Surveying Intimate Partner Violence Myths Among Post-secondary Students

by

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A thesis submitted in partial fulfillment of the requirements for the degree of

Master of Education

in

COUNSELLING PSYCHOLOGY

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Abstract

The purpose of this study is to extend the rape myth literature to intimate partner violence (IPV) myths by evaluating the prevalence of IPV myth acceptance and clarifying whether gender and prior IPV victimization are associated with IPV myth acceptance. To this end, three research questions were explored: 1) What is the prevalence of IPV myth acceptance amongst a student population? 2) Does gender correlate with IPV myth acceptance? 3) Do victims and non-victims of IPV accept IPV myths differently? University of Alberta students were contacted via posters and classroom presentations to participate in a 15-minute online survey containing a demographic survey, the Marlow-Crown Social Desirability Scale (MC-C; Reynolds, 1982), the Domestic Violence Myth Acceptance scale (DVMAS; Peters, 2003), and three subscales from the Revised Conflict Tactics Scale (CTS2; Straus et al., 1996). Depending upon the criteria used to define acceptance, between 65% (neither agreeing nor disagreeing that "domestic violence rarely happens in my neighbourhood") and 11% (strongly agreeing that "if a woman doesn't like it she can leave") of participants accepted at least one IPV myth. Consistent with expectations, men accepted IPV myths to a greater extent than women, and victims of IPV did not differ from non-victims in their acceptance of IPV myths.

Preface

This thesis is an original work by Nadia Keyes. No part of this thesis has been previously published. The research project, of which this thesis is a part, received research ethics approval from the University of Alberta Research Ethics Board, Project Name “SURVEYING INTIMATE PARTNER VIOLENCE MYTHS AMONG POST-SECONDARY STUDENTS”, No. Pro00062440, MARCH 10, 2016.

Acknowledgments

I would like to thank my supervisor, Dr. Derek Truscott of the Department of Educational Psychology at the University of Alberta, for his support and guidance throughout this endeavor. I would also like to thank the members of my supervisory committee, Dr. Kevin Wallace, Dr. Jacqueline Pei, and Dr. Derek Truscott for the time, energy, and passion they bring to their work. Finally, I am extremely grateful for the Joseph-Armand Bombardier Canada Graduate Scholarship provided by the Social Sciences and Humanities Research Council, which funded this research.

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Chapter 1: Introduction

In Western society, conversations about intimate partner violence (*IPV*; also known as domestic violence) often arouse uneasy emotions. The subject carries a stigma that discourages open discussion; the verbal equivalent of "walking on eggshells" (Gracia, 2004). And yet, in 2013, over 90,000 complaints pertaining to intimate partner violence were filed with Canadian police (Statistics Canada, 2015a). This is almost certainly an underestimate of its prevalence, given that under-reporting is known to be significant (Felson, Messner, Hoskin & Deane, 2002; Lonsway & Fitzgerald, 1994; Minchala, 2009; Statistics Canada, 2015b). A 2010 random phone survey of 16,507 adults in the United States (Black et al., 2011) found that in the 12 months prior to the survey 5.9% of women and 5.0% of men reported experiencing rape, physical violence, or stalking from a partner. Even though these are only a subset of abusive behaviours, if these rates apply to the 2010 Canadian population it would mean that over 1.7 million Canadians are victims of IPV each year (Statistics Canada, 2015a; Statistics Canada, 2015c)! Whatever the actual numbers, the Centers for Disease Control and Prevention (2015) have identified IPV as a pervasive problem with physical, reproductive, psychological, and social health consequences.

Whether or not IPV is overtly discussed, the way people think about it would be expected to have profound impacts on how they behave. Peters (2003) studied a number of widely accepted misconceptions about IPV, known as *IPV myths*, which blame victims, minimize harm, and excuse perpetrators. As a consequence of these myths, IPV victims may not perceive their experiences as abuse, choose not to seek help, and be exposed to risk of further harm (Layman, Gidycz, & Lynn, 1996; Peters, 2003). Furthermore, IPV myths can undermine the support victims receive from friends, family, frontline workers, the public, and even police officers and judges (Flood & Pease, 2009; Peters, 2003).

IPV myth research is largely derived from the extensive rape myth literature; a specific, sexual, subset of IPV. A clear conclusion from decades of rape myth research is that rape myths are both harmful and pervasive. Correlates of rape myth acceptance include sexism (Chapleau, Oswald, & Russel, 2007), support for general violence, sex role stereotyping (Burt, 1980), and blaming the victim (Frese, Moya, & Megias, 2004). Furthermore, rape myths are accepted by more than a unique subset of the population and are prevalent amongst the general public (Burt, 1980; Field, 1978). In fact, even those tasked with providing aid to victims of rape, including rape center service providers (Donnelly & Kenyon, 1996), police (Feild, 1978; Frese et al., 2004), and judges (Gergen & Gergen, 1986) have been found to hold rape myths.

Rape myth acceptance research has facilitated awareness of rape myths, as well as led to the development of ways to assess the effectiveness of efforts to reduce rape myth acceptance (Lonsway & Fitzgerald, 1994). A particularly important example is Burt's (1980) *Rape Myth Acceptance Scale* (RMAS). This short survey has since been used as a pre and post measure with various interventions, including a 45-minute psychoeducational video (O'Donohue, Yeater, & Fanetti, 2003) and a human sexuality course (Dallager & Rosén, 1993). In fact, Burt's work has inspired other researchers to build measures for rape myths, further expanding the applied nature of the field.

In comparison with rape myth research having generated valuable insights, IPV myth research is still in its early stages (Peters, 2003). For example, research regarding IPV has yet to fully identify the prevalence and correlates of myth acceptance. Without such basic information it is difficult to understand the nature and extent of IPV myth acceptance, let alone effectively counteract it. Following from the example of rape myths, it is reasonable to expect that our

ability to prevent and respond to IPV will be furthered by studying the prevalence and nature of IPV myths.

Thus far, studies using the *Domestic Violence Myth Acceptance Scale* (DVMAS; Peters, 2003) have reported the average rates of IPV myth acceptance in their samples (Giger, Gonçalves & Almeida, 2016; Gluba, 2010; Klaw, Demers & Da Silva, 2016; Minchala, 2009; Rubenstein, 2016; Wasarhaley, 2014). Although mean acceptance of IPV myths is useful, it does not fully describe prevalence because it fails to quantify how many individuals agree or disagree with myths. Future studies of the prevalence of IPV myth acceptance would do well to provide information about the diversity of responses within their sample in order to provide a more accurate representation of how often people accept IPV myths.

A consistent finding from rape myth research is that men accept rape myths significantly more than women (Burt, 1980; Suarez & Gadalla, 2010). The numerous replications of this gender difference in the rape myth literature have enabled a degree of certainty that has informed targeted intervention programs addressing males (Gilbert, Heesacker, & Gannon, 1991). While IPV myth research has found a gender difference in several studies (Bryant & Spencer, 2003; Flood & Pease, 2009), further replication will increase the certainty with which we can assume a gender difference exists in IPV myth acceptance.

Another potentially fruitful research question is whether prior victimization influences beliefs regarding IPV myths. Burt (1980) was the first to explore the relationship between prior rape victimization and rape myth acceptance. Contrary to expectations, neither being a victim of rape nor knowing someone who is a victim was associated with rape myth acceptance, a finding that has been replicated in multiple studies (Carmody & Washington, 2001; Jenkins & Dambrot, 1987). The relationship between victimization and acceptance of IPV myths has provided mixed

results as to whether previous exposure influences views of IPV (Cate, Henton, Koval, Chistopher & Lloyd, 1982; Nabors, Dietz & Jainski, 2006; Rubenstein, 2016). As such, clarifying the relationship between prior victimization and IPV myth acceptance would contribute significantly to our understanding.

The purpose of this study is to research the prevalence of IPV myth acceptance, as well as its relationship to gender and prior IPV victimization. Three research questions will therefore be explored: 1) What is the prevalence of IPV myth acceptance in a sample of University students? 2) Does gender correlate with IPV myth acceptance? 3) Do victims and non-victims of IPV accept IPV myths differently?

Chapter 2: Review of the Literature

The purpose of this study is to extend the rape myth literature to IPV myths by evaluating the prevalence of IPV myths and clarifying whether gender and prior IPV victimization are associated with IPV myth acceptance.

IPV myths are misconceptions about intimate partner violence (Peters, 2003) that blame victims (e.g., the victim provoked the behaviour or should have done something differently), excuse the perpetrator (e.g., the perpetrator lost control), or minimize the perceived harm incurred (e.g., domestic violence is not that common/severe). Although IPV myths might be perceived as harmless, they do influence decisions that can result in real consequences for victims of IPV (Breslin, Riggs, O'Leary, & Arias, 1990; Frese et al., 2004; Lackey & Williams, 1995; Layman et al., 1996; McCormick, Maric, Seto, & Barbaree, 1998; Riggs & Caulfield, 1997; Yamawaki, Ochoa-Shipp, Pulsipher, Harlos, & Swindler, 2012). Successes with interventions derived from the rape myth literature suggest there is an opportunity to similarly reduce the negative impact of IPV myths.

Parallels obviously exist between the extensive literature on rape myth acceptance and budding research on IPV myths, given that rape is a subset of IPV (Peters, 2003). Rape myth research got a much earlier start than IPV myth research and has progressed farther by exploring who tends to accept rape myths (Feild, 1978; Malamuth, 1981; Monto & Hotaling, 2001), identifying variables associated with rape myth acceptance (Burt, 1980; Chapleau et al., 2007; Frese et al., 2004), and advancing interventions to reduce rape myth acceptance (Burt, 1980; O'Donohue et al., 2003; Peters, 2003). The success of these interventions has inspired IPV myth research that promises to inform practical applications for reducing similar, harmful beliefs.

IPV Myths

IPV myths may be adaptive by enabling individuals to participate in the *just world phenomenon*, but can also put victims at an increased risk of blame. The just world phenomenon is the tendency of individuals "to believe that their environment is a just and orderly place where people usually get what they deserve" (Lerner & Miller, 1978, p. 1030). It follows that people are less likely to respond to a victim with empathy and compassion if they believe the victim deserved, or was responsible, for what happened (Jones & Davis, 1965; Lerner & Miller, 1978). However, the just world phenomenon is a fallacy. Sometimes bad things happen to people without being provoked or deserved. Nevertheless, this illusion is reassuring because it suggests actions have predictable outcomes and we are not vulnerable to random tragedies, such as IPV (Peters, 2003). In this way, acceptance of IPV myths can be an automatic response when we learn about victims who are similar to ourselves. Thornton (1984) showed that when victims were described as more similar to research participants, increased victim-blaming takes place. Such psychological distancing may reassure participants they are unlikely to experience tragedies, but also reduces social support to vulnerable persons (Lerner & Miller, 1978; Thornton, 1984).

Despite rape myth research having demonstrated that cognitive biases excusing the perpetrator reduce the likelihood offenders will be justly reprimanded (McCormick et al., 1998; Frese et al., 2004), there is a paucity of corresponding IPV myth research. It is possible that when perpetrators are excused, the vacuum of blame and responsibility falls onto victims. Championing research about perceptions of IPV perpetration, Willis, Hallinan, and Melby (1996) showed how traditional gender-role stereotypes correlate with sympathy for a perpetrator, especially if the perpetrator was married to the victim. This sympathy did not result in shorter

recommended jail sentences, however. Yet, researchers have expressed concern that IPV is not policed to an adequate standard due to biases (Buzawa & Buzawa, 2003; Bourg & Stock, 1994; Willis et al., 1996). In fact, Bourg and Stock (1994) point out how a high percentage of police responses to IPV calls do not result in arrests. Similarly, Mills (1998) notes how previous laws within the American criminal justice system made it difficult, if not impossible, to seek legal prosecution for IPV. Although laws have changed, IPV myths that exonerate the perpetrator persist (Peters, 2003), and may reduce the aid made available to victims by excusing the behaviour of abusers.

Not only do IPV myths deter people from providing victims with support, they may also convince victims that they are undeserving of assistance. In 2005, Fugate, Landis, Riordan, Naureckas, and Engel asked 491 women what forms of aid they sought when they experienced domestic violence. Only 18% sought aid from a counsellor or agency, 26% medical aid, 38% police intervention, and 71% from informal social supports, such as family or friends. Reasons for not seeking aid included beliefs that help was "not needed or not useful," to "protect partner and preserve relationship," "privacy and confidentiality," "consequences," "fear" or "barriers" (p. 297). While participant cited diverse reasons, the reality of Fugate and colleagues' study was that a large number of IPV victims did not seek help.

Despite there being some evidence of harm incurred via IPV myths, more research dedicated to exploring the nature of these beliefs or the best ways to limit their negative impact would be beneficial (Breslin et al., 1990; Lackey & Williams, 1995; McCormick et al., 1998; Riggs & Caulfield, 1997; Yamawaki et al., 2012). In comparison, rape myths have been thoroughly investigated (Suarez & Gadalla, 2010) and used to develop beneficial interventions for rape myth acceptance (Flores & Hartlaub, 1998).

Rape Myths

Since the late 1970's, rape myth research gained momentum as an area of scholarly attention. Numerous studies have demonstrated rape myths are believed not just by those who interact with victims and perpetrators, but also by the general public (Ferrer-Pérez & Esperanza Bosch-Fiol, 2014; Malamuth & Check, 1984; McGee, O'Higgins, Garavan, & Conroy, 2011; Yamawaki et al., 2012). In fact, Feild (1978) reported citizens' attitudes towards rape were more similar to police officers and rapists than they were to rape crisis counsellors; citizens were more likely to assign responsibility to the victim for causing or preventing rape than were counsellors. The development of the rape myth literature has provided a wealth of information suggesting rape myth acceptance is pervasive, even amongst ordinary individuals.

For example, a recent anonymous telephone survey of 3,120 individuals in Ireland found that 40.2% agreed with the statement "Accusations of rape are often false" (McGee et al., 2011). The United States Bureau of Justice Statistics considered data from more than 16,000 U.S. law enforcement agencies and estimated that 8% of rape allegations were "unfounded" (Greenfeld, 1997, p. 9; Rumney, 2006), leaving 92% of rape allegations founded. Beyond the legal difficulties that may have inflated this estimation of false rape allegations (Rumney, 2006), rape commonly goes unreported. A 2011 study of 3,001 women in the United States found that only 15.8% of victims in the sample reported their rape to the authorities (Wolitzky-Taylor et al., 2011). Though this is only one example of a rape myth, the belief that rape allegations are often unfounded is a stark illustration of how inaccurate such myths are.

While it has been established rape myths exist (Burt, 1980; Dallager & Rosén, 1993; Fonow, Richardson, & Wemmerus, 1992; Lonsway & Fitzgerald, 1994; O'Donohue et al., 2003), the question of whether the acceptance of rape myths is associated with rape behaviour

has persisted (Peters, 2003). Jenkins and Dambrot (1987) showed three rape scenarios to 655 students in a freshman university class. They found that men's rape myth acceptance is negatively correlated with describing the event as rape and perceiving the assailant as violent, and positively correlated with victim-blaming. In 2001, Lanier conducted a longitudinal survey of 851 boys between 11 and 17 years old. Attitudes supporting rape myths were found to be associated one year later with self-reported forcing of sexual activities upon dates. Several studies have demonstrated similar results, and it is now generally accepted that rape myth acceptance correlates with sexual aggression, such as forcing sex and sexual coercion (Check & Malamuth, 1985; Flores & Hartlaub, 1998; Lanier, 2001; O'Donohue et al., 2003; Peters, 2003). Thus, rape myths are more than harmless beliefs; they are associated with harmful, overt actions.

Fortunately, rape myth beliefs are malleable (Flores & Hartlaub, 1998; O'Donohue et al., 2003). In a metanalysis of rape myth interventions, Flores and Hartlaub (1998) identified a diversity of educational methods that have proven effective in reducing rape myth acceptance, including workshops, human sexuality courses, lectures, and videos. Additionally, studies have demonstrated the effectiveness of debriefing rape vignettes (Malamuth & Check, 1984) and using live or videotaped workshops that focus on debunking rape myths (Fonow et al., 1992).

Rape myth research has also contributed to the development of outcome measurements that have been used to quantify rape myth acceptance levels when designing rape-prevention programs (Flores & Hartlaub, 1998; Peters, 2003). In 1980, Burt developed an empirically-based measure of rape myth acceptance incorporating "background," "personality," "attitudinal," and "experiential" variables (pp. 218-219) that resulted in a 19-item *Rape Myth Acceptance Scale* (RMAS). A 1994 review of rape myth literature found the RMAS to be the most common measure in the field at the time (Lonsway & Fitzgerald). A 2010 meta-analysis of rape myth

acceptance research showed that 27 of the 37 studies analyzed used some form of Burt's (1980) RMAS, demonstrating its continued popularity in the field (Suarez & Gadalla).

The RMAS remains a popular and useful outcome measure in rape myth interventions. In 2003, it was used as a pre- and post-measure amongst 104 male undergraduates assessing the effectiveness of a 45-minute psychoeducational video (O'Donohue et al.). Reductions in rape myth acceptance were found, as well as significant change on measures of victim empathy and expectations of consequences. Similarly, students who completed a human sexuality course demonstrated significant decreases in rape myth acceptance as measured by the RMAS compared to a control group (Dallager & Rosén, 1993). Burt's work has also informed the development of new scales. Fonow and colleagues (1992) adopted and modified questions from the RMAS (1980) to create measures of rape blame, adversarial sexual beliefs, and gender-role conservatism. Interestingly, they found that the simple act of completing their measure was associated with a lessening of rape myth acceptance.

Areas for Growth in IPV Myth Research

Prevalence. Gathering an accurate depiction of IPV myth prevalence has proven to be a difficult task. Burt (1980) reported a mean score of 49.4 (*s.d.* = 11.9), out of a total possible score of 109, on the RMAS as a way to demonstrate high rates of myth acceptance amongst a random sample of 598 people. 20 years later, Aberle and Littlefield (2001) similarly used mean endorsement on the RMAS to represent the degree of rape myth acceptance (*M*=51.4, *s.d.* = 15.5). Based on these means we know that the general population does not strongly agree or disagree with all rape myths, but beyond that it not possible to know the prevalence of rape myths.

Inspired by Burt's RMAS, Peters (2003) developed the *Domestic Violence Myth Acceptance Scale* (DVMAS) to quantify the degree to which individuals endorse IPV myths, as opposed to just rape myths. Peters (2003) modeled the DVMAS after the RMAS and used factor analysis to confirm 18 items accounted for by four factors: characterological victim-blaming; behavioural victim-blaming; perpetrator exoneration; and minimization. Similar to Burt, Peters (2003) reported mean scores for the total sample, but Peters divided the total score of participants by the number of items on the DVMAS to provide a mean item score that reflects average acceptance on a 7-point Likert scale (M = 2.30, *s.d.* = 0.85). Peters also reported mean item scores for men (M = 2.64, s.d. = 0.89) and women (M = 2.09, *s.d.* = 0.76). And yet, responses on the DVMAS' 7-point Likert scale range from "strongly disagree" to "strongly agree," so sample means like this do not communicate how many participants actually accepted IPV myths. Average scores on myth scales inform research and interventions, but don't tell us much about prevalence.

Mean acceptance on the DVMAS does enable comparison across studies and populations (Giger et al., 2016; Gluba, 2010; Klaw et al., 2016; Minchala, 2009; Peters, 2003; Rubenstein, 2016; Wasarhaley, 2014). For example, Wasarhaley (2014) found average DVMAS scores ranged between 44.94 (*s.d.* = 12.54) and 48.93 (*s.d.* = 13.9) in her sample. Another study investigating IPV myth acceptance using the DVMAS reported average scores between 43.39 (*s.d.* =9.48) and 51.86 (*s.d.* = 6.09; Gluba, 2010). Peters (2003) reported the mean item score during development of the DVMAS as 2.30 (*s.d.* = 0.85), which equates to an average total score of 41.4 in his sample. While mean DVMAS scores provide a normative point of reference across different studies, they do not tell us about the prevalence of IPV myth acceptance in these samples or populations.

The inherent limitation of reporting mean scores is that we don't know how many people accept which beliefs. For example, an average item score of four could be obtained on the DVMAS if all participants said they "neither agree nor disagree" with the myths. Yet the same result could also be obtained if half the sample strongly agrees and half strongly disagrees. These quite different patterns have distinct implications for understanding the prevalence of IPV myth acceptance. The standard deviation helps to explain spread, in that the smaller the standard deviation, the less dispersion exists and the closer participant scores cluster towards the mean. However, even standard deviation does not provide a complete description of how many and how strongly participants accept each myth. Reporting the percentage of participants who agree, disagree, or respond neutrally to each item would provide a clearer understanding of IPV myth prevalence.

While many studies report mean DVMAS scores from their sample (Giger et al., 2016; Gluba, 2010; Klaw et al., 2016; Minchala, 2009; Peters, 2003; Rubenstein, 2016; Wasarhaley, 2014), fewer have reported means for each of the DVMAS' four factors (Kenig & Blaževska-Stoilkovska, 2016; Minchala, 2009; Peters, 2003; Watson, 2015). When researchers also report factor means, it improves our ability for a detailed analysis of IPV myth acceptance across studies. For example, Peters' (2003) reported factor means from his original study, separated by gender, and these can be compared with Watson's (2015) more recently reported mean factor scores (Table 1). Again, mean statistics allow comparison across studies and populations, but even factor means summarize information from a number of items without describing the individual level of agreement or disagreement within these factors.

Table 1

Peters' (2003) and Watson's (2015) Factor Means for the Domestic Violence Myth Acceptance Scale (DVMAS)

	Peters		Watson
DVMAS Factor	Female Mean	Male Mean	
Characterological Victim-Blame	2.66	2.42	2.78
Behavioral Victim-Blame	1.59	1.59	1.98
Perpetrator Exoneration	2.66	2.84	2.35
Minimizing Harm	2.09	2.52	2.27

Note. Peters' (2003) sample was composed of 213 women and 132 men. Watson's (2015) sample was composed of 45 women and 30 men.

Two studies, in particular, report IPV myth acceptance in a manner that is more representative of prevalence. Kenig and Blaževska-Stoilkovska, (2016) reported percentages of acceptance on each of the seven points of the Likert scale, separated by Peters' (2003) factors (Table 2). To date, only one study has reported individual means for each of the 18 DVMAS items. Merkling (2014) used the DVMAS as a pre and post-measure among graduate social work students to determine if the 2-hour experiential activity, *In Her Shoes*, had a measurable impact on IPV myths compared to a control group. Table 3 displays item means collected on the pre-measure amongst the control population. The detailed reporting within these studies stands out because it provides a clearer understanding of the prevalence of IPV myth acceptance, compared to average scores for the entire DVMAS.

Table 2

Kenig and Blaževska-Stoilkovska's (2016) Average Percent of Agreement for Domestic Violence Myth Acceptance Scale (DVMAS) Factors Separated by Likert Responses

DVMAS Factor	Fully Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Fully Agree
Characterological Victim-Blame	12.1%	11.4%	7.0%	14.5%	11.1%	19.8%	23.9%
Behavioral Victim-Blame	17.6%	6.7%	3.4%	12.7%	7.6%	12.5%	39.4%
Perpetrator Exoneration	19.1%	9.2%	2.5%	16.1%	12.2%	17.0%	20.6%
Minimizing Harm	18.8%	9.7%	5.3%	19.3%	15.5%	15.5%	17.6%
Average	16.9%	9.2%	4.55%	15.6%	11.1%	16.2%	25.4%

Note. The sample was composed of 325 men.

Table 3

Merkling's (2014) Item Means for the Domestic Violence Myth Acceptance Scale (DVMAS)

DVMAS Item	*M**
Domestic violence does not affect many people.	2.12
When a man is violent it is because he lost control of his temper.	2.68
If a woman continues living with a man who beat her then it's her own fault if she is beaten again.	1.76
Making a man jealous is asking for it.	1.24
Some women unconsciously want their partners to control them.	3.24
A lot of domestic violence occurs because women keep on arguing about things with their partners.	1.44
If a woman doesn't like it, she can leave.	2.72
Most domestic violence involves mutual violence between the partners.	2.56
Abusive men lose control so much that they don't know what they're doing.	2.64
I hate to say it, but if a woman stays with the man who abused her, she basically deserves what she gets.	1.12
Domestic violence rarely happens in my neighborhood.	2.24
Women who flirt are asking for it.	1.20
Women can avoid physical abuse if they give in occasionally.	1.52

Many women have an unconscious wish to be dominated by their partners.	2.20
Domestic violence results from a momentary loss of temper.	1.84
I don't have much sympathy for a battered woman who keeps going back to the abuser.	1.76
Women instigate most family violence.	1.56
If a woman goes back to the abuser, it is due to something in her character.	2.32
Mean Item Acceptance (*s.d.* = 0.595)	2.01

Note. All items were scored on a 7-point Likert scale ranging from "1, strongly disagree" to "7, strongly agree." The sample was composed of 25 male and female Masters of Social Work students.

When discussing the issue of IPV myth acceptance, it has been common for researchers to report the mean acceptance rates within their sample (Giger et al., 2016; Gluba, 2010; Klaw et al., 2016; Minchala, 2009; Peters, 2003; Rubenstein, 2016; Wasarhaley, 2014). However, the the mean does not provide adequate information regarding the prevalence of IPV myth acceptance because it fails to capture the diversity of responses that agree or disagree with myths. Fortunately, a few researchers using the DVMAS have expanded upon this reporting style by including means for each factor and even the percent of responses, divided by the Likert scale (Kenig & Blaževska-Stoilkovska, 2016; Minchala, 2009; Peters, 2003; Watson, 2015). Most notably, Merkling (2014) is the only author I am aware of to report the mean response for each DVMAS item. In order to further the current understanding of prevalence in the field of IPV myth acceptance, it is necessary to adopt a detailed approach to reporting, including information about responses that exist along the spectrum of IPV myth acceptance.

The role of gender. The extensive research regarding rape myths has consistently found that men accept myths about rape to a greater extent than women (Grubb & Turner, 2012; Suarez & Gadalla, 2010). In a recent metanalysis, Suarez and Gadalla (2010) compiled the results of 37 studies, involving 11,487 participants, pertaining to rape myth acceptance and its correlates. A moderate effect size of 0.58 ($ES = 0.07$, $p < .001$) was found for men accepting rape myths to a

greater extent than women. Although other demographic variables such as education and ethnicity also predicted rape myth acceptance, gender was the most powerful. In fact, only two of the 37 studies failed to demonstrate a relationship between gender and rape myth acceptance.

There have also been studies demonstrating greater IPV myth acceptance by men (Bryant & Spencer, 2003; Flood & Pease, 2009). As noted earlier, Peters (2003) reported a mean item score for men ($M = 2.64$, $s.d. = 0.89$) on the DVMAS that was significantly higher than that of women ($M = 2.09$, $s.d. = 0.76$). Furthermore, in 2003, Bryant and Spencer administered the Domestic Violence Blame Scale (Petretic-Jackson, Sandberg, & Jackson, 1994) to 346 university students in order to measure blame attributed to the victim, situation, and society. Only victim-blaming differed by gender, with men endorsing more blame ($t = 7.464$, $p < .001$). Since then, Flood and Pease's (2009) literature review of attitudes towards violence against women confirmed that men are more likely to accept myths and attitudes supporting violence against women, including domestic violence. And yet, IPV myth research cannot boast the same degree of certainty as rape myth research due to the relative paucity of research. This restricts the confidence with which claims about gender can be made in the broader scope of IPV, and compels further investigation.

The role of prior victimization. While we do have some idea of how victims of IPV are misperceived (Feild, 1978; Frese et al., 2004), far less is known about whether victims of IPV themselves hold IPV myths (Stanley, 2012). Experiencing violence from a partner is a significant event, and it seems reasonable to assume that it would influence an individual's beliefs about violence. Yet this assumption has not been thoroughly explored in research. In 2006, Nabors and colleagues found that students in romantic relationships accepted more IPV myths than those who were not in a relationship. This surprising result led these researchers to recommend future

studies investigate the relationship between IPV victimization and beliefs about IPV. The authors speculated that domestic violence could be occurring within ongoing relationships and that this exposure might explain the higher IPV myth acceptance amongst couples. This expectation falls in line with theories regarding the "socialization of aggressive behavior" (p. 783) that predict witnessing violence increases the likelihood of engaging in violence (Bandura, Ross, & Ross, 1963).

Socialization theories gain support from studies demonstrating greater acceptance of partner violence amongst those who have witnessed or participated in it, even though this has not been a consistent finding. For example, students who have been perpetrators or victims of IPV tend to report more accepting attitudes towards IPV than those who have not (Cate et al., 1982). This finding is widely cited in support of the idea that exposure to IPV promotes acceptance of IPV (Bryant & Spencer, 2003; Riggs & O'Leary, 1996), despite the fact that, on average, both groups tend not to endorse IPV myths. Contrary to the predictions of socialization theories, Rubenstein (2016) presented vignettes of verbal, physical, and sexual IPV to participants and found that victimization was not a significant predictor of participants' ratings of seriousness, victim culpability, offender culpability, or whether the offender should be arrested.

Burt (1980), who did so much of the foundational research in rape myths, predicted that prior experiences of rape or knowing a victim of rape would influence the degree to which individuals accepted rape myths. Contrary to her prediction, however, neither being a victim nor knowing a victim of rape correlated with rape myth acceptance. Burt's results have been replicated several times (Carmody & Washington, 2001; Jenkins & Dambrot, 1987). If these results are replicated within the broader context of IPV (i.e., not limited to rape), we will improve our understanding of how victimization influences IPV myth acceptance.

Minchala (2009) specifically investigated the relationship between being victimized by physical IPV and how that relates to attributions of blame against IPV perpetrators. She sampled 167 female college students and investigated whether prior IPV victimization, as measured by the Physical Violence Experiences subscale of the Victimization Experience Questionnaire (VEQ; Goggins, 1996), was associated with perpetrator-blame, as measured by the Domestic Violence Blame Scale (Petretic-Jackson, Sandberg, & Jackson, 1994). She found no significant effect of prior physical victimization on perpetrator blame. However, Minchala speculated that the low rate of physical victimization by an intimate partner amongst her sample (i.e. 2.5% of participants reported "sometimes" or more often) might have led to the non-significant finding. While the lack of a significant relationship in this study is informative, it is possible that the inclusion of additional forms of IPV and the use of the DVMAS to measure IPV myths more directly will help clarify this relationship. That is, psychological, sexual, and physical partner violence may have differential effects and the current study will examine these in relation to IPV myth acceptance.

Present Study

Given the association between rape myth acceptance and harm to the victims of rape (Check & Malamuth, 1985; Lanier, 2001; O'Donohue et al., 2003; Peters, 2003), further study of the prevalence of IPV myth acceptance is warranted. We will also study the relationship between IPV myth acceptance and gender and prior victimization; two demographic variables that have provided valuable insight into rape myth acceptance (Burt, 1980; Carmody & Washington, 2001; Jenkins & Dambrot, 1987; Suarez & Gadalla, 2010). Specifically, this study seeks to answer three questions: 1) What is the prevalence of IPV myth acceptance in a sample of University students? 2) Does gender correlate with IPV myth acceptance? 3) Do victims and non-victims of

IPV accept IPV myths differently? It is hypothesized IPV myth acceptance will be present in this sample and that males will accept IPV myths to a greater degree than women. It is also hypothesized that myth acceptance will not significantly differ between victims and non-victims of IPV.

Chapter 3: Methods

The purpose of this study is to extend the rape myth literature to IPV myths. A review of existing research identified a need to evaluate the prevalence of IPV myth acceptance and clarify whether gender and prior IPV victimization are associated with IPV myth acceptance.

Procedure and Participants

University of Alberta (U of A) students were recruited via campus posters and classroom presentations to complete a 15-minutes survey about IPV, available online at www.surveymonkey.com. The only restriction to participation was that participants be current University of Alberta students. The aim was to recruit 150 male and 150 female participants in order to replicate Peters' (2003) study, which utilized 300 participants to compare male and female myth acceptance. Prior to the survey, all potential participants viewed a script describing the risks and benefits of participating, as well as several IPV counselling supports in the Edmonton area. Participants were required to actively consent to the study by clicking "Yes" for the prompt "Have you read the above information and consent to participate in this study?" Upon completion of the study, participants were provided a link to a website with debriefing information describing the purpose and design of the study, contact information for the researchers, counselling resources, and IPV supports.

Measures

Demographic survey. Participants were asked to indicate a variety of demographic attributes. Some of these, such as ethnicity, year of studies, department of studies, or status as a full-time or part-time student were used to describe the representativeness of the sample. The main demographic variable of interest was gender, in order to test the hypothesis linking gender and IPV myth acceptance. Participants were asked to self-categorize as male, female, trans-

female, trans-male, male-to-female female, female-to-male male, prefer not to answer, or "other" (with a textbox to write their own description).

Marlow-Crown Social Desirability Scale Short Form C (MC-C; Reynolds, 1982). The MC-C was administered to be used as a control for the effect of responding in a socially-desirable manner to the sensitive items of the violence and myth scales. The MC-C uses 13 items to identify a socially acceptable response bias. Items ask participants to answer "true" or "false" to uncommon, yet socially acceptable actions such as "There have been occasions when I took advantage of someone" or "I'm always willing to admit when I make a mistake." The scale produces a continuous variable that has a satisfactory internal reliability coefficient of 0.76. Support for the validity of this form includes a strong, significant product-moment correlation coefficient of 0.93 between the MC-C and the full Marlow-Crowne Social Desirability Scale (Crowne & Marlowe, 1960) and a significant correlation (r= 0.41) between the MC-C and the Edwards Social Desirability scale (Edwards, 1957).

Domestic Violence Myth Acceptance Scale (DVMAS; Peters, 2003). The DVMAS uses 18, 7-point Likert-scale items with responses ranging from "strongly disagree" to "strongly agree." The 18 items are accounted for by four factors: victim character blame (e.g., "If a woman doesn't like it, she can leave"), victim behavioural blame (e.g., "Making a man jealous is asking for it"), perpetrator exoneration (ex. "Abusive men lose control so much that they don't know what they're doing") and minimization (e.g., "Domestic violence does not affect many people"). The sum of responses on the 7-point Likert scales is a continuous variable for the overall DVMAS score that represents total myth acceptance. This scale demonstrates a high overall internal reliability of 0.81 to 0.88. Peters (2003) also emphasized that the DVMAS has convergent validity with the Rape Myth Acceptance scale (Burt, 1980), the Attitudes Toward

Women scale (Spence, Helrnreich, & Stapp, 1974), the Sex Role Stereotyping scale (Burt, 1980b), and the Attitudes Towards Wife Abuse scale (John Briere, 1987). As such, the DVMAS is a valid and reliable tool in which to ground our exploration of IPV myth prevalence and its possible correlation with gender and prior victimization.

Revised Conflict Tactics Scale subscales (CTS2; Strauss et al., 1996). The CTS2 measures type, frequency, and negotiation of violence between partners in the context of a relationship. In the current study three CTS2 subscales were used to assess psychological, physical, and sexual violence. The internal reliability coefficients of these subscales are 0.79, 0.86, and 0.87, respectively. The psychological aggression subscale includes eight items of minor (e.g., "shouted or yelled") and severe acts (e.g., "threatened to hit or yell"). The physical abuse subscale includes 12 minor (e.g., "pushed or shoved") to severe acts (e.g., "burned or scalded"). The sexual coercion subscale includes seven minor ("insisted on sex…but did not use force") to severe acts (e.g., "used threats to….have sex"). All items are scored from zero ("This has never happened) to six ("More than 20 times in the past year). All items also include a response value of seven which indicates "Not in the past year, but it did happen before." Any response higher than zero was identified as a victim of IPV. This cut-off does not address severity or frequency of prior victimization, but is solely a measure of having experienced IPV. This cut-off has been used to identify victims in a number of previous studies (Cate et al., 1982; Rubenstein, 2016; Smith, White, & Holland, 2003).

The full CTS2 is a self-report survey that measures respondent's behavior and the behavior of their partner. Items are phrased in terms of the participant's actions (e.g. "I called my partner fat or ugly") and then in terms of the participants' victimization (e.g. "My partner called me fat or ugly"). However, the latter victimization component of many items simply states "My

partner did this to me." The authors noted this "shortens the time needed to complete the CTS" (p. 288). Since this study only researched participants' personal victimization, any items using the abbreviated prompt "My partner did this to me," were modified to incorporate the full prompt. For example, the second half of the item "I insulted or swore at my partner" is "My partner did this to me." In this study, the second half was reworded to "My partner insulted or swore at me."

Data Analysis

SPSS Statistics software was used to generate descriptive statistical information and point-biserial correlation analyses. First, the independent, continuous variable of total MC-C score (Reynolds, 1982) will be correlated against the continuous, dependent variable of IPV myth acceptance (as measured by DVMAS total score; Peters, 2003) to ensure participant responses are not being unduly influenced by social desirability. Provided participants' responses are not skewed by socially-acceptable responding, descriptive statistics of IPV myth acceptance will be generated, as measured by the dependant variable of total DVMAS score (Peters, 2003). Then, point-biserial correlations will be conducted between the categorical, independent variable of reported gender and the continuous, dependant variable of IPV myth acceptance, as well as between the categorical, independent variable of victimization and the continuous, dependant variable of myth acceptance.

Chapter 4: Results

The purpose of this study is to extend the rape myth literature to IPV myths by evaluating the prevalence of IPV myth acceptance and clarifying whether gender and prior IPV victimization are associated with IPV myth acceptance. To this end, three research questions were explored: 1) What is the prevalence of IPV myth acceptance amongst a student population? 2) Does gender correlate with IPV myth acceptance? 3) Do victims and non-victims of IPV accept IPV myths differently? University of Alberta students were contacted via posters and classroom presentations to participate in a 15-minute online survey containing a demographic survey, the Marlow-Crown Social Desirability Scale, the Domestic Violence Myth Acceptance Scale, and three subscales from the Revised Conflict Tactics Scale.

Sample

Of 448 respondents, 78 cases were deleted for failing to complete one or more of the survey scales, or for providing incoherent/ineligible responses, resulting in a sample of 370. Of these, 128 (34.6%) identified as male, 238 (64.3%) identified as female, 2 (0.5%) identified as trans-female, and 2 (0.5%) did not identify their gender. This resulted in a ratio of 53.8:100 men to women, which is quite different from the 2016 Statistics Canada reported ratio of 98.4:100 men to women (Statistics Canada, 2016a). However, this ratio is more representative of the U of A's 78.9:100 men to women reported in Fall 2010 (University of Alberta, 2011). The majority of respondents (321 or 86.8%) identified as heterosexual or straight, while 28 (7.6%) identified as bisexual, 10 (2.7%) identified as gay or lesbian, and one (0.3%) declined to say. The rate of self-identified homosexual or bisexual orientation is higher in this sample than the 0.7% of 18-59 years olds who identified as bisexual and 1.0% who identified as homosexual in the 2003 Canadian Community Health Survey (The Daily, 2004).

The five most commonly reported ethnicities in the sample were Caucasian (63.2%, n=234), Chinese (9.2%, n=34), "other" (6.8%, n = 5), East Indian (5.1%, n=19), and Filipino (3.0%, n= 11).These differed from the five most common ethnicities reported in the Canadian 2006 census, which were British Isles (35.5%), other North American origins (33.3%), Canadian (32.2%), European origins (31.8%), and English (19.2%; Statistics Canada, 2009). Chinese composed 4.3%, East Indians were 3.1%, and East and Southeast Asians represented 7.1% in the 2006 census. However, in the Canadian census participants could report more than one ethnicity and ethnic groups were categorized by different standards.

While 93% of the sample (n=344) reported Canadian citizenship, 2.7% (n=10) reported permanent residency. The number of Canadian citizens in this sample was somewhat greater compared to the U of A's 2010/2011 population, in which only 82% of full-time students reported citizenship (University of Alberta, 2011). However, the 2011 National Household Survey suggested 94.1% of people in Canada were Canadian citizens at the time of sampling (Statistics Canada, 2016b).

The sample appears representative of the U of A's undergraduate population and was fairly evenly distributed across year of studies: 74 freshmen (20%), 97 sophomores (26.2%), 107 juniors (28.9%,), and 74 seniors (20%). The five most common areas of study reported by participants were science (25.4%, n = 94), arts (18.1%, n = 67), education (15.1%, n= 56), business (14.6%, n = 54), and engineering (10%, n= 37). This closely mirrors the U of A's most popular undergraduate departments: science (20.0%, n=5936), arts (19.3%, n=5712), engineering (14.6%, n=4338), education (9.3%, n=2758), and business (6.8%, n=2018; University of Alberta, 2016). Furthermore, 94.6% (n=350) of survey respondents were enrolled in full-time studies and 4.6% (n=172) were enrolled part-time. This compares with the U of A's report that 91.2%

(n=33,617) of their students were full-time during the Fall 2016 semester (University of Alberta, 2016).

Social Desirability Response Bias

The DVMAS (Peters, 2003) was correlated with the MC-C (Reynolds, 1982) to assess for a socially-desirable responding bias. The bivariate correlations between DVMAS and the MC-C (r= -0.25, p=0.629) were non-significant. This suggests participants did not skew their answers in a socially acceptable manner and the planned analyses can proceed.

Prevalence of IPV Myth Acceptance

We have suggested that understanding the prevalence of IPV myth acceptance will improve understanding of the overall phenomenon of IPV, and hopefully contribute to the literature in a way that enables effective interventions. The trend of previous literature using the DVMAS has been to report mean acceptance. For example, Peters (2003) reported average item acceptance for items of the DVMAS (i.e., total DVMAS score divided by the number of items) was 2.30 ($s.d.$ = 0.85; p. 93). He also noted this was lower than the typical rates of IPV myth acceptance reported in the literature. For comparison, the mean item acceptance in the current survey was 2.44. While mean DVMAS scores summarize information about IPV myth acceptance, additional details could provide a more effective understanding about the distribution of acceptance.

In order to determine which IPV myths are most commonly accepted, Table 4 presents the mean acceptance of DVMAS factors and Table 5 provides mean acceptance of individual DVMAS items. In order to present information about the spread of responses from strongly disagree to strongly agree, Table 4 and Table 5 present the percentage of participants who endorsed responses four through seven on the Likert scale. Although four out of seven indicates

that participants "neither agree nor disagree," one possible benchmark for classifying IPV myth acceptance is anything less than opposition. Therefore, reporting the distribution of responses from four and seven, as well as mean acceptance, enables a more in-depth understanding of IPV myth acceptance.

Table 4

Means and Percentages of Agreement for Domestic Violence Myth Acceptance Scale (DVMAS; Peters, 2003) Factors Separated by Likert Responses

DVMAS Factor	*M*	4, 5, 6, or 7	5, 6, or 7	6 or 7	Only 7
Characterological Victim-Blame	2.49	*28.0%*	*15.4%*	*5.4%*	*2.6%*
Behavioral Victim-Blame	1.76	*12.0%*	*4.28%*	*1.5%*	*0.4%*
Perpetrator Exoneration	3.08	*40.0%*	*24.7%*	*8.3%*	*2.2%*
Minimizing Harm	2.88	*37.5%*	*13.8%*	*4.8%*	*1.3%*

Table 5

Descriptive statistics for Domestic Violence Myth Acceptance Scale (DVMAS) Items and Percentages of Agreement separated by Likert Responses

DVMAS Item	*M*	*SD*	4: Neither Agree nor Disagree	5	6	7: Strongly agree
Domestic violence does not affect many people.	2.05	1.215	*4.6% (n=17)*	*3.3% (n=12)*	*1.9% (n=7)*	*0.5% (n=2)*
When a man is violent it is because he lost control of his temper.	3.50	1.722	*17.6% (n=65)*	*18.9% (n=70)*	*10.5% (n=39)*	*3.2% (n=12)*
If a woman continues living with a man who beat her then it's her own fault if she is beaten again.	2.05	1.395	*7.0% (n=26)*	*6.8% (n=25)*	*0.8% (n=3)*	*1.1% (n=4)*
Making a man jealous is asking for it.	1.52	1.036	*4.3% (n=16)*	*1.6% (n=6)*	*0.8% (n=3)*	*0.3% (n=1)*
Some women unconsciously want their partners to control them.	3.06	1.693	*21.4% (n=79)*	*17.3% (n=64)*	*4.6% (n=17)*	*1.9% (n=7)*

A lot of domestic violence occurs because women keep on arguing about things with their partners.	2.08	1.427	*10.3% (n=38)*	*6.0% (n=22)*	*1.6% (n=6)*	*0.8% (n=3)*
If a woman doesn't like it, she can leave.	3.53	1.979	*13.4% (n=49)*	*18.8% (n=69)*	*4.4% (n=19)*	*11.4% (n=42)*
Most domestic violence involves mutual violence between the partners.	2.96	1.476	*21.0% (n=77)*	*11.1% (n=41)*	*3.8% (n=14)*	*1.1% (n=4)*
Abusive men lose control so much that they don't know what they're doing.	2.93	1.666	*14.1% (n=52)*	*13.3% (n=49)*	*6.2% (n=23)*	*1.9% (n=7)*
I hate to say it, but if a woman stays with the man who abused her, she basically deserves what she gets.	1.62	1.058	*5.4% (n=20)*	*1.6% (n=6)*	*0.8% (n=3)*	*0% (n=0)*
Domestic violence rarely happens in my neighborhood.	3.64	1.351	*45.4% (n=168)*	*12.7% (n=47)*	*4.9% (n=18)*	*2.2% (n=8)*
Women who flirt are asking for it.	1.58	1.097	*4.6% (n=17)*	*2.2% (n=8)*	*0.5% (n=2)*	*0.5% (n=2)*
Women can avoid physical abuse if they give in occasionally.	1.60,	1.169	*5.4% (n=20)*	*2.7% (n=10)*	*1.4% (n=5)*	*0.3% (n=1)*
Many women have an unconscious wish to be dominated by their partners.	2.40	1.547	*17.3% (n=64)*	*7.3% (n=27)*	*2.2% (n=8)*	*1.4% (n=5)*
Domestic violence results from a momentary loss of temper.	2.80	1.584	*14.1% (n=52)*	*17.0% (n=63)*	*1.4% (n=5)*	*1.6% (n=6)*
I don't have much sympathy for a battered woman who keeps going back to the abuser.	2.08	1.458	*7.0% (n=26)*	*6.2% (n=23)*	*1.9% (n=7)*	*1.4% (n=5)*
Women instigate most family violence.	2.02	1.248	*14.1% (n=52)*	*1.4% (n=5)*	*1.1% (n=4)*	*0.3% (n=1)*
If a woman goes back to the abuser, it is due to something in her character.	2.68	1.652	*16.2% (n=60)*	*12.4% (n=46)*	*4.1% (n=15)*	*1.1% (n=4)*
Mean Item Acceptance	2.44	N/A	*13.5%*	*8.9%*	*2.9%*	*1.7%*
Mean Total Acceptance	44.0	14.81	*N/A*	*N/A*	*N/A*	*N/A*

In order to allow the reader to draw their own conclusions about what constitutes IPV myth acceptance, Table 6 presents the percentage of participants who agreed with myths on the

DVMAS (Peters, 2003) grouped according to increasingly strict cut-offs. The first grouping is the most liberal by including all responses between four (i.e., neither agree nor disagree) and seven (i.e., strongly agree) on the DVMAS. Using this liberal criteria, IPV myth acceptance ranges from 7% to 65.1%, depending on the myth. The strictest grouping includes only those who strongly agreed with each item and ranges from 0% to 11.4% of the sample.

Table 6

Percentage of Agreement on the Domestic Violence Myth Acceptance Scale (DVMAS; Peters, 2003) With Increasingly Conservative Cut-offs

DVMAS Item	4, 5, 6, or 7	5, 6, or 7	6 or 7	Only 7
Domestic violence does not affect many people.	*10.3% (n=38)*	*5.7% (n=21)*	*2.4% (n=9)*	*0.5% (n=2)*
When a man is violent it is because he lost control of his temper.	*50.3% (n=186)*	*32.7% (n=121)*	*13.7% (n=51)*	*3.2% (n=12)*
If a woman continues living with a man who beat her then it's her own fault if she is beaten again.	*15.7% (n=58)*	*8.6% (n=32)*	*1.9% (n=7)*	*1.1% (n=4)*
Making a man jealous is asking for it.	*7.0% (n=26)*	*2.7% (n=10)*	*1.1% (n=4)*	*0.3% (n=1)*
Some women unconsciously want their partners to control them.	*45.1% (n=167)*	*23.8% (n=88)*	*6.5% (n=24)*	*1.9% (n=7)*
A lot of domestic violence occurs because women keep on arguing about things with their partners.	*18.7% (n=69)*	*8.4% (n=31)*	*2.4% (n=9)*	*0.8% (n=3)*
If a woman doesn't like it, she can leave.	*48.8% (n=179)*	*35.4% (n=130)*	*16.5% (n=61)*	*11.4% (n=42)*
Most domestic violence involves mutual violence between the partners.	*37.1% (n=136)*	*16.1% (n=59)*	*4.9% (n=18)*	*1.1% (n=4)*
Abusive men lose control so much that they don't know what they're doing.	*35.5% (n=131)*	*21.4% (n=79)*	*8.1% (n=30)*	*1.9% (n=7)*
I hate to say it, but if a woman stays with the man who abused her, she basically deserves what she gets.	*7.8% (n=29)*	*2.4% (n=9)*	*0.8% (n=3)*	*0% (n=0)*

Domestic violence rarely happens in my neighborhood.	*65.1% (n=241)*	*19.7% (n=73)*	*7.1% (n=26)*	*2.2% (n=8)*
Women who flirt are asking for it.	*7.9% (n=29)*	*3.3% (n=12)*	*1.0% (n=4)*	*0.5% (n=2)*
Women can avoid physical abuse if they give in occasionally.	*9.7% (n=36)*	*4.3% (n=16)*	*1.7% (n=6)*	*0.3% (n=1)*
Many women have an unconscious wish to be dominated by their partners.	*28.1% (n=104)*	*10.8% (n=40)*	*3.6% (n=13)*	*1.4% (n=5)*
Domestic violence results from a momentary loss of temper.	*34.1% (n=126)*	*20.0% (n=74)*	*3.0% (n=11)*	*1.6% (n=6)*
I don't have much sympathy for a battered woman who keeps going back to the abuser.	*16.5% (n=61)*	*9.5% (n=35)*	*3.3% (n=12)*	*1.4% (n=5)*
Women instigate most family violence.	*16.8% (n=62)*	*2.7% (n=10)*	*1.4% (n=5)*	*0.3% (n=1)*
If a woman goes back to the abuser, it is due to something in her character.	*33.8% (n=125)*	*17.6% (n=65)*	*5.2% (n=19)*	*1.1% (n=4)*
Average Percent of Acceptance	*27.1%*	*13.6%*	*4.7%*	*1.7%*

Gender and IPV Myth Acceptance

We hypothesized gender would influence the extent to which participants accepted IPV myths, with men expected to accept IPV myths more than women. Four participants were excluded from this analysis because two identified as trans-female and two did not specify their gender. This hypothesis was supported by a strong and significant bivariate correlation between gender and DVMAS total score (r= -0.234, p= 0.000), in which males (M=48.84, *s.d.*=14.33) accepted IPV myths to a greater extent than females (M=41.61, *s.d.*=14.42). In fact, after applying a Bonferroni correction for multiple comparisons, men accepted significantly more IPV myths than women on three out of four factors: characterological victim-blame (r= -0.219, p= 0.000), behavioral victim-blame (r= -0.202, p=0.000), and minimization (r= -0.194, p=0.000). There was no gender difference for the factor of perpetrator exoneration (r= -0.136, p=0.009).

Victimization and IPV Myth Acceptance

In the current study, 66.8% (*n*=247) of participants reported some form of previous victimization, with 27.6% (*n*=102) experiencing physical IPV, 30.3% (*n*=112) experiencing sexual IPV, and 63.8% (*n*=236) experiencing psychological IPV. It was hypothesized that experience as a victim of IPV would not influence myth acceptance, with victims and non-victims accepting IPV myths to the same degree. This hypothesis was supported, with no association found between DVMAS total score and whether an individual had experienced any victimization, according to the CTS2. In further support of the hypothesis, DVMAS total score was not significantly correlated with any of the CTS2 physical, sexual, or psychological victimization subscales.

Finally, each of the DVMAS' four factors (i.e., characterological victim blame, behavioral victim blame, perpetrator exoneration, and minimization) were correlated with whether participants had experienced physical, sexual, psychological, or any victimization. In support of the hypothesis, after applying a Bonferroni correction for multiple comparisons none of the DVMAS factors was significantly correlated with the CTS2 subscales.

Chapter 5: Discussion

The purpose of this study is to extend the rape myth literature to IPV myths by evaluating the prevalence of IPV myth acceptance and clarifying whether gender and prior IPV victimization are associated with IPV myth acceptance. To this end, three research questions were explored: 1) What is the prevalence of IPV myth acceptance amongst a student population? 2) Does gender correlate with IPV myth acceptance? 3) Do victims and non-victims of IPV accept IPV myths differently? University of Alberta students were contacted via posters and classroom presentations to participate in a 15-minute online survey containing a demographic survey, the Marlow-Crown Social Desirability Scale (MC-C; Reynolds, 1982), the Domestic Violence Myth Acceptance scale (DVMAS; Peters, 2003), and three subscales from the Revised Conflict Tactics Scale (CTS2; Straus et al., 1996). Depending upon the criteria used to define acceptance, between 65% (neither agreeing nor disagreeing that "domestic violence rarely happens in my neighbourhood") and 11% (strongly agreeing that "if a woman doesn't like it she can leave") of participants accepted at least one IPV myth. Consistent with expectations, men accepted IPV myths to a greater extent than women, and victims of IPV did not differ from non-victims in their acceptance of IPV myths.

Prevalence of IPV Myth Acceptance

Compared to rape myth acceptance, which has garnered extensive research and even facilitated interventions in this field, IPV myth research is in its early stages (Peters, 2003). Quantifying the prevalence of IPV myth acceptance could help guide this field of research and target the design of future IPV interventions. Peters (2003) modeled the development of the DVMAS after Burt's influential RMAS (1980), so as to allow researchers to quantify myth acceptance in the broader field of IPV, and not just with regards to rape.

There has been limited use of Peters' (2003) DVMAS thus far, and research has provided little information regarding the prevalence of IPV myth acceptance. Several authors have reported the average DVMAS score from their participant samples (Giger et al., 2016; Gluba, 2010; Klaw et al., 2016; Minchala, 2009; Peters, 2003; Rubenstein, 2016; Wasarhaley, 2014). However, mean scores do not describe prevalence rates of IPV myths, because this statistic captures the most typical response, instead of the number of people who agree with various myths. Few researchers have reported DVMAS responses in a way that quantifies the number of individuals who agree or disagree with IPV myths.

Peters (2003) conducted factor analysis to demonstrate IPV myths cluster under behavioral victim-blaming, characterological victim-blaming, perpetrator exoneration, and minimization. And yet, relatively few researchers have reported mean responses to these factors (Kenig & Blaževska-Stoilkovska, 2016; Peters, 2003; Minchala, 2009; Watson, 2015). While mean factor acceptance provides a more detailed description of how participants respond to IPV myths than mean total score, more information would help to clarify IPV myth prevalence. Peters' (2003) DVMAS is composed of 18 individual items and knowing the acceptance of individual myths could help researchers target interventions to uniquely address common IPV myths.

In the current sample, the myths with the highest average acceptance were "Domestic violence rarely happens in my neighborhood," closely followed by "If a woman doesn't like it, she can leave," and "When a man is violent it is because he lost control of his temper." Each of these myths contribute to different IPV myth acceptance factors; namely, minimization of extent, characterological victim-blaming, and perpetrator exoneration, respectively (Peters, 2003). Meanwhile, the DVMAS factor with the lowest average acceptance was behavioral victim-

blaming (M = 1.76), and this category included the three myths with the lowest average acceptance: “Making a man jealous is asking for it,” followed by “Women who flirt are asking for it,” and with slightly more acceptance “Women can avoid physical abuse if they give in occasionally.” If there is an area in which we might celebrate success, it appears to be in the realm of behavioral character blame. However, this information also suggests future interventions should not be localized to a specific factor of IPV myths, but must consider victim-blaming, perpetrator exoneration, and minimization.

However, we have argued that mean IPV myth acceptance is an inadequate description of IPV myth prevalence. Percentages are a more accessible and comprehensive alternative to means and standard deviations for describing the range of acceptance of IPV myths. However, another difficulty exists when attempting to report IPV myth prevalence. The DVMAS (Peters, 2003) scores myth acceptance on a 7-point Likert scale ranging from “strongly disagree to “strongly agree,” and there are unclear criteria in this field as to deciding which score is the appropriate cut-off to indicate IPV myth acceptance. As such, providing an accurate understanding of the prevalence of IPV myth acceptance is a challenge.

A neutral opinion about IPV myths could be considered IPV myth acceptance because it suggests the respondent does not oppose the myth. Using this cut-off results in a high estimate of IPV myth acceptance prevalence. At least one third of participants endorsed neutral to strong agreement (i.e., four to seven on the 7-point scale) with seven myths: “If a woman doesn't like it, she can leave,” “Most domestic violence involves mutual violence between the partners,” “Abusive men lose control so much that they don't know what they're doing,” “Domestic violence rarely happens in my neighborhood,” “Many women have an unconscious wish to be dominated by their partners,” “Domestic violence results from a momentary loss of temper,” and

"If a woman goes back to the abuser, it is due to something in her character." Conversely, if we defined IPV myth acceptance as strong agreement with DVMAS items (i.e., seven out of seven), far fewer individuals would be identified as accepting IPV myths. With this more restrictive cut-off, only one myth was accepted by more than 10% of the sample: "If a women doesn't like it, she can leave."

The results of this study indicate there is a broad range of how strongly people agree with IPV myths. While even the most-endorsed myths had an average response that favoured non-acceptance (i.e., less than four), the fact remains that a number of individuals failed to refute IPV myths representing victim blaming, perpetrator exoneration, and minimization. In order to more accurately describe this diversity of responses, future DVMAS research should report mean acceptance for DVMAS factors, individual items, and the spread of acceptance.

Gender and Myth Acceptance

The results of the current study demonstrated clearly that men accepted IPV myths to a greater extent than women, both overall and on three of four DVMAS factors. This was not an unexpected finding since men have consistently demonstrated greater rape myth acceptance than women (Grubb & Turner, 2012; Suarez & Gadalla, 2010), and several studies have demonstrated this gender difference applies to IPV myth acceptance as well (Bryant & Spencer, 2003; Flood & Pease, 2009; Peters, 2003; Yamawaki et al., 2012). Flood and Pease's (2009) review of the literature indicated that not only do men minimize harm in gender-based violence more than women, they also perceive fewer actions to be violent, and demonstrate less empathy for victims. That these effects have been replicated in a variety of research designs increases the confidence in the current results.

One possibility as to why males accept more IPV myths than women may be that society socializes inequality between sexes, reinforcing the beliefs that underlie IPV myths (Flood & Pease, 2009; Okenwa-Emegwa, Lawoko, & Jansson, 2016). Yamawaki (2011; as cited in Yamawaki et al., 2012) found a traditional understanding of gender roles impacts IPV myth acceptance more than a respondent's sex. A breadth of research suggests the egalitarian or "traditional" (p. 32) nature of one's beliefs correlates with opinions of IPV and IPV victims (Minchala, 2009). In fact, one possible reason homosexual college women demonstrate less victim-blaming and more egalitarian beliefs than heterosexual women could be that they have already defied traditional gender stereotypes (Minchala, 2009). This suggests an indirect link between gender and IPV myth acceptance. That is, men may not innately support IPV more than women. Instead, socialization regarding gender stereotypes and gender inequality may be a mediating variable between men's opinions and IPV myth acceptance.

Victimization and Myth Acceptance

As expected, the current study found no significant relationship between previous victimization and IPV myth acceptance, even when types of abuse were analyzed separately (i.e., physical, sexual, or psychological). An important aspect of knowing where to target IPV myth interventions will be recognizing where these efforts are not necessary. Although it is easy to speculate how IPV victimization could either further entrench or cause a person to reject IPV myths, the current study found no evidence that prior IPV victimization influences one's level of IPV myth acceptance.

We have discussed how IPV myth acceptance research was largely born of rape myth research (Peters, 2003). Therefore, it is interesting to see how the absence of relationship between victimization and IPV myth acceptance parallels key studies in the area of rape myth

acceptance. Burt (1980), Carmody and Washington (2001), and Jenkins and Dambrot (1987) have all demonstrated that being a rape victim or knowing a rape victim does not correlate with rape myth acceptance. The current study has helped expand and consolidate our knowledge about the relationship between victimization and myth acceptance from the realm of rape myths to the broader context of IPV myth acceptance.

Studies demonstrating a lack of relationship between victimization and IPV myths are interesting because other research seems to have linked victimization to increased or decreased myth-endorsing thoughts and behaviours (Breslin et al., 1990; Cate et al., 1982). For example, Breslin and colleagues (1990) found that aggression between one's parents is positively associated with the use of physical partner violence amongst male and female University students. Cate and colleagues (1982) demonstrated that previous exposure to partner violence correlates with increased, yet still low, perceived acceptability of violence in a relationship. These findings correspond with the social learning theory of aggression put forth by Bandura and Walters (1969). In fact, Bandura and colleagues' (1963) research demonstrated how exposure to violence results in performance of violence. However, perhaps IPV or its perceived acceptability is a different construct than IPV myth acceptance, as these were not the results reflected in the current study.

Other studies, like Minchala (2009) and Rubenstein's (2016), have found no significant correlation between prior IPV victimization and beliefs relating to IPV myth acceptance. Our results align with those of Minchala (2009), in which college women who had prior experience(s) of physical victimization did not differ from non-victims in their style of blame/attribution towards perpetrators. Minchala suggested her results may have been due to the low rate of victimization in the sample. However, in the current study 66.8% (n=247) of

participants reported some form of previous victimization, and still no significant relationships were evident. Furthermore, Rubenstein (2016) found no evidence of personal IPV victimization influencing how participants judged vignettes in terms of seriousness, victim culpability, or offender culpability. Therefore, despite the aforementioned contradictions in this field, the present research aligns with previous results that find no significant correlation between prior victimization and attitudes supporting IPV myths.

Limitations

Limitations to the study include a lack of random sampling since voluntary participants are contacted through posters and classrooms at the U of A. Thus, it is possible this sample was unrepresentative of students at the U of A. However, the descriptive statistics discussed in the results section demonstrate similarities between the composition of this sample and the U of A's undergraduate population, as well as Canada's larger population. Research also suggests that a post-secondary education is associated with beliefs endorsing egalitarianism (Cunningham, 2008; Cunningham, Beutel, Barber, & Thornton, 2005), liberal ideologies, and decreased sex-role stereotyping (Burt, 1980). It is recognized such values could limit the generalizability of the current results to non-University populations.

Future Recommendations

This study has highlighted the need for further research regarding prevalence. As discussed earlier, the current literature in this field does not seem to define what qualifies as acceptance of an IPV myth (Merkling, 2014; Peters, 2003, Rubenstein, 2016). Due to this lack of explicit criteria for IPV myth acceptance, it is unclear whether one must strongly agree, respond neutrally, or simply fail to refute a myth before that response is categorized as IPV myth acceptance. Future research could benefit from making explicit what level of endorsement is

being employed to indicate IPV myth acceptance. As it is, this undefined understanding of IPV myth acceptance could lead to disagreement regarding the extent of a problematic issue.

As gender pertains to IPV myth acceptance, there have now been several studies that confirm men typically accept more IPV myths than women (Bryant & Spencer, 2003; Flood & Pease, 2009). Such a consistent finding may recommend IPV myth interventions that focus more on men. However, work in this field has posited potential mediating variables to explain this relationship, such as greater traditional gender-role stereotyping by men (Yamawaki, 2011 cited in Yamawaki et al., 2012). If the connection between gender and IPV myth acceptance is not a direct link, it could be informative to identify those mediating variables. By identifying the additional variables that correlate with men's increased IPV myth acceptance, we might also increase the success of IPV myth acceptance interventions.

The current results demonstrated no relationship between prior IPV victimization and IPV myth acceptance. However, these results address a realm of the literature that seems divided as to whether previous exposure to IPV increases one's risk for beliefs and behaviors supporting IPV myths (Breslin et al., 1990; Cate et al., 1982; Minchala, 2009; Rubenstein, 2016). To clarify this contradictory area of the IPV myth acceptance research, it may, again, be necessary to clarify the definition of IPV myth acceptance. By disentangling the meaning of IPV myth acceptance from other constructs that have been correlated with victimization, like acceptance of violence (Cate et al., 1982) or even use of IPV (Breslin et al., 1990) we may be able to form a clearer idea of the relationship between personal experiences and opinions in this area.

In her 1980 research regarding rape myths, Burt acknowledged how myth acceptance is a complicated process, affected by a number of personal and societal variables. However, her research also suggested that once the effects of such variables are better understood, it may be

possible for education to combats myths. Even Husnu and Mertan (2015), who expressed skepticism regarding the effectiveness of partner violence prevention programs, emphasized the need for education that addresses cognitive and attitudinal factors of dating violence, particularly among University students. As the gaps in the literature are filled, perhaps we will develop a more comprehensive understanding of factors that correlate with IPV myth acceptance. That knowledge should not be wasted. Instead, such work may lay the foundation for programs designed to dispel the myths that contribute to IPV.

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