

Perceptions of Social Supports and Services for Intimate Partner Violence Victims

Rebecca N. O'Reilly

A thesis submitted to the Psychology Program in partial
fulfillment of the requirements for the degree of Bachelor of Arts (Honours),
Division of Social Science

© Rebecca N. O'Reilly

Grenfell Campus

Memorial University of Newfoundland

April 2016

Approval

The undersigned recommend the acceptance of the thesis entitled “Perceptions of Social Supports and Services for Intimate Partner Violence Victims”

Submitted by Rebecca N. O'Reilly

In partial fulfillment of the requirements for the degree of

Bachelor of Arts (Honours)

Daniel Nadolny
Thesis Supervisor

Kelly Warren
Second Reader

Grenfell Campus Memorial University of Newfoundland

April 2016

Acknowledgements

Firstly, I would like to express my sincere gratitude to my supervisor, Dr. Daniel Nadolny. I am tremendously grateful for having the privilege of being his student. Without Dr. Nadolny's patience, understanding, and encouragement, this project would have not been possible. It has been a pleasure working on this project under his guidance and I am thankful for the opportunity.

I also like to express gratitude to my second reader, Dr. Kelly Warren. Throughout my time at Grenfell, Dr. Warren has been a constant source of guidance. Her encouragement and confidence in my abilities has helped me grow as a person, which ultimately gave me the courage to undertake this project.

I would also like to thank Ms. Beverly Young for her writing support throughout this project. Her guidance has been an asset to my education, and I am thankful for her contributions to my learning.

I would like to thank the Psychology Faculty for an excellent education and opportunity to complete this project.

Lastly, I would like to thank everyone who participated in my study. My hope is that this project adds to the conversations about Intimate Partner Violence, specifically to male victims. It would not have been possible without their participation; I thank everyone for their contribution.

Table of Contents

Approval Page.....	ii
Acknowledgements.....	iii
Table of Contents.....	iv
List of Tables and Figures.....	v
Abstract.....	vi
Introduction.....	1
Traditional Views of Men and Women in the Context of IPV.....	1
Importance of Studying IPV	3
Mass Media and IPV	4
Changing the Narrative of IPV Victims	6
Method.....	9
Participants.....	9
Materials.....	9
Procedure.....	11
Results.....	13
Discussion.....	16
References.....	24
Appendices.....	35

List of Tables and Figures

Tables

1	Participants' Support for Male Victims of IPV.....	30
2	Participants' Support for Female Victims of IPV.....	31

Figures

1	Mean Differences in Support for Victims of IPV by Male and Female Participants Across Conditions.....	32
2	Mean Differences in Support for Female Victims of IPV by Male and Female Participants Across Conditions.....	33
3	Mean Differences in Support for Male Victims of IPV by Male and Female Participants Across Conditions.....	34

Abstract

Intimate partner violence (IPV) is a complex issue. The present study explored how media exposure to female and male victims of IPV affected participants' support for both groups. It was hypothesized that female victims would be supported more than male victims and that presenting stimuli that drew attention to male victims would not decrease support for female victims. Participants were presented with one of three posters, drawing attention to male victims, female victims, or both. A questionnaire was then used to assess perceptions of support for IPV victims, which was completed by 121 participants. Results indicated that females were supported more than males and that drawing attention to male victims did not decrease participants' support for female victims. An exploratory analysis also revealed that women, overall, have high support for all victims, while men's level of support changed depending on the type of information to which they were exposed.

Perceptions of Social Supports and Services for IPV Victims

Intimate partner violence (IPV) has been a recognized social problem since the 19th century (Barner & Carney, 2011). However, it was not until the 1970s that it began to receive major attention from the public, media, and academic community (Barner & Carney, 2011). In response, support systems and social services tailored to women emerged, and academic research started to be conducted in an effort to understand the issue,. This was the beginning of the movement to end domestic violence against women in western societies. However, to date male victims of IPV have not been so fortunate as to experience a social movement as powerful as this in order to confront their issues.

Traditional views of Men and Women in the Context of IPV

During the 1970s, the women's movement drew attention to the issue of IPV. Advocates called attention to the female victims who had very limited social supports and services available to help them (Barner & Carney, 2011). Advocates also pointed out that these victims were being ignored or treated poorly in the justice system (Barner & Carney, 2011). This transformed IPV into a recognized social problem for women by those in academia and in the general public (Payne, 2010). By 1977, the "Battered Women's Movement" had made substantial progress in setting up a public support system for women suffering from IPV (Schechter, 1982). While this movement is an excellent step toward supporting victims of IPV, one issue with the movement is that male victims have traditionally been left out of the conversation by those in academia and those in the general public (Lehmann & Santilli, 1996).

Discussion of IPV generally focuses on males as aggressors and on females as

victims (Lehmann & Santilli, 1996). Hannon, Nash, Formati, and Hopson (2000) reported that it is generally assumed that males are the perpetrators of violence and females are the victims. Overall, when presented with scenarios depicting violence, 95.8% of participants assumed the perpetrator to be male and 88.3% assumed the victim to be female. Only 3.1% of participants assumed a male to be the victim, and only 1.0% of participants assumed a female to be the perpetrator.

Contrary to public belief, it is reported that men and women are experiencing IPV in similar degrees (Straus & Gelles, 1990). Recent research has revealed that 1 in 3 women and 1 in 4 men are victims of IPV in their lifetime (Centers for Disease Control and Prevention, 2011).

There are many contributing factors that encourage the public to hold the idea that IPV is a gendered issue. Firstly, male victims of IPV are less likely than female victims to report their victimization (Swan, Gambone, Caldwell, Sullivan, & Snow, 2008). Secondly, female perpetrators are less likely to be arrested and/or charged for crimes related to IPV than male perpetrators (Swan et al., 2008). Lastly, men generally have greater physical size and strength compared to women (Graham-Kevan, 2007). Therefore, men have greater potential and ability to inflict physical harm on an intimate partner (Graham-Kevan, 2007; Swan et al., 2008; Testa, Hoffman, & Leonard, 2011). This is evident in the Canadian population. Women are two times more likely to report being physically injured by a partner than men (Statistics Canada, 2013b). Women are also three times more likely than men to report a partner beating, choking, or sexually assaulting them (Statistics Canada, 2013b). Women are at higher risk of domestic

homicide by a male partner (Statistics Canada, 2013b). It was found in Canada in 2011 that of the 66 domestic homicides, 59 of the victims were female (Statistics Canada, 2013b).

However, Archer (2000) found that women use slightly more physical violence than men in intimate relationships, though women are more likely to be injured as a result of physical violence. Furthermore, Simmons, Lehman, and Cobb (2004) found that arrested female perpetrators of IPV in the United States have the same personality dysfunctions that predict men's aggression, suggesting the sources of IPV aggression may be the same for both male and female perpetrators. It is evident that women are engaging in IPV at similar rates as men (Archer, 2000; Testa et al., 2011).

Importance of Studying IPV

In Canada, 1 in 4 violent crimes reported to the police are accounts of IPV (Statistics Canada, 2013a). In 2011, there were 341 victims of IPV per 100,000 population (Statistics Canada, 2013a). These findings indicate the prevalence of this social issue, drawing attention to the need to understand it empirically.

IPV is associated with many mental and physical health issues. Coker et al. (2002) found that a higher risk for negative health problems, including mental and physical health, were associated with IPV. All forms, including physical, sexual and psychological violence, were associated with depressive symptoms for men and women (Coker et al., 2002). Both men and women who were victims of physical IPV had increased risk for poor health, depressive symptoms, substance abuse, potential for

developing a chronic disease, chronic mental illness, and physical injuries (Coker et al., 2002).

While those in academia have given much attention to IPV, within the body of research, male victims have not been an active topic (Graham-Kevan, 2007). This issue has limited our understanding of IPV victimization for both male and female victims (Graham-Kevan, 2007). Within the research assessing IPV, males are generally viewed as victimizers only, which is not the case (Graham-Kevan, 2007; Hannon et al., 2000).

Mass Media and IPV

Stereotypical views of IPV are also present in media, showing stereotypes of violent males and fragile females. While this is not the only view, it is the dominant view (Berns, 2004). The cultural depictions of IPV in Western Society, including those in mass media, are not creating an accurate narrative about the issue (Wozniak & McCloskey, 2010). Talyor and Sorsenson (2004) found that of 33 IPV articles written in a newspaper, 32 reports included a male as the perpetrator. Media displays such as these these reinforce the stereotypic idea that males are always the perpetrators of IPV, which is not the case.

This is problematic because mass media shapes how the general public understands social problems (Berns, 2004; Carlyle, Slater, & Chakroff, 2008; Curran, Gurevitch, & Woollacott, 1979; Taylor & Sorsenson, 2004). This is particularly true for television, news programs, and news reports (Taylor & Sorsenson, 2004). Best (1995) stated that how social problems are depicted in mass media frames how the general public views the issue in a social context. What is more concerning is that for many

individuals, mass media is their only source of information regarding social problems (Berns, 2004). This arises out of the convenient access to mass media domains, such as television, the internet, movies, popular books, and newspapers (Berns, 2004). For many individuals, the stereotypical and biased views depicted in the media are their only sources of information, creating a skewed understanding of the problem.

Mass media creates a specific narrative of IPV, including the causes, which people use to generate ideas to solve the problem. For example, this media influenced type of thinking can be applied in the context of the current study: If women are the sole victims of IPV, as the media portrays, then this social issue can be addressed by making social services and supports readily available for women victimized by IPV (Loseke, 1992). If men are the sole perpetrators, as the media portrays, this social issue can be addressed through laws to correct this criminal behavior committed by men (Loseke, 1992). However, this type of thinking is flawed and does not fully address IPV, because IPV is not only a women's issue (Loseke, 1992).

The belief that males are the sole perpetrators of IPV leave men who are victims in a very difficult position when trying to avail themselves of social supports and services. A study by Hines (2009) explored how men who seek services as victims of IPV are treated in the US. Results showed that of men seeking help through the domestic violence service systems, such as community programs, hotlines, or the police, over 50% found these services unhelpful (Hines, 2009). Some of the most common responses of these systems were dismissing men, turning them away because they offered female services only, or making fun of them (Hines, 2009). Men are often faced with the issue

of being re-victimized in a system that is solely designed for women, as men are commonly met with disbelief, suspicion and even accusations of being the perpetrator when seeking help (Hines, Brown, & Dunning, 2007). This leaves many men with nowhere to turn to get the help needed.

Changing the Narrative of IPV Victims

If we change the narrative produced by mass media, could we change the view of males within the scope of IPV to address the needs of both male and female victims? This could ensure supports and services are available for all who need them. Furthermore, if this is possible, why has it not been done? Many have argued that the reluctance to address and acknowledge male victims of IPV is due to a fear that this would reduce support for female victims of IPV (Mulroney & Chan, 2005). This concept, originally introduced in Game Theory, is the idea that if one group gains something, in direct correspondence, the other group must lose something (Nash, 1950). As a result of perceived zero-sum resources, there is often intergroup competition that is caused by salience of the competitive out-groups and resource stress (Wong, Klann, Bijelic, & Aguayo, 2016). Unfortunately, activists generally respond to victims of IPV in this way (Mulroney & Chan, 2005). Activists for female victims are competing with activists of male victims for public support. This provokes resource stress among activists for female victims of IPV because this group fears that directing attention away from female victims will also direct economic resources that can aid female victims (Wong et al., 2016). While female victims of IPV are no doubt a major concern, male victims experience IPV to a similar degree as females and also need public support (Mulroney & Chan, 2005).

This is particularly relevant because zero-sum beliefs can lead to discrimination of out-groups, specifically, in this case, male victims of IPV (Esses et al., 2005; Wilkens, Wellman, Babbitt, Toosi, & Schad, 2015). Therefore, resources are needed to support male victims as well (Mulroney & Chan, 2005).

The present study explored whether or not increased support for one group decreases support for another group, specifically, whether the concept of support for victims of IPV operates on a zero-sum choice when considering males and females. The goal of this study was to evaluate whether directing attention, support, and resources toward male victims of IPV would detract from the support and resources available for female victims of IPV. How exposure to information via mass media about female and male victims of IPV influences participants' general supports for people and organizations providing resources to victims was also explored. Lastly, this study adds to the limited amount of research on ways to increase support for male victims of IPV.

Based on previous research that shows women are generally perceived to be the victims and men are perceived to be the perpetrators of IPV, it was hypothesized that women would overall be supported more than men. It was also hypothesized that presenting stimuli that drew attention via media to male victims would not decrease the volume of support for female victims of IPV. Previous research has demonstrated strong support for female victims of IPV, hence, it was predicted that presenting male victims would not decrease the long-standing belief that female victims of IPV need support. Lastly, it was hypothesized that drawing attention to male victims of IPV via media would lead to more support for men in comparison to when attention is not given. As

previous research demonstrated, media does aid in shaping views of social issues. The media currently shapes men as perpetrators, not as victims. It was predicted that if men were presented as victims also, the participants would gain empathy for these individuals and recognize the need for social support for male victims of IPV.

Method

Participants

The study consisted of a sample of 121 people who voluntarily participated. Participants were recruited via online advertisements, for example through social media and email, and posted advertisements in various public places in Corner Brook, NL. The sample consisted of 101 women, 19 men and 1 individual who identified as a gender other than man or woman. The mean age of the female participants was 26.08 years, with age ranging from 17 to 62 years of age. The mean age of the male participants was 25.21, with age ranging from 18 to 45 years of age. Ninety-four participants identified as Caucasian, 5 participants identified as being of Ingenious/Aboriginal heritage, 3 participants identified as having a mixed heritage, and remaining participants did not report ethnicity. Fifty-four participants reported completing college/university, 26 reported completing some college/university and 34 participants reported completing High School.

Materials

An informed consent form, visual stimulus, questionnaire and debriefing letter were used to conduct the study. The study was distributed online via Survey Monkey, an online survey hosting service.

A visual stimulus was used in the survey. The visual stimulus contained one of three promotional posters from the “No More Excuses” campaign by *The NO MORE Project*. *The NO MORE Project* is a campaign to raise public awareness about domestic

violence and sexual assault (The NO MORE Project, 2016). *The NO MORE project* was chosen because it is a well-known campaign that uses mass media in order to communicate messages about IPV. Each poster included: a black and white head shot of Chris Meloni, the slogan “NO MORE” in large blue letters at the top of the poster, a quote saying “It’s none of my business” in smaller gray letters below the blue letters, and organization information at the bottom of the poster (Refer to Appendix C). Posters only differed in the type of statistical statement presented to create three conditions. Firstly, a stimuli drawing attention to female victims stated “1 in 3 women experience violence from their partners in their lifetimes.” Secondly, a stimuli drawing attention to male victims, stated “1 in 4 men experience violence from their partners in their lifetimes.” Lastly, a gender combined stimulus that drew attention to both male and female victims of IPV included both male and female statistics saying “1 in 3 women and 1 in 4 men experience violence from their partners in their lifetimes.”

After viewing the visual stimuli, participants answered a questionnaire containing two scales. The first scale was a modified version of the Interpersonal Reactivity Index that is a measure of empathy (Refer to Appendix B). Specifically, the sub-scale within the Interpersonal Reactivity Index that was used measures empathic concern, defined as “other-orientated feelings of sympathy and concern for unfortunate others” (Davis, 1983, p. 115). The scale was modified by removing all questions that did not pertain to this specific subscale and only questions pertaining to it were included. The second scale of the questionnaire asked a series of questions to assess attitudes of support for various social supports/services for male and female victims of IPV, and was developed for this study (Refer to Appendix D & Appendix E). The male and female subscales, and the

items within each subscale were presented in random order for each participant. A sample item for this questionnaire is, “do you support social media campaigns promoting IPV issues.” The male and female subscales contained identical pairs of questions, except for specifying whether male or female victims of IPV were the focus, for example, “do you support having shelters for men who experience IPV?” vs. “do you support having shelters for women who experience IPV”. Most questions, such as the ones stated above, used a 7 point likert scale. Other questions were open-ended, for example, “How many hours per week would you be willing to volunteer at a shelter for men who experience IPV?”. Lastly, participants were asked to complete an open-ended questionnaire reporting demographics (Refer to Appendix F). This section also asked participants to report demographic information including age, gender, education, and race/ethnicity. Participants were also able to report any comments or thoughts they may have had about the questionnaire or the topic of IPV.

The debriefing letter restated the purpose of the study. The letter also provided a list of contact information for organizations and other professionals in the case of any emotional issues and/or further interest in the topic following the study. Lastly, the debriefing letter thanked the participant for participating.

Procedure

The survey was distributed via Survey Monkey, an online survey distributing service. The participants were asked to read the informed consent form. After reading the consent form, they could click a button to continue the survey, the action of “clicking to continue” representing the act of individual consent. The participant was then presented with part one of the questionnaire. After completing part one, participants

were randomly presented with one of the three stimuli. After observing the stimuli, they were given part two of the questionnaire. After completing part two, participants were given part 3 to complete. Finally, participants were presented a debriefing letter which contained any information they may need after completing the questionnaire. Lastly, each individual was thanked for participating.

Results

The reliability of the scales used in this study were assessed, firstly, the subset scale within the Interpersonal Reactivity Index that measures empathic concern, $\alpha = .75$, and secondly, The Measure of Perceptions of Social Support and Services for IPV Victims scale created to measure support for male and female victims of IPV, $\alpha = .91$.

Analyses were conducted to test three main hypotheses. A paired samples t-test was used to test the prediction that female victims of IPV receive higher levels of support than male victims. As predicted, female victims ($M = 6.07$, $SD = 0.86$) were supported more than male victims ($M = 5.81$, $SD = 0.97$). There was a mean increase of 0.26 which was significant, $t(123) = -2.46$, $p < .001$, $r^2 = .05$.

A one-way between subjects ANOVA was conducted to test the second hypothesis, that drawing attention to male victims of IPV would not decrease the volume of support for female victims of IPV. The results were consistent with the hypothesis, as there was no significant main effect of the condition (male victims information, female victim information and both) on supporting female victims, $F(2, 128) = 1.40$, $p = .250$, $\eta^2 = .03$. Specifically, there were no significant differences in the level of support for female victims when participants were presented with media drawing attention to male victims ($M = 5.87$, $SD = 1.12$), to female victims ($M = 6.11$, $SD = 0.76$), and lastly, to both male and female victims ($M = 6.17$, $SD = 0.70$).

A one-way between subjects ANOVA was conducted to analyze whether or not drawing attention to male victims of IPV via media would gain more support for male victims of IPV in comparison to when attention was not given. This hypothesis was not

supported by the data, as there were no significant difference in the level of support for male victims of IPV when participants were presented with media drawing attention to male victims ($M = 5.83$, $SD = 1.09$), to female victims ($M = 5.77$, $SD = 0.93$), or to both male and female victims ($M = 5.89$, $SD = 0.09$). There was no significant main effect for the condition, $F(2, 130) = 1.52$, $p = .859$, $\eta^2 = .002$.

Exploratory data analyses were also conducted to further examine the data. One analysis revealed that there is a relationship between age and levels of support for IPV victims, a second analysis revealed an interaction between the conditions and gender in overall support of IPV victims.

A new variable was created in order to conduct a simple regression, supporting female IPV victims over male IPV victims was created by subtracting the male subscale from the female subscale. A simple regression revealed that age explained a statistically significantly proportion of variance in supporting female IPV victims over levels of support for male victims, victims $r^2 = .131$, $F(1, 118) = 17.86$, $p < .001$. Specifically, increased age predicted greater support for female IPV victims over levels of support for male IPV, $\beta = .036$, $t(118) = 4.227$, $p < .001$.

To determine whether or not there were any differences due to gender or the condition of information presented via a poster, a 2 (male participant x female participant) x 3 (male poster x female poster x both poster) ANOVA assessing overall support for IPV was conducted. A significant interaction between the condition, specifically, what information participants were exposed to on the poster, and gender emerged, $F(2, 114) = 4.68$, $p = .011$, $\eta^2 = .16$. Sixteen percent of the variability in

overall support for IPV can be accounted for by the condition and gender, which indicated that participants support differed depending on the condition and gender. The main effect of gender, $F(1,114) = 13.93, p < .001, \eta^2 = 0.01$, and the main effect of condition, $F(2,114) = 3.38, p = .037, \eta^2 = 0.17$, were significant, though these were qualified by the condition by gender interaction. Post-hoc testing revealed that there was a gender difference among participants when shown different information pertaining to IPV victims in the condition. When participants were shown a poster that drew attention to male victims of IPV, male participants had a significantly lower level of overall support ($M = 4.71$), specifically the amount of social support participants felt victims of IPV needed, shown to victims as compared to female participants ($M = 6.11$, mean difference $-1.40, p < .001$). When participants were presented with media that drew attention to female victims of IPV, male participants showed marginally less overall support ($M = 5.38$) than female participants ($M = 6.10$, mean difference $-.715, p = .053$). When participants were presented with media that drew attention to both male and female victims of IPV, there was no significant difference in the level of overall support. Male participants ($M = 5.90$) and female participants ($M = 6.01$) showed similar levels of overall support for IPV victims (mean difference $-.37, p = .902$). The same pattern of results was present for support for female victims of IPV and male victims of IPV, which is why just overall support was used here (Refer to Table 1 and Table 2).

Discussion

In the present study perceptions of social support for victims of IPV were investigated. Specifically, the study explored whether there were differences in support for male and female victims of IPV. It was hypothesized that women would, overall, be supported more than men, which was supported by the data. Secondly, it was hypothesized that presenting stimuli that drew attention via media to male victims would not decrease the volume of support for female victims of IPV, there was no evidence discrediting this hypothesis. Lastly, it was hypothesized that drawing attention to male victims of IPV via media would gain more support for men in comparison to when attention was not given. Results suggested that drawing attention to both female and male victims of IPV increased support for both groups among male participants; however, presenting only information on male victims led male participants to have little support for all victims of IPV.

The finding that women were supported overall more than men in the context of IPV echoed findings of past research (e.g. Graham-Kevan, 2007; Hannon et al., 2000) and there are many reasons why this is generally the case. Firstly, since the recognition of IPV as a social problem for women and the resulting work by women's activists and organizations to draw attention to the issue, there has been a substantial gain in the level of support for female victims of IPV internationally (World Health Organization, 2001). In Western societies the fact that women suffer from IPV and are in need of support is recognized by the public (World Health Organization, 2001). Hence, female victims of IPV are generally offered much more aid and services in Western Society (Schechter,

1982). In contrast, males have not received a grand surge of attention recognizing the impacts that IPV have on male victims specifically. In turn, neither have male victims had the public recognize the need for social supports and services on a grand scale. Therefore, it is not surprising that female victims are supported more than male victims.

The long-standing public support for female victims of IPV may also play a role in why drawing attention to male victims of IPV did not actively draw attention away from female victims. Activists and organizations have worked tremendously hard and still continue this work, in order to increase the public's recognition and awareness of female IPV victims, and they continue to rally the cause that these victims need attention, support, and services (World Health Organization, 2001). Therefore, this long-standing public belief would not be easily changed by drawing attention to male victims, as highlighting male victims of IPV does not erase the fact that there are female victims of IPV who need support.

Media also plays a significant role in how the public perceives IPV (Berns, 2004; Carlyle et al., 2008; Curran, Gurevitch, & Woollacott, 1979; Taylor & Sorsenson, 2004). As previously discussed, current conversations about IPV in the media create a specific narrative about how IPV operates, specifically, that males are violent and aggressive while females are fragile and weak (Talyor & Sorsenson, 2004). By promoting these stereotypic gender roles in the context of IPV, the media is shaping society's schema of IPV (Berns, 2004). While it is respectable that media are having conversations about IPV, drawing attention to female victims only is problematic because it ignores male victims. This is a possible reason why male victims are shown slightly less support than

female victims; the public is under the impression that males are not typically victims of IPV, which is not the case.

Media may also play a role in the finding indicated that drawing attention solely to male victims of IPV did not increase support for male victims of IPV. Media influences the social context in which people make individual decisions on their positions about controversial topics (Yanovitzky & Bennett, 1999). There is very little coverage in the media about male victims of IPV, how these experiences affect men specifically, and what can be done to help male victims (Carlyle et al., 2008; Talyor & Sorsenson, 2004). With this in mind, it is possible that individuals have already taken positions on the levels of support that male victims of IPV should receive, particularly that these victims do not need a high level of support. Hence, in the context of all the mass media that creates a narrative about IPV, one poster was simply not enough to gain more support for male victims of IPV.

Age also had a relationship with support for IPV. Older participants tended to show a greater distinction in support for females over male victims. This is consistent with the changing views of generations in Western society (Inglehart, 2008). Over the past few decades, there has been changing views of standard gender roles specifically (Inglehart, 2008). While there is still a long way to go in order to completely escape the expectations of traditional gender roles, there has been some change and people are challenging gender norms (Inglehart, 2008). In the context of this study, if younger participants are more likely not to embrace the standard gender roles for men and women, these younger participants would also be less likely to not embrace the stereotypic view

that males cannot experience IPV because it is not a part of their perceived traditional gender role to be victims of any type.

Gender itself has an interesting role in the conversations about support for male and female victims of IPV. It was found that female participants' level of support did not change depending on the media with which they were presented, including media drawing attention to male victims, female victims, or both. However, the levels of support reported by men changed depending on the media with which they were presented. Specifically, males showed the lowest levels of support for both male and female victims when presented with media drawing attention to male victims, while showing the highest support when shown media that drew attention to both groups of victims. This trend was also present when analyzing support for male victims and support for female victims separately.

What is most interesting about this finding is that male participants show the least support for their own gender who are victims of IPV. While it is not perfectly clear why this is the case, insight into what may be occurring can be gleaned from work on men's reluctance to self-identify as victims. Owen (1995) found that when male victims of IPV talked about abusive experiences with a female romantic partner, specifically, situations in which the male was physically abused by his romantic partner, males very rarely, if ever, identified themselves as victims of IPV. Hogen, Hegarty, Ward, and Dodd (2012) echoed this finding, reporting that male victims of IPV hesitated in identifying themselves as victims when reporting female perpetrated violence to law enforcement. These males also experienced immense shame, guilt, and embarrassment from their

victimization (Migliaccchio, 2001). Further, males had a great inner conflict with their masculine identity after victimization (Migliaccchio, 2001). Some male victims of IPV even refuse to get help, despite the need for assistance, because of the stigma of weakness that is associated with males asking for support (Migliaccchio, 2001). It is clear that when victims of IPV, males tend to struggle with their identities, particularly their masculine identities, as well as the struggles of being victimized.

It is possible that male participants show the lowest levels of support for male victims because like male victims, they struggle with the idea that males can be victims of IPV, as being a victim does not fit into the traditional view of masculinity or the traditional male gender role of being strong, assertive, and the protectors of others. The idea that males can be victims of IPV may be difficult for male participants to accept, as they struggle with similar inner conflicts that male victims struggle with: masculinity and victimization. Hence, similar to male victims who refuse aid when struggling with their masculine identity after victimization, it is possible that males show less support because they are also struggling with the idea that males can be victimized through IPV.

There are several limitations associated with this study. Firstly, the majority of the sample was Caucasian and had some or had completed undergraduate post-secondary education. With such a similar sample, perceptions may not be representative of all levels of education and all races/ethnicities. Secondly, there was a very small sample of males in this study. Therefore, results cannot be generalized to a much broader sample. For example, men who are willing to answer questions about IPV may be different from women who are willing to answer or men who are not willing to answer these same

questions, as IPV is generally framed as a female specific issue by society. Lastly, the communication medium in this study was also limited. Information regarding IPV victims was communicated via posters only. However, it is not clear if other forms of communication used by media, such as videos or news articles, would yield the same effects. The poster used also featured a celebrity, and this may have made the poster more persuasive to participants.

There are also several implications of this study. It appears that support for male victims and female victims of IPV do not operate on a zero-sum basis. Specifically, there is no evidence to support drawing attention to male victims of IPV would draw attention away from female victims. This could greatly reduce the fears of advocates for female victims of IPV. The idea that drawing attention to male victims may take away public support, and more importantly, financial resources from female victims creates fear among activists for women. The fact is that although men and women do experience IPV in similar degrees, women still experience IPV slightly more than men (Centers for Disease Control and Prevention, 2011). However, a zero-sum basis does not seem to be the case; therefore, advocates need not fear that drawing attention to male victims will somehow take away supports for female victims. In this study, it was also found that although female victims showed high levels of support no matter what type of media they were presented with, males only showed similarly high levels of support when presented with media that drew attention to both male and female victims. While it is still not clear why this is the case, it is valuable information. Advocates that are aware of this can use the information to benefit both male and female victims, as drawing attention to both male and female victims increases support for all victims of IPV.

Future research should aim to further explore male victims of IPV, as this is a very limited area in the context of IPV research. The limited understanding of the male victims of IPV, limited our overall understanding of IPV. Future research should also explore how media impacts the public support of IPV, and how shifting the narrative of IPV presented to the public can shift the views on IPV. It is also suggested that work be completed to understand the strange phenomenon that happens when male participants are presented with information that draws attention to male victims. Specifically, why do males show the least level of support when attention is given solely to male victims of IPV. Lastly, it is suggested that work be completed to understand why males show the highest levels of support for both male and female victims of IPV when presented information that draws attention to both groups, but show lower levels of support when presented with information pertaining to male and female victims separately.

Conclusion

In conclusion, findings suggest that support for IPV victims does not operate on a zero-sum basis. However, the results indicate that there is more to be explored to fully understand how support is given to IPV victims, specifically by male participants. It is also concluded that media does play a role in views of IPV. It is important that practitioners, educators, and researchers be aware of these perceptions of support for IPV (Beyers et al., 2000). It is also important to advocate that IPV is a serious issue for both men and women and that the issues should be treated as such in academia and public spheres (Beyers et al., 2000). Professionals must work to educate the public about IPV and change false perceptions of IPV that are not supported by empirical evidence.

Understanding IPV and how support for the issue works, is important in understanding how to best combat the issue, and further discover the most effective ways to support both female and male victims of IPV.

References

- Archer, J. (2000). Sex differences in aggression between heterosexual partners: A meta-analytic review. *Psychological Bulletin*, 126, 651-680. doi: 10.1037/0033-2909.126.5.651
- Barner, J. R., & Carney, M. M. (2011). Interventions for intimate partner violence: A historical review. *Journal of Family Violence*, 26, 235-244. doi: 10.1007/s10896-011-9359-3.
- Berns, N. (2004). *Framing the victim: Domestic violence, media, and social problems*. Hawthorne, NY: Transaction Publishers.
- Best, J. (Ed.). (1989). *Images of issues: Typifying contemporary social problems*. Transaction Publishers.
- Beyers, J. M., Leonard, J. M., Mays, V. K., & Rosen, L. A. (2000). Gender differences in the perception of courtship abuse. *Journal of Interpersonal Violence*, 15, 451-466. doi/10.1177/088626000015005001
- Carlyle, K. E., Slater, M. D., & Chakroff, J. L. (2008). Newspaper coverage of intimate partner violence: Skewing representations of risk. *Journal of communication*, 58, 168-186. doi: 10.1111/j.1460-2466.2007.00379.x

Coker, A. L., Davis, K. E., Arias, I., Desai, S., Sanderson, M., Brandt, H. M., & Smith, P.

H. (2002). Physical and mental health effects of intimate partner violence for men and women. *American journal of preventive medicine*, 23, 260-268. doi: 10.1016/S0749-3797(02)

Curran, J., Gurevitch, M., & Woollacott, J. (Eds.). (1979). *Mass communication and society*. Beverly Hills, CA: Sage

Davis, M. H. (1983). Measuring individual differences in empathy: Evidence for a multidimensional approach. *Journal of Personality and Social Psychology*, 44, 113-126.

Esses, V. M., Dovidio, J. F., Danso, H. A., Jackson, L. M., & Semanya, A. H. (2005). Historical and modern perspectives on group competition. In C. Crandall & M. Schaller (Eds.), *Social psychology of prejudice: Historical and contemporary issues* (pp. 94–114). Seattle, WA: Lewin-ian Press.

Graham-Kevan, N. (2007). The re-emergence of male victims. *International Journal of Men's Health*, 6, 3-6. doi: 10.3149/jmh.0601.3

Hannon, R., Hall, D. S., Nash, H., Formati, J., & Hopson, T. (2000). Judgments regarding sexual aggression as a function of sex of aggressor and victim. *Sex Roles*, 43, 311-322. doi/10.1023/A/1026643225329

- Hines, D. A. (2009). Can male victims of domestic violence get the help they need? In *California Alliance for Family and Children and the Family Violence Treatment and Education Association's Annual Conference, From Ideology to Inclusion: New Directions in Domestic Violence Research and Intervention*, Los Angeles, CA.
- Hines, D. A., Brown, J., & Dunning, E. (2007). Characteristics of callers to the domestic abuse helpline for men. *Journal of Family Violence*, 22, 63-72. doi: 10.1007/s10896-006-9052-0
- Hogan, K. F., Hegarty, J. R., Ward, T., & Dodd, L. J. (2012). Counsellors' experiences of working with male victims of female-perpetrated domestic abuse. *Counselling and psychotherapy research*, 12, 44-52. doi: 10.1080/14733145.2011.630479
- Inglehart, R. F. (2008). Changing values among western publics from 1970 to 2006. *West European Politics*, 31, 130-146. doi: 10.1080/01402380701834747
- Loseke, D. R. (1992). *The battered woman and shelters: The social construction of wife abuse*. New York: SUNY Press.
- Migliaccio, T. A. (2001). Marginalizing the battered male. *The Journal of Men's Studies*, 9, 205-226. doi: 10.3149/jms.0902.205

Mulroney, J., & Chan, C. (2005). Men as victims of domestic violence. *Australian*

Domestic and Family Violence Clearinghouse Topic Paper: Accessed online:

http://www.austdvclearinghouse.unsw.edu.au.

Nash, J. F. (1950). The bargaining problem. *Econometrica: Journal of the Econometric*

Society, 155-162.doi: 10.2307/1907266

The No MORE Project (2016). *What is no more*. Retrieved from <http://nomore.org/about>

Owen, Julie M. 1995. Women-talk and men-talk: Defining and resisting victim status.

In *Gender and crime*, edited by R. E. Dobash, R. P. Dobash, and L. Noaks.

Cardiff, UK: University of Wales Press.

Payne, B. (2010). Intimate partner violence. In B. Fisher & S. Lab (Eds.), *Encyclopedia*

of victimology and crime prevention (pp. 263-267). Thousand Oaks, CA: SAGE

Publications, Inc. doi: <http://dx.doi.org/10.4135/9781412979993.n160>

Schechter, S. (1982). Women and male violence: The visions and struggles of the

battered women's movement. South End Press.

Statistics Canada. (2013). Measuring violence against women: Statistical trend

Retrieved from: <http://www.statcan.gc.ca/pub/85-002-x/2013001/article/11766-eng.pdf>

Statistics Canada. (2013). Section 3: Intimate partner violence. Retrieved from Statistics

Canada website: <http://www.statcan.gc.ca/pub/85002x/2013001/article/1180511805-3-eng.htm>.

Straus, M. A., Gelles, R. J., & Smith, C. (1990). Physical violence in American families: Risk factors and adaptations to violence in 8,145 families (pp. 49-73). New Brunswick, NJ: Transaction Publishers.

Swan, S. C., Gambone, L. J., Caldwell, J. E., Sullivan, T. P., & Snow, D. L. (2008). A review of research on women's use of violence with male intimate partners. *Violence and victims*, 23, 301-314. doi: 10.1891/0886-6708.23.3.301

Testa, M., Hoffman, J. H., & Leonard, K. E. (2011). Female intimate partner violence perpetration: Stability and predictors of mutual and nonmutual aggression across the first year of college. *Aggressive Behavior*, 37, 362-373. doi:10.1002/ab.20391

Wilkins, C. L., Wellman, J. D., Babbitt, L. G., Toosi, N. R., & Schad, K. D. (2015). You can win but I can't lose: Bias against high-status groups increases their zero-sum beliefs about discrimination. *Journal of Experimental Social Psychology*, 57, 1–14. doi: <http://dx.doi.org/10.1016/j.jesp.2014.10.008>

Winter, R. (2010). In B. Fisher & S. Lab (Eds.), *Encyclopedia of victimology and crime prevention* (pp. 263-267). Thousand Oaks, CA: SAGE Publications, Inc. doi: <http://dx.doi.org/10.4135/9781412979993.n160>

Wong, Y. J., Klann, E. M., Bijelić, N., & Aguayo, F. (2016). The link between men's zero-sum gender beliefs and mental health: Findings from Chile and Croatia.

Psychology of Men & Masculinity, 17, 177-196

World Health Organization (2001). Putting women first: Ethical and safety recommendations for research on domestic violence against women. Retrieved from <http://www.who.int/gender/violence/womenfirstseng.pdf>

Yanovitzky, I., & Bennett, C. (1999). Media attention, institutional response, and health behavior change: The case of drunk driving, 1978-1996. *Communication Research, 26*, 429-453.

Table 1: Participants' Support for Male Victims of IPV

Condition	Gender		Overall
	Female	Male	
Male Poster			
<i>M</i>	6.01	4.84	5.85
<i>SD</i>	0.78	1.80	1.05
<i>n</i>	35	6	41
Female Poster			
<i>M</i>	5.89	5.25	5.80
<i>SD</i>	0.91	0.59	0.89
<i>n</i>	31	5	36
Combined Poster			
<i>M</i>	5.81	6.04	5.86
<i>SD</i>	0.93	0.53	0.87
<i>n</i>	35	8	43
Overall			
<i>M</i>	5.91	5.46	
<i>SD</i>	0.87	1.17	
<i>n</i>	101	19	

Rating on a scale of 1(= no Support) to 7 (= very high support)

Table 2: Participants' Support for Female Victims of IPV

Condition	Gender		
	Female	Male	Overall
Male Poster			
<i>M</i>	6.21	4.57	5.97
<i>SD</i>	0.57	1.99	1.06
<i>n</i>	35	6	41
Female Poster			
<i>M</i>	6.30	5.51	6.19
<i>SD</i>	0.58	0.58	0.64
<i>n</i>	5	31	36
Combined Poster			
<i>M</i>	6.20	5.91	6.15
<i>SD</i>	0.69	0.68	0.69
<i>n</i>	35	8	43
Overall			
<i>M</i>	6.23	5.38	
<i>SD</i>	.61	1.31	
<i>n</i>	19	101	

Rating on a scale of 1(=no Support) to 8 (= very high support)

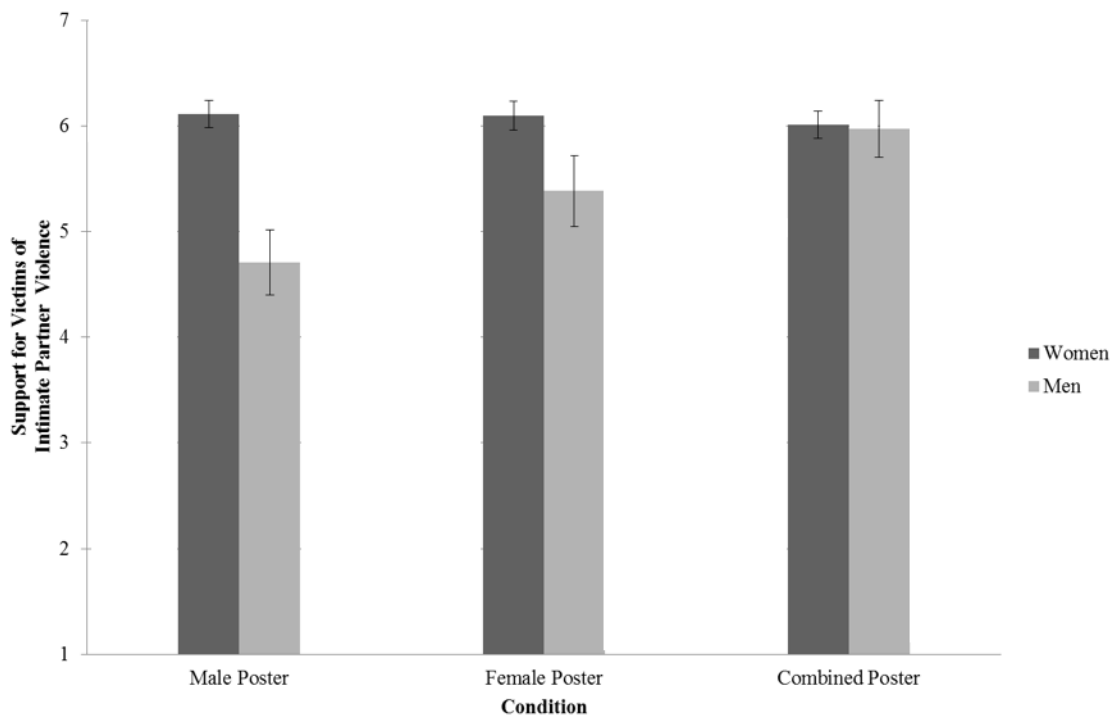


Figure 1. Mean differences in support for victims of IPV by male and female participants across conditions. Error bars represent standard errors.

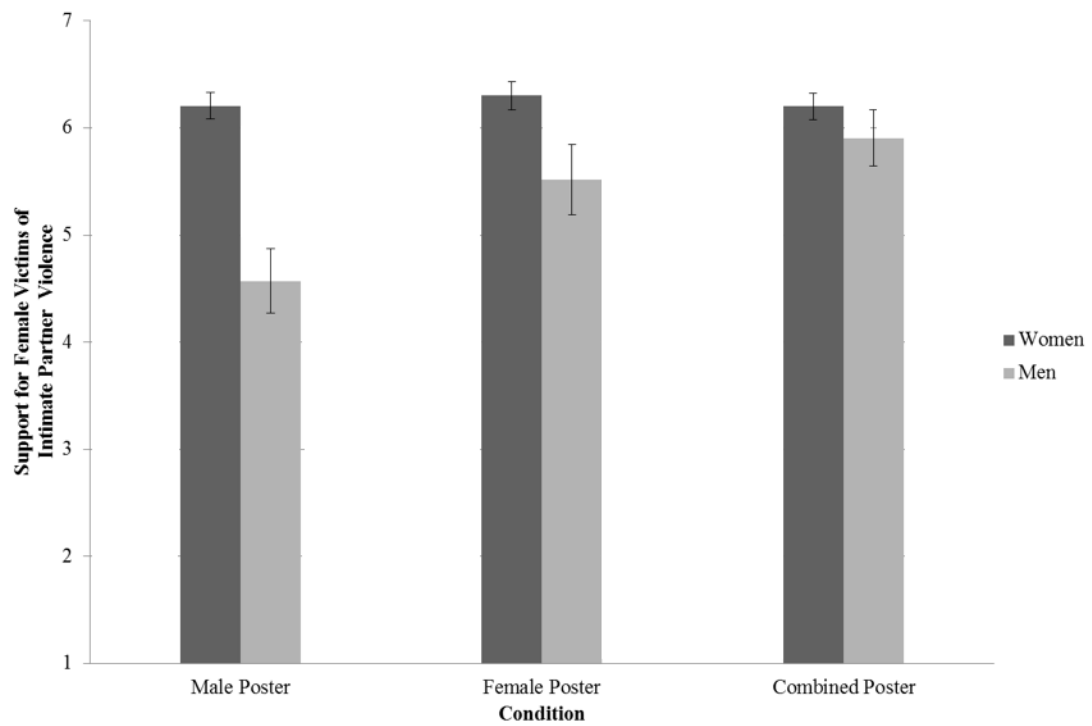


Figure 2. Mean differences in support for female victims of IPV by male and female participants across conditions. Error bars represent standard errors.

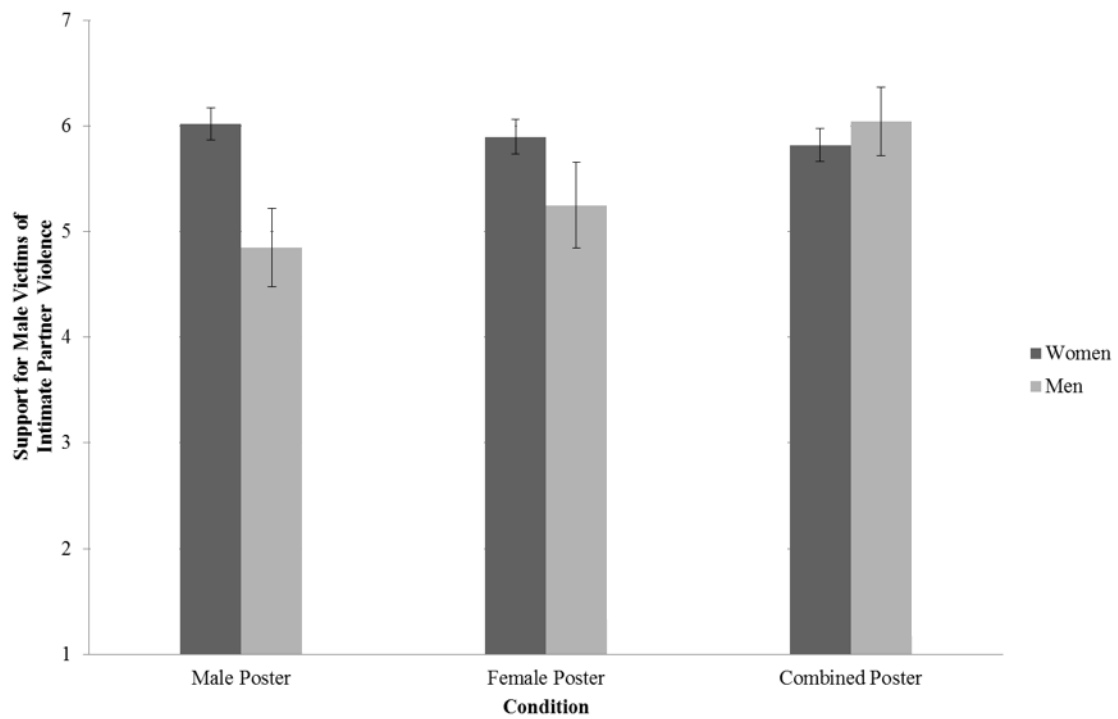


Figure 3. Mean differences in support for male victims of IPV by male and female participants across conditions. Error bars represent standard errors.

Appendix A

**Perceptions of Social Supports for Victims of IPV
Informed Consent Form**

The purpose of this Informed Consent Form is to ensure you understand the nature of this study and your involvement in it. This consent form will provide information about the study, giving you the opportunity to choose whether or not you want to participate.

Researchers: A study is being conducted by Rebecca O'Reilly as part of the course requirements of Psychology 4959: Honors Project in Psychology at Grenfell Campus, Memorial University. Dr. Daniel Nadolny, Assistant Professor, supervises the project.

Purpose: The study is designed to investigate attitudes of social supports and services for people who experience intimate partner violence. The results will be used to complete a thesis as part of the course requirements for Psychology 4959.

Task Requirements: You will be asked to answer a number of questions. Second, you will be asked to view a poster with statements and statistics referring to intimate partner violence victims. Last, you will be asked complete the remaining questions on the questionnaire. There are no right or wrong answers to the questions asked; we are only interested in your opinions. You may omit any questions you do not wish to answer.

Duration: The questionnaire will take approximately 15-20 minutes to complete.

Risks and Benefits: Intimate partner violence is a personal subject. Risks of this study include negative feelings (e.g., feeling anxious or upset) due to sensitive subject matter. If you do not wish to participate in the study you may withdraw now or anytime while completing the study. There are no obvious benefits.

Anonymity and Confidentiality: Your responses are anonymous and confidential. All information will be analyzed and reported on a group basis. Thus individual responses cannot be identified. The on-line survey company, SurveyMonkey, hosting this survey is located in the United States and as such is subject to U.S. laws. The US Patriot Act allows authorities access to the records of internet service providers. Therefore, anonymity and confidentiality cannot be guaranteed. If you choose to participate in this survey, you understand that your responses to the survey questions will be stored and may be accessed in the USA. The security and privacy policy for the web survey company can be found at the following link: http://www.SurveyMonkey.com/monkey_privcy.aspx).

Right to Withdraw: Your participation in this research is completely voluntary and you are free to stop participating at any time.

Contact Information: If you have any questions or concerns about the study, please feel free to contact me, Rebecca O'Reilly at roreilly@grenfell.mun.ca. You may also contact my supervisor, Dr. Daniel Nadolny at 1-709-639-4874 or dnadolny@grenfell.mun.ca. As well, if

you are interesting in knowing the results of the study, please contact Rebecca O'Reilly or Daniel Nadolny after April 22, 2016.

This study has been approved by an ethics review process in the psychology program at Grenfell Campus, Memorial University and has been found in compliance with Memorial University' ethics policy.

I acknowledge that I have been informed of, and understand, the nature and purpose of this study, and I freely consent to participate.

By proceeding to the next page, consent is implied.

Appendix B

The Interpersonal Reactivity Index: Subscale of Empathic Concern

1. I often have concerned feelings for people less fortunate than me.

1	2	3	4	5
DOES NOT				DESCRIBES ME
DESCRIBE ME				VERY
WELL				WELL

2. Sometimes I don't feel very sorry for other people when they are having problems.

1	2	3	4	5
DOES NOT				DESCRIBES ME
DESCRIBE ME				VERY
WELL				WELL

3. When I see someone being taken advantage of, I feel kind of protective towards them.

1	2	3	4	5
DOES NOT				DESCRIBES ME
DESCRIBE ME				VERY
WELL				WELL

4. Other people's misfortunes do not usually disturb me a great deal.

1	2	3	4	5
DOES NOT				DESCRIBES ME
DESCRIBE ME				VERY
WELL				WELL

5. When I see someone being treated unfairly, I sometimes don't feel very much pity for them.

1	2	3	4	5
DOES NOT				DESCRIBES ME

DESCRIBE ME
WELL

VERY
WELL

6. I am often quite touched by things that I see happen.

1
DOES NOT
DESCRIBE ME
WELL

2

3

4

5

DESCRIBES ME
VERY
WELL

7. I would describe myself as a pretty soft-hearted person.

1
DOES NOT
DESCRIBE ME
WELL

2

3

4

5

DESCRIBES ME
VERY
WELL

Appendix C

Stimulus Conditions

NO MORE

"IT'S NONE OF MY BUSINESS"



**1 in 3 women
experience violence
from their partners
in their lifetimes**

No more excuses.
No more silence.
No more violence.

**JOYFUL
HEART
FOUNDATION** **EIF** ENTERTAINMENT
INDUSTRY FOUNDATION™

NO MORE
TOGETHER WE CAN END DOMESTIC VIOLENCE & SEXUAL ASSAULT
www.nomore.org
Chris Meloni

© 2013 Joyful Heart Foundation. All rights reserved. All content and trademarks used under license (or with permission).

NO MORE

"IT'S NONE OF MY BUSINESS"



**1 in 4 men
experience violence
from their partners
in their lifetimes**

No more excuses.
No more silence.
No more violence.

JOYFUL
HEART
FOUNDATION



ENTERTAINMENT
INDUSTRY FOUNDATION™

© 2013 Joyful Heart Foundation. All rights reserved. All content and trademarks used under license (or with permission).

NO MORE

TOGETHER WE CAN END DOMESTIC VIOLENCE & SEXUAL ASSAULT

www.nomore.org

Chris Meloni

NO MORE

"IT'S NONE OF MY BUSINESS"



**1 in 3 women and
1 in 4 men experience
violence from their
partners in their lifetimes**

No more excuses.
No more silence.
No more violence.

JOYFUL
HEART
FOUNDATION



ENTERTAINMENT
INDUSTRY FOUNDATION

© 2013 Joyful Heart Foundation. All rights reserved. All content and trademarks used under license (or with permission).

NO MORE

TOGETHER WE CAN END DOMESTIC VIOLENCE & SEXUAL ASSAULT

www.nomore.org

Chris Meloni

Appendix D

Measure of Perceptions of Social Support and Services for Male IPV Victims

How likely would you be to reach out to a man who you suspect to be suffering from intimate partner violence(IPV)?

1	2	3	4	5	6	7
Not Likely			Neutral			Very Likely

How likely would you be to volunteer at a shelter for men who experience IPV?

1	2	3	4	5	6	7
Not Likely			Neutral			Very Likely

How many hours per month would you be willing to volunteer at a shelter for men who experience IPV?

_____ Hours/month

I support organizations that provide web-based support (e.g. Online support groups, information-giving websites, blogs/message boards) for men who experience IPV.

1	2	3	4	5	6	7
Strongly Disagree			Neutral			Strongly Agree

I support help hotlines (provides emotional support and references for other services for men who experience IPV).

1	2	3	4	5	6	7
Strongly Disagree			Neutral			Strongly Agree

I support having community outreach programs for men who experience IPV.

1	2	3	4	5	6	7
Strongly Disagree			Neutral			Strongly Agree

I support having shelters for men who experience IPV.

1	2	3	4	5	6	7
Strongly Disagree			Neutral			Strongly Agree

I support having centres that provide specialized counselling for men who experience IPV.

1	2	3	4	5	6	7
Strongly Disagree			Neutral			Strongly Agree

I support centres that provide financial support for men who experience IPV.

1	2	3	4	5	6	7
Strongly Disagree			Neutral			Strongly Agree

I support centres that provide legal support for men who experience IPV.

1	2	3	4	5	6	7
Strongly Disagree			Neutral			Strongly Agree

I support media campaigns promoting IPV issues that men experience.

1	2	3	4	5	6	7
Strongly Disagree			Neutral			Strongly Agree

If you had \$1000, how much of that money would you be willing to donate right now to hotlines for men who experience IPV?

\$_____ (Canadian dollars)

If you had \$1000, how much money would you be willing to donate right now to

shelters for men who experience IPV?

\$_____ (Canadian dollars)

If you had \$1000, how much money would you be willing to donate right now to community outreach programs for men who experience IPV?

\$_____ (Canadian dollars)

How likely would you be to financially support social supports for men in your community?

1	2	3	4	5	6	7
Not Likely			Neutral			Very Likely

How likely would you publicly (e.g. Verbally or via social media) support social supports for men in your community?

1	2	3	4	5	6	7
Not Likely			Neutral			Very Likely

Appendix E

Measure of Perceptions of Social Support and Services for Female IPV Victims

How likely would you be to reach out to a woman who you suspect to be suffering from intimate partner violence(IPV)?

1	2	3	4	5	6	7
Not Likely			Neutral			Very Likely

How likely would you be to volunteer at a shelter for women who experience IPV?

1	2	3	4	5	6	7
Not Likely			Neutral			Very Likely

How many hours per month would you be willing to volunteer at a shelter for women who experience IPV?

_____ Hours/month

I support organizations that provide web-based support (e.g. Online support groups, information-giving websites, blogs/message boards) for women who experience IPV.

1	2	3	4	5	6	7
Strongly Disagree			Neutral			Strongly Agree

I support help hotlines (provides emotional support and references for other services) for women who experience IPV.

1	2	3	4	5	6	7
Strongly Disagree			Neutral			Strongly Agree

I support having community outreach programs for women who experience IPV.

1	2	3	4	5	6	7
Strongly Disagree			Neutral			Strongly Agree

I support having shelters for women who experience IPV.

1	2	3	4	5	6	7
Strongly Disagree			Neutral			Strongly Agree

I support having centres that provide specialized counselling for women who experience IPV.

1	2	3	4	5	6	7
Strongly Disagree			Neutral			Strongly Agree

I support centres that provide financial support for women who experience IPV.

1	2	3	4	5	6	7
Strongly Disagree			Neutral			Strongly Agree

I support centres that provide legal support for women who experience IPV.

1	2	3	4	5	6	7
Strongly Disagree			Neutral			Strongly Agree

I support media campaigns promoting IPV issues that women experience.

1	2	3	4	5	6	7
Strongly Disagree			Neutral			Strongly Agree

If you had \$1000, how much of that money would you be willing to donate right now to hotlines for women who experience IPV?

\$_____ (Canadian dollars)

If you had \$1000, how much money would you be willing to donate right now to

shelters for women who experience IPV?

\$_____ (Canadian dollars)

If you had \$1000, how much money would you be willing to donate right now to community outreach programs for women who experience IPV?

\$_____ (Canadian dollars)

How likely would you be to financially support social supports for women in your community?

1	2	3	4	5	6	7
Not Likely			Neutral			Very Likely

How likely would you publicly (e.g. Verbally or via social media) support social supports for women in your community?

1	2	3	4	5	6	7
Not Likely			Neutral			Very Likely

Appendix F

Demographics Questionnaire

Age: _____

Gender: _____

Highest level of education completed: _____

Race/ethnicity: _____

Comments:

Concerns:

Appendix G

Debriefing Letter

Title: Perceptions of social supports and services for IPV victims.

Researcher: Rebecca O'Reilly, Psychology (Hons.) student, Grenfell Campus of Memorial University of Newfoundland, roreilly@grenfell.mun.ca

Supervisor: Dr. Daniel Nadolny, Psychology, Grenfell Campus of Memorial University of Newfoundland, dnadolny@grenfell.mun.ca

Thank you for your participation in the study. This study was designed to explore the attitudes toward social supports and services for victims of intimate partner violence (IPV). The goal was to see if support for men and women victims of IPV would change depending on what information media presented.

You were asked to fill out a partial empathy scale to measure your level of empathy towards other individuals. You would have then seen one of three posters, all of which were exactly the same except for the statistic presented. Posters either presented a statistic protonating to men, women or both. All statistics were accurate, taken from Centers for Disease Control and Prevention. You were then asked to answer questions to show your support for services for male and female victims of IPV.

All Information provided is confidential and anonymous. Attitudes will be evaluated on a group bases, so your responses will not be evaluated individually. Electronic data collected will be retained indefinitely, and only researchers involved in the study will have access to questionnaires' completed and/or partially completed via Survey Monkey.

You are welcome to recommend this study to others. However, please refrain from discussing the study in detail in order to keep the attitudes of potential participants unbiased. You may print this information for your records.

If you have any questions or concerns about this study, or wish to have a summary of the findings, please contact Rebecca O'Reilly (roreilly@grenfell.mun.ca) or Dr. Daniel Nadolny (dnadolny@grenfell.mun.ca). If you wish to inquire about the results of the study you may contact us after April 20, 2016.

We really appreciate your participation and hope that this has been an interesting experience for you.

The proposal for this research has been reviewed by the Grenfell Campus Research Ethics Board and found to be in compliance with Memorial University's ethics policy. If you have ethical concerns about the research (such as the way you have been treated or your rights as a participant), you may contact the Chairperson of the GC-REB through the Grenfell Research Office (GCREB@grenfell.mun.ca) or by calling (709) 639-2399.

If this study raises any personal issues for you, particularly if you or someone you know is experiencing IPV, you can contact any of the following:

Western Regional Coalition to End Violence
Corner Brook, NL
Telephone: 709-634-6606
Fax: 709-639-1093
Email: wrcoalitiontoendviolence@gmail.com

Committee on Family Violence Transition House
Corner Brook, NL
Crisis line: 709-634-4198
Toll Free Crisis line: 866-634-4198

Public Awareness line: 709-634-8815

Fax: 709-634-8815

Email: thouse@nf.sympatico.ca

Royal Newfoundland Constabulary (Police)

Corner Brook, NL

Telephone: 1-709-637-4100

Once again, thank you for your time and participation.