.

Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Some communities have specialized courts that are devoted to processing intimate partner violence cases. Please indicate the extent to which you agree or disagree that these courts are needed.

Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Some communities have “confidentiality” laws. Confidentiality laws ensure that employees at battered women shelters are not obligated to report violence to the police. This allows shelter and crisis center employees to keep violence in confidence and does not require, mandate, or obligate them to report violence to police (except in the cases of child or elderly abuse). Please indicate the extent to which you agree or disagree with the implementation of “confidentiality” laws.

Strongly Disagree Disagree Somewhat Disagree Neither Agree nor Disagree Somewhat Agree Agree Strongly Agree

19. Some communities have “privilege” laws, which prohibit the employees of battered women shelters from being subpoenaed to testify in court about conversations held with victims seeking a “safe place.” Please indicate the extent to which you agree or disagree with the implementation of “privilege laws.”

Strongly Disagree Disagree Somewhat Disagree Neither Agree nor Disagree Somewhat Agree Agree Strongly Agree

20. Some communities have mandatory reporting laws for doctors and nurses. These laws require doctors and nurses to inform the police about injuries they suspect are caused by intimate partner violence. Please indicate the extent to which you agree or disagree with the implementation of mandatory reporting laws.

Strongly Disagree Disagree Somewhat Disagree Neither Agree nor Disagree Somewhat Agree Agree Strongly Agree

Please indicate the extent to which you agree or disagree with the following questions.

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
21. Intake nurses should ask all women at all visits if they are being physically or sexually abused.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. The government should intervene to stop intimate partner violence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Intimate partner violence victims should be allowed to file injunctions for protection (i.e., restraining orders or protection orders) against their abusers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Intimate partner violence perpetrators should <u>not</u> be allowed to possess firearms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Intimate partner violence perpetrators who have injunctions for protection (i.e., restraining orders or protection orders) in effect against them should <u>not</u> be allowed to possess firearms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Relationship Attitudes

Please indicate your level of agreement with the following statements. If you have not had a romantic relationship, please answer on what you expect if you were in a romantic relationship.

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
26. I would be flattered if my partner told me <u>not</u> to talk to someone of the gender to which I am attracted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I would <u>not</u> like for my partner to ask me what I did every minute of the day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. It is okay for me to blame my partner when I do bad things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I do <u>not</u> mind my partner doing something just to make me jealous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I would <u>not</u> stay with a partner who tried to keep me from doing things with other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. As long as my partner doesn't hurt me, "threats" are excused.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. During a heated argument, it is okay for me to bring up something from my partner's past to hurt my partner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. I would <u>never</u> try to keep my partner from doing things with other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. I think it helps our relationship for me to make my partner jealous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. It is <u>no</u> big deal if my partner insults me in front of others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. It is okay for me to tell my partner <u>not</u> to talk to someone of the gender to which my partner is attracted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Threatening a partner with a knife or gun is <u>never</u> appropriate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. I think it is wrong to ever damage anything that belongs to my partner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. It would <u>not</u> be appropriate to ever kick, bite, or hit a partner with one's fist.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. It is okay for me to accept blame for my partner doing bad things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. During a heated argument, it is okay for me to say something to hurt my partner on purpose.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. It would <u>never</u> be appropriate to hit or try to hit one's partner with an object.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Attribution

Please indicate your level of agreement with the following statements.

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
43. People who commit acts of intimate partner violence do so because they are provoked by their partners.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. There are acceptable reasons for someone to commit intimate partner violence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other Attitudinal Constructs

Please respond to the following question.

45. Which sex or gender perpetrates intimate partner violence at higher rates? Males/Men? Females/Women?

Or, do both sexes/genders perpetrate at similar rates?

- Males/Men perpetrate intimate partner violence at higher rates than women
- Females/Women perpetrate intimate partner violence at higher rates than men
- Both sexes/genders perpetrate intimate partner violence at similar rates

Please indicate your level of agreement to the following statements.

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
46. Sons in a family should be encouraged more than daughters to go to college.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. There are some jobs in which men should be given preference over women.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. A woman should <i>not</i> expect to go to the same places as men.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. A woman should <i>not</i> expect to have the same freedom as men.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Personal Experiences

Please respond to the following questions.

50. Have you ever been involved in a romantic relationship?

- Yes
- No

If you answered "No" to Question 50, please skip Questions 51 through 58.

51. Have you ever been hit, slapped, kicked, or otherwise physically hurt by your partner or ex-partner?

- Yes
- No

52. *If you answered "Yes" to Question 51, please indicate the severity of this violence.*

1 2 3 4 5
 Low Moderate High

53. Has your partner or ex-partner ever forced you to have sexual activities?
- Yes
 - No
54. If you answered "Yes" to Question 53, please indicate the severity of this violence.
- | | | | | |
|-----|---|----------|---|------|
| 1 | 2 | 3 | 4 | 5 |
| Low | | Moderate | | High |
55. Has your partner or ex-partner ever threatened you or made you feel afraid or unsafe?
- Yes
 - No
56. If you answered "Yes" to Question 55, please indicate the severity of these threats.
- | | | | | |
|-----|---|----------|---|------|
| 1 | 2 | 3 | 4 | 5 |
| Low | | Moderate | | High |
57. Has your partner or ex-partner ever asserted, or attempted to assert, control over you (e.g., try to keep you from seeing friends/family)?
- Yes
 - No
58. If you answered "Yes" to Question 57, please indicate the severity of this control.
- | | | | | |
|-----|---|----------|---|------|
| 1 | 2 | 3 | 4 | 5 |
| Low | | Moderate | | High |
59. While you were growing up, how often did one of your parents hit the other parent?
- Daily
 - Weekly
 - Several Times per Month
 - Once or Twice per Month
 - Once or Twice
 - Never
60. How frequently did your parents have fights while you were growing up?
- Daily
 - Weekly
 - Several Times per Month
 - Once or Twice per Month
 - Once or Twice
 - Never
61. How often did your parents hit (or spank) you when you were growing up?
- Daily
 - Weekly
 - Several Times per Month
 - Once or Twice per Month
 - Once or Twice
 - Never

Demographics

62. What is your gender (identity)?

- Male/Man
- Female/Woman
- Transgender
- Other (Please Specify): _____

63. What is your age? (Please Specify): _____

64. What is your college level/academic class standing?

- Freshman
- Sophomore
- Junior
- Senior
- Graduate Student
- Non-Degree Seeking

65. What is your socioeconomic status?

- Lower or Working Class
- Lower-Middle Class
- Middle Class
- Upper-Middle Class
- Upper Class/Wealthy

66. How would you identify your sexual orientation?

- Heterosexual
- Bisexual
- Lesbian
- Gay
- Man who has sex with men (MSM; not gay-identifying)
- Woman who has sex with women (WSW; not lesbian-identifying)
- Demisexual Asexual
- Pansexual Other (Please Specify): _____
- Questioning _____

67. What is your racial/ethnic background? (Please select all that apply).

- White/Caucasian
- Black/African American
- Latin/Hispanic
- Asian/Pacific Islander
- Native American/American Indian
- Multiracial/Biracial
- Other (Please Specify): _____

68. Aside from weddings and funerals, how often do you attend religious services?

- More than once a week
- Once a week
- Once or twice a month
- A few times a year
- Seldom
- Never
- Do not know/Refused

69. How would you identify your religious/spiritual background?

- Protestant
- Catholic
- Jewish
- Other (Please Specify): _____
- None

70. Which of the following best describes your political ideological orientation?

- Extremely liberal
- Liberal
- Slightly liberal
- Moderate, middle of the road
- Slightly conservative
- Conservative
- Extremely conservative

71. Which of the following best describes your political party identification?

- Republican
- Democrat
- Independent
- Other (Please Specify): _____
- None of the above

72. If you have any other comments regarding the topics within this survey, please feel free to detail them below:

We very much appreciate your participation in this research study. If you have experienced any emotional distress as a result of this survey's contents, please feel free to contact the University of Central Florida's (UCF) Counseling and Psychological Services at 407-823-2811; additionally, please feel free to contact UCF Victim Services at 407-823-2425.

APPENDIX C: TABLES FOR CHAPTER 4

Table 15 Percentages for Select Dependent Variables

Measure	% Yes	% It Depends	% No
Do the following have a responsibility to assist in anyway in an intimate partner violence situation?			
Family of victim	90.0	8.7	1.4
Family of abuser	70.6	24.9	4.5
Friends	80.9	17.0	2.1
Neighbors	39.8	47.1	13.1
Employer of victim	41.2	38.8	20.1
Employer of abuser	39.8	33.9	26.3
Women's advocate groups	67.6	25.9	6.6
Schools/teachers	64.0	28.7	7.3
Clergy/churches	62.2	29.9	8.0
Entire community	39.2	37.5	23.3
Police	89.7	7.2	3.1
Prosecutors	74.5	19.9	5.6
Medical community (nurses, doctors, and psychologists)	84.8	10.7	4.5
Social services (counselors and social workers)	88.6	9.0	2.4

Table 16 Variable Descriptive Statistics-Private Responses

Measure	Median	Mean	Std. dev.	Range *
Do the following have a responsibility to assist in anyway in an intimate partner violence situation?				
Family of victim	3.00	2.89	.36	1-3
Family of abuser	3.00	2.66	.56	1-3
Friends	3.00	2.79	.46	1-3
Neighbors	2.00	2.27	.68	1-3

*1= No; 2=It depends; 3=Yes.

Note: Cronbach's Alpha Coefficient =.674

Table 17 Variable Descriptive Statistics-Parochial Responses

Measure	Median	Mean	Std. dev.	Range *
Do the following have a responsibility to assist in anyway in an intimate partner violence situation?				
Employer of victim	2.00	2.21	.75	1-3
Employer of abuser	2.00	2.13	.80	1-3
Women's advocate groups	3.00	2.61	.61	1-3
Schools/teachers	3.00	2.57	.63	1-3
Clergy/churches	3.00	2.54	.64	1-3
Entire community	2.00	2.16	.78	1-3

*1= No; 2=It depends; 3=Yes.

Note: Cronbach's Alpha Coefficient =.850

Table 18 Variable Descriptive Statistics-Criminal Justice Practitioners

Measure	Median	Mean	Std. dev.	Range *
Do the following have a responsibility to assist in anyway in an intimate partner violence situation?				
Police	3.00	2.87	.42	1-3
Prosecutors	3.00	2.69	.57	1-3

*1= No; 2=It depends; 3=Yes.

Note: Cronbach's Alpha Coefficient =.747

Table 19 Variable Descriptive Statistics-Social and Medical Professionals

Measure	Median	Mean	Std. dev.	Range *
Do the following have a responsibility to assist in anyway in an intimate partner violence situation?				
Medical community (nurses, doctors, and psychologists)	3.00	2.80	.50	1-3
Social services (counselors and social workers)	3.00	2.86	.41	1-3

*1= No; 2=It depends; 3=Yes.

Note: Cronbach's Alpha Coefficient =.764

Table 20 Variable Descriptive Statistics-Standard Interventions

Measure	Median	Mean	Std. dev.	Range *
Some communities have “mandatory arrest” policies. This means that in the situation where an individual threatens to hit or has actually hit a family member (e.g., a wife or a husband), the officers must arrest (assuming that the suspect is still on the premises; otherwise, a request to arrest the suspect will be issued). This is the case even though the “victim” may <i>not</i> want this person arrested. Please indicate the extent to which you agree or disagree with the implementation of “mandatory arrest” policies.	5.00	5.15	1.501	1-7
Many communities have victim advocate programs. Victim advocates keep victims informed about the status of cases, provide information to the victims, and usually accompany victims to court for hearings and trials. Please indicate the extent to which you agree or disagree with the implementation of victim advocate programs.	7.00	6.84	.777	1-7
Some communities have specialized courts that are devoted to processing intimate partner violence cases. Please indicate the extent to which you agree or disagree that these courts are needed.	6.00	5.83	1.254	1-7
Some communities have mandatory reporting laws for doctors and nurses. These laws require doctors and nurses to inform the police about injuries they suspect are caused by intimate partner violence. Please indicate the extent to which you agree or disagree with the implementation of mandatory reporting laws.	6.00	5.96	1.129	1-7
Intake nurses should ask all women at all visits if they are being physically or sexually abused.	5.00	4.79	1.765	1-7
The government should intervene to stop intimate partner violence.	5.00	5.03	1.441	1-7
Intimate partner violence victims should be allowed to file injunctions for protection (i.e., restraining orders or protection orders) against their abusers.	7.00	6.74	.564	1-7

*1= Strongly Disagree; 2=Disagree; 3=Somewhat Disagree; 4=Neither Agree nor Disagree; 5=Somewhat Agree; 6=Agree; 7=Strongly Agree.

Note: Cronbach’s Alpha Coefficient =.623

Table 21 Variable Descriptive Statistics-Confidentiality Policies

Measure	Median	Mean	Std. dev.	Range *
Some communities have “confidentiality” laws. Confidentiality laws ensure that employees at battered women shelters are <i>not</i> obligated to report violence to the police. This allows shelter and crisis center employees to keep violence in confidence and does <i>not</i> require, mandate, or obligate them to report violence to police (except in the cases of child or elderly abuse). Please indicate the extent to which you agree or disagree with the implementation of “confidentiality” laws.	4.00	4.09	1.810	1-7
Some communities have “privilege” laws, which prohibit the employees of battered women shelters from being subpoenaed to testify in court about conversations held with victims seeking a “safe place.” Please indicate the extent to which you agree or disagree with the implementation of “privilege laws.”	5.00	4.51	1.706	1-7

*1= Strongly Disagree; 2=Disagree; 3=Somewhat Disagree; 4=Neither Agree nor Disagree; 5=Somewhat Agree; 6=Agree; 7=Strongly Agree.

Note: Cronbach’s Alpha Coefficient =.671

Table 22 Variable Descriptive Statistics-Firearm Policies

Measure	Median	Mean	Std. dev.	Range *
Intimate partner violence perpetrators should not be allowed to possess firearms.	6.00	5.77	1.411	1-7
Intimate partner violence perpetrators who have injunctions for protection (i.e., restraining orders or protection orders) in effect against them should not be allowed to possess firearms.	6.00	5.86	1.476	1-7

*1= Strongly Disagree; 2=Disagree; 3=Somewhat Disagree; 4=Neither Agree nor Disagree; 5=Somewhat Agree; 6=Agree; 7=Strongly Agree.

Table 23 Variable Descriptive Statistics-Male Dominance

Measure	Median	Mean	Std. dev.	Range *
Sons in a family should be encouraged more than daughters to go to college.	1.00	1.51	1.114	1-7
There are some jobs in which men should be given preference over women.	1.00	2.33	1.836	1-7
A woman should not expect to go to the same places as men.	1.00	1.57	1.178	1-7
A woman should not expect to have the same freedom as men.	1.00	1.21	.573	1-7

*1= Strongly Disagree; 2=Disagree; 3=Somewhat Disagree; 4=Neither Agree nor Disagree; 5=Somewhat Agree; 6=Agree; 7=Strongly Agree.

Note: Cronbach's Alpha Coefficient =.615

Table 24 Variable Descriptive Statistics-Intimate Partner Violence Attitudes Scale (Revised)

Measure	Median	Mean	Std. dev.	Range*
I would be flattered if my partner told me <i>not</i> to talk to someone of the gender to which I am attracted.**	7.00	6.06	1.329	1-7
I would <i>not</i> like for my partner to ask me what I did every minute of the day.	7.00	6.16	1.255	1-7
It is okay for me to blame my partner when I do bad things.**	7.00	6.53	.722	1-7
I do <i>not</i> mind my partner doing something just to make me jealous.**	7.00	6.19	1.281	1-7
I would <i>not</i> stay with a partner who tried to keep me from doing things with other people.	7.00	6.10	1.464	1-7
As long as my partner doesn't hurt me, "threats" are excused.**	7.00	6.57	.776	1-7
During a heated argument, it is okay for me to bring up something from my partner's past to hurt my partner.**	6.00	6.09	1.146	1-7
I would <i>never</i> try to keep my partner from doing things with other people.	6.00	5.78	1.434	1-7
I think it helps our relationship for me to make my partner jealous.**	7.00	6.48	.931	1-7
It is <i>no</i> big deal if my partner insults me in front of others.**	7.00	6.61	.969	1-7
It is okay for me to tell my partner <i>not</i> to talk to someone of the gender to which my partner is attracted.**	7.00	6.08	1.349	1-7
Threatening a partner with a knife or gun is <i>never</i> appropriate.	7.00	6.82	.814	1-7
I think it is wrong to ever damage anything that belongs to my partner.	7.00	6.33	1.123	1-7
It would <i>not</i> be appropriate to ever kick, bite, or hit a partner with one's fist.	7.00	6.50	1.174	1-7
It is okay for me to accept blame for my partner doing bad things.**	7.00	6.43	.994	1-7
During a heated argument, it is okay for me to say something to hurt my partner on purpose.**	7.00	6.20	1.167	1-7
It would <i>never</i> be appropriate to hit or try to hit one's partner with an object.	7.00	6.51	1.162	1-7

*1= Strongly Disagree; 2=Disagree; 3=Somewhat Disagree; 4=Neither Agree nor Disagree; 5=Somewhat Agree; 6=Agree; 7=Strongly Agree. **Reverse-coded to express disagreement with IPV.

Note: Cronbach's Alpha Coefficient =.771

Table 25 Correlations among Select Study Variables

	1	2	3	4	5	6
1. Private Responses	-					
2. Parochial Responses	.692 [†]	-				
3. Criminal Justice Practitioners	.464 [†]	.496 [†]	-			
4. Social and Medical Professionals	.446 [†]	.492 [†]	.634 [†]	-		
5. Standard Interventions	.153**	.229 [†]	.196 [†]	.178**	-	
6. Confidentiality Policies	.025	.004	.062	.037	-.148**	-
7. Firearm Policies	.163**	.176**	.149*	.143*	.385 [†]	.022
8. Male Dominance	-.137*	-.127*	-.135*	-.196 [†]	-.218 [†]	-.174**
9. Attribution 1	-.195 [†]	-.161**	-.234 [†]	-.184**	-.240 [†]	-.085
10. Attribution 2	-.156**	-.138*	-.085	-.151**	-.235 [†]	.019
11. Party ID	-.153	-.097	-.146	-.093	-.225**	-.104
12. Ideology	-.081	-.094	-.143*	-.118*	-.085	-.189 [†]

* $p \leq .05$. ** $p \leq .01$ [†] $p \leq .001$

Table 26 Correlations among Select Study Variables Continued

	7	8	9	10	11	12
1. Private Responses						
2. Parochial Responses						
3. Criminal Justice Practitioners						
4. Social and Medical Professionals						
5. Standard Interventions						
6. Confidentiality Policies						
7. Firearm Policies	-					
8. Male Dominance	-.249 [†]	-				
9. Attribution 1	-.319 [†]	.334 [†]	-			
10. Attribution 2	-.193 [†]	.196 [†]	.273 [†]	-		
11. Party ID	-.255**	.205*	.078	.061	-	
12. Ideology	-.230 [†]	.316 [†]	.172**	-.010	.667 [†]	-

* $p \leq .05$. ** $p \leq .01$ [†] $p \leq .001$

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