Intimate Partner Violence: Beliefs and Psychological Predictors of Intentions to Intervene Among the Swedish General Public

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ABSTRACT

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Intimate partner violence (IPV) is considered a global public health issue. Most people disapprove of partner-related abuse, yet are disinclined to personally intervene in order to stop the violence. Public interventions are important for the prevention of IPV, but little is known concerning psychological antecedents of public intentions to intervene. The aim of this thesis was to explore beliefs concerning IPV (Study I), to examine the psychological predictors of propensity to intervene against IPV (Study II), and to experimentally test the causal effect of descriptive social norms on intentions to intervene (Study III). Data for the three studies were collected through web-based surveys that were distributed to adults in the Swedish general population. In **Study I,** respondents estimated on average that IPV exists in 24% of all Swedish relationships and considered psychological violence to be the most frequent type of abuse. Approximately half of the respondents believed that IPV is equally distributed across demographic groups, while persons with low socio-economic status, non-European immigrants, inhabitants of suburban areas and people in the age range of 35-49 were regarded as particularly vulnerable to IPV. Respondents held IPV victims partially responsible for the violence, believing, for example, that victims contribute to the abuse by acting provocatively. Eight out of ten respondents described at least one intervention strategy they would consider using in a real-life scenario, although the reported strategies were mainly limited to talking to the victim and/or the perpetrator. Overall, female respondents displayed a greater awareness of the magnitude of IPV, victims' vulnerability, and available intervention options compared to male respondents. The findings suggest that the Swedish public needs to be better informed about IPV and specifically regarding available intervention options and victims' vulnerability to the violence. In **Study II,** motivational predictors were found to account for the largest proportion of variation in respondents' propensity to intervene. Thus, feeling morally obligated to intervene and experiencing negative emotions in relation to IPV may be particularly important for the formation of intentions to intervene. Cognitive predictors accounted for a smaller, yet significant, proportion of the explained variance in propensity to intervene. Considering IPV to be a prevalent problem in society and not attributing solution responsibility only to the offender were associated with stronger intentions to intervene. In **Study III**, participants first completed a web-based survey assessing the strength of their personal norms related to intervening and a pre-manipulation measure of their propensity to intervene. Two weeks later, participants were randomly assigned to watch one of three short film sequences portraying an outdoor male-to-female physical case of IPV. Descriptive social norms were manipulated so that the film either showed (a) a bystander intervening, (b) a bystander not intervening, or (c) no visible bystander. A second questionnaire assessed a post-manipulation measure of participants' propensity to intervene and dispositional self-monitoring (i.e., inclination to adjust their behavior to perceived social demands). As predicted, participants exposed to a non-intervention social norm reported a decreased propensity to intervene. Thus, intervention rates may be reduced by social norms signaling that people do not intervene against IPV. Moreover, personal norms and self-monitoring appeared to reliably promote intentions to intervene. The current thesis contributes to the existing IPV literature, which lacks a clear picture with regard to common beliefs concerning IPV and factors that may inhibit or promote people's intentions to intervene. Such knowledge is essential for the design of intervention programs aiming at improving public intervention rates.

Keywords: public perceptions, intimate partner violence, propensity to intervene, social and personal norms, negative affective response

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SWEDISH SUMMARY

Våld i nära relationer (VNR) är ett världsomfattande folkhälsoproblem som drabbar miljontals människor varje år. Allmänhetens uppmärksamhet och ingripande är ett viktigt steg i att förebygga VNR, men det finns indikationer på att såväl allmänheten som myndigheter brister i att uppmärksamma, prata om och ingripa mot VNR. Syftet med den här avhandlingen var att undersöka allmänhetens uppfattningar om VNR (Studie I) och möjliga psykologiska prediktorer till benägenheten att ingripa mot VNR (Studie II). Vidare var syftet att undersöka effekten av sociala normer på individuell benägenhet att ingripa (Studie III). Samtliga studier är baserade på data från enkäter som distribuerades via internet. I **Studie I** uppskattade respondenterna i snitt att VNR förekommer i 24 % av alla svenska relationer och att det är tämligen jämnt utspritt över demografiska grupper i samhället. Låginkomsttagare, individer födda i utomeuropeiskt land, personer bosatta i ytterområden till storstäder och i åldrarna 35-49 år ansågs dock vara särskilt utsatta grupper. Respondenterna hade överlag uppfattningar om att offren är delvis medskyldiga till våldet. Ungefär åtta av tio respondenter uppgav minst ett förslag på intervention för att få stopp på våldet. Att prata med någon eller båda i paret angavs betydligt fler gånger än t ex att rapportera till myndigheter/polis eller kontakta anhöriga till paret. Resultatet indikerar att allmänheten har en begränsad repertoar av interventionsmetoder. Förutom att skatta en högre förekomst av VNR och vara mer uppmärksam på offers utsatthet var de kvinnliga respondenterna mer benägna att beskriva möjliga interventioner jämfört med manliga respondenter. Sammantaget pekar resultaten på att allmänhetens uppfattningar ligger nära den bild som ges av prevalensstatistiken, men också att det förekommer en bristande kunskap vad gäller offrens utsatthet och på vilka sätt man kan ingripa för att få stopp på våldet. I **Studie II** undersöktes faktorer som kan bidra till benägenheten att ingripa mot VNR. Resultaten från regressionsanalysen visade att motiverande faktorer utgjorde den största delen av den förklarade variansen i benägenheten att ingripa. Med andra ord, respondenter som kände sig personligt förpliktigad att ingripa och respondenter som upplevde ett känslomässigt engagemang rapporterade den starkaste intentionen att ingripa. Kognitiva faktorer utgjorde en betydligt mindre del av den förklarade variansen, men respondenter som såg VNR som ett omfattande problem och inte tillskrev problemlösningsansvaret primärt till våldsutövaren rapporterade den starkast intention att ingripa. Dessa faktorer kan vara viktiga att adressera i informations kampanjer vars mål är att öka allmänhetens ingripande mot VNR. I **Studie III** genomfördes ett experiment för att undersöka sociala normers påverkan på benägenheten att ingripa. Deltagarna besvarade två enkäter med två veckors mellanrum. Från den första enkäten erhölls data om deltagarnas personliga norm till att ingripa och en förmätning av deras benägenhet att ingripa. I den andra enkäten randomiserades först deltagarna till att se en av tre filmer som visade ett fall av fysiskt våld utövat av en man mot en kvinna i en utomhusmiljö. Social norm manipulerades genom att visa (a) ett vittne som ingriper, (b) ett vittne som inte ingriper, eller (c) inget vittne alls. Efter normmanipulationen erhölls återigen data om deltagarnas benägenhet att ingripa och om deras predisposition att anpassa sitt beteende efter upplevda sociala krav (self-monitoring). Som förväntat visade resultaten att observerandet av ett passivt vittne hämmar benägenheten att ingripa. Med andra ord kan allmänhetens bristande ingripande mot VNR

delvis bero på en kollektiv anpassning till en social norm som tolkas förorda ett icke-ingripande mot VNR. Sammantaget bidrar avhandlingen med kunskap om allmänhetens uppfattningar om VNR och om psykologiska faktorer som kan underlätta eller begränsa en individs intention att ingripande.

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Helen Alfredsson
Gothenburg, April 2016

PREFACE

This thesis is based on the three following papers, which are referred to in the thesis by their Roman numerals:

I. Alfredsson, H., Ask, K., & von Borgstede, C. (2014). Beliefs about intimate partner violence: A survey of the Swedish general public. *Scandinavian Journal of Psychology, 57*, 57-64. doi: 10.1111/sjop.12254

II. Alfredsson, H., Ask, K., & von Borgstede, C. (2014). Motivational and cognitive predictors of the propensity to intervene against intimate partner violence. *Journal of Interpersonal Violence, 29*, 1877-1893. doi: 10.1177/0886260513511696

III. Alfredsson, H., Ask, K., & von Borgstede, C. (2016). *"If no one else, then why should I?" The effect of social norms on the propensity to intervene against intimate partner violence.* Unpublished manuscript

TABLE OF CONTENTS

INTRODUCTION

Intimate partner violence (IPV) is a widespread social problem affecting millions of people around the world each year (Coker, Smith, Bethea, King & McKeown, 2000; Kramer, Lorenzon, Mueller, 2004; WHO, 2010). Abusive behavior between partners transcends socioeconomic and cultural sub-groups (WHO, 2010; 2013) and has adverse health consequences for victims and their families (Coker et al., 2000; Kramer et al., 2004). Abusive disputes between partners are often known, or at least suspected, by people in the couple's surroundings (Gracia, 2004; Gracia & Herrero, 2006). Still, the majority of IPV cases are never reported to the police or social services (BRÅ, 2008; Gracia, 2004; Gracia, García, & Lila, 2008).

IPV seems to be associated with social ignorance; a state in which "nobody knows, sees, or hears" (Gracia, 2004, p. 536). Moreover, people seem reluctant to intervene, whereby "people know but choose not to tell or help" (Gracia, 2004, p. 536). Staub (2003) argues that social ignorance arises from a perceived need to shift awareness away from the problem, so as to lessen feelings of danger, personal responsibility, and guilt. Moreover, in settings where there is limited public discussion concerning a social problem, there might be a form of pluralistic ignorance; people appear not to be concerned with the problem. Thus, low intervention rates may emerge from conformity to a misperceived norm that one ought not to intervene (Staub, 2003).

Public intervention is considered one of the most important steps in the prevention of IPV (Carlson & Worden, 2005; Klein, Campbell, Soler, & Ghez, 1997; WHO, 2010). Hence, the widespread "see no evil, hear no evil, speak no evil" approach to IPV may impede the reduction of the problem. Public attitudes and behaviors with respect to partner violence play an important role in shaping a social environment that either condones or reproaches partner violence (Flood & Pease, 2009; Gracia, 2004; Gracia & Herrero, 2006; Waltermaurer, 2012). Public awareness campaigns have been designed and implemented to reform violence-condoning attitudes and norms in society, but show only meager support for long-term attitude improvement (Campbell & Manganello, 2006; Harvey, Garcia-Moreno, & Butchart, 2007). Considering the fact that only a few studies have focused on the specific psychological factors that may either facilitate or inhibit people's willingness to intervene against IPV, researchers have so far been unable to provide measures that are likely to increase the

individual propensity to intervene. Hence, community-based prevention efforts currently receive little guidance with regard to which psychological factors to address.

The present thesis consists of three studies, which served the same overarching goal; namely, to examine psychological factors associated with individuals' intentions to intervene against IPV. First, beliefs regarding IPV among members of the Swedish general public were examined (Study I). Second, predictors of the propensity to intervene against IPV were identified (Study II). Third, the causal role of descriptive social norms in the formation of intentions to intervene was explored (Study III).

INTIMATE PARTNER VIOLENCE

IPV is a phenomenon that exists in virtually every country in the world (WHO, 2010; 2013). Since the 1993 World Conference on Human Rights and the Declaration on the Elimination of Violence against Women, the international community has acknowledged that violence between partners is an important concern with regard to public health, social policy, and human rights (WHO, 2013). Despite international and national political efforts, community-based prevention strategies, and victim support policies, IPV is still a serious problem that merits attention. Furthermore, a multi-disciplinary approach is necessary for rectifying the problem (WHO, 2013).

Definitions and Expressions of IPV

The historical definition of IPV has expanded from merely concerning physically abused married women to encompass a wide range of violent actions, same-sex partner abuse, and female perpetrators (Johnson & Ferraro, 2000). There is no global definition of IPV, and the terms domestic violence, spousal abuse, and violence against women are sometimes used interchangeably (Johnson & Ferraro, 2000). It is difficult to closely monitor IPV over time, to keep track of incidents and trends, and to compare the prevalence across jurisdictions in the absence of a coherent and standardized definition of IPV. Hence, a globally accepted definition would help researchers measure risk and protective factors in a consistent manner, which could ultimately inform large-scale prevention and intervention strategies. In this thesis, the World Health Organization's definition of IPV was used, according to which IPV encompasses *any behavior that causes distress or injury to a current or former partner and that involves physical, psychological, or sexual abuse* (WHO, 2010). This definition was

deemed appropriate for the present purposes, as it captures a wide variety of abusive behavior without labeling the violence as either gender- or relationship-specific.

Saltzman and colleagues (2002) further specify the various expressions of IPV, describing *physical violence* as scratching, pushing, shoving, throwing, grabbing, biting, choking, shaking, slapping, punching, burning, using a weapon, and using restraints or one's body, size, or strength against another person. Their specification of *sexual violence* encompasses the use of physical force to compel a person to engage in sexual activities against his or her will (whether or not a sexual act is completed), as well as sexual acts toward a person who is unable to understand the nature of the act, to decline participation, or to communicate unwillingness to engage in the sexual act (e.g., because of illness, disability, the influence of alcohol or drugs, intimidation, or pressure). *Psychological* (or *emotional*) *violence* is suggested to encompass any type of violence that causes mental trauma to a victim, either as a result of violence or threats thereof, or as a consequence of coercion, which includes (but is not limited to) humiliating, controlling, and withholding information from the victim, as well as denying the victim access to money or other basic resources (Saltzman, Fanslow, McMahon, & Shelley, 2002). In all three studies reported in this thesis, participants were offered descriptions of IPV in accordance with the specifications proposed by Saltzman et al. (2002).

Some IPV researchers further include *stalking* as a fourth type of IPV, defined as repeated harassing or threatening behavior, such as following a person, appearing at a person's home or place of business, making harassing phone calls, leaving written messages or objects, or vandalizing a person's property (Tjaden & Thoennes, 1998).

IPV Prevalence

For various reasons, it is difficult to obtain accurate estimates of IPV prevalence. Victims are reluctant to seek professional help, and only 20–25% of all IPV cases are believed to be reported to the police (BRÅ, 2008). In other words, the majority of IPV incidents are not included in crime statistics. Furthermore, individuals who suffer from IPV seldom consider themselves to be victims of a serious offense and are therefore unlikely to report the violence in victim-targeted surveys (Harne & Radford, 2008). In addition, prevalence studies suffer from methodological issues related to the use of non-standardized definitions, measures, and samples concerning IPV (Ruiz-Pérez, Plazaola-Castano, & Vives-Cases, 2007). For example, it seems as if population-based studies often consider female exposure to male physical

violence and disregards incidences of same-sex partner abuse and female perpetrators. According to an international survey conducted by the World Health Organization (WHO), 19.3% of women who have had intimate partners in Western European high-income countries have experienced physical or sexual partner abuse at some point in life (life-time experience; WHO, 2013). The global life-time rate of female physical or sexual IPV was estimated to 30% (WHO, 2013). Including male respondents, the earlier and frequently cited US survey of National Violence Against Women (NVAW; Tjaden and Thoennes, 2000) found nearly 25% of the 8,000 surveyed women and 7.6% of the 8,000 surveyed men to have life-time experience of physical/sexual partner abuse. Past-year experiences were 1.5% for women and 0.9% for men. Both the international and the US survey are limited in that they used narrow definitions of IPV, neglecting, for example, psychological violence. A recent study of the prevalence of IPV in Sweden (N = 424) found surprisingly many women (41.4%) and men (37.0%) to have life-time experiences of controlling behavior from their partners, although only 15% of the surveyed women and 11% of the surveyed men reported exposure to physical violence (Lövestad & Krantz, 2012). Another Swedish study (N = 972) reported life-time psychological IPV for 23.6% of the surveyed women and 13.8% of the surveyed men, physical IPV for 14.3% of the surveyed women and 6.8% of the surveyed men, and sexual IPV for 9.2% of the surveyed women and 2.5% of the surveyed men (Nybergh, Enander, Taft, & Krantz, 2012). The rates of past-year exposure: for psychological IPV, 23.6% for the surveyed women and 24.0% for the surveyed men; physical IPV, 8.1% for the surveyed women and 7.6% for the surveyed men; and sexual IPV, 3.0% for the surveyed women and 2.3% for the surveyed men. It may be concluded that psychological violence is the most frequent type of abuse in Sweden, with approximately one third of the Swedish population being victimized at least once during their life time.

The reviewed prevalence figures suggest that women are at a greater risk of being victims of IPV. IPV as a gender-specific crime has been the general focus in IPV literature, and predominantly by feminist researchers (Dobash, Dobash, Wilson, & Daly, 1992). However, the role of gender in IPV is highly debated (Anderson, 2013; Archer, 2000; Johnson, 2006). Researchers with a relationship approach report equally compelling evidence of that men and women can be comparably aggressive in intimate relationships (see, for instance, Woodward, Fergusson, & Horwood, 2002; Herrera, Wiersma, & Cleveland, 2008; Schluter, Abbott, & Berlinger, 2008). When the severity of abuse and IPV induced injuries is taken into account women seem to be the most serious victims of severe forms of IPV and are

more likely than men to suffer from physical IPV needing medical attention (Ehrensaft, Moffitt, & Caspi, 2004).

Since previously published Swedish surveys did not include measures of respondents' sexual preferences, the prevalence of same-sex partner abuse in Sweden remains unknown. However, there is evidence from international studies that same-sex couples and opposite-sex couples experience similar frequencies and patterns of abuse (McClennen, 2005; Toro-Alfonso & Rodríguez-Madera, 2004). To allocate support and assistance to victims in the most efficacious manner, it is important to understand the extent to which members of minority groups are vulnerable to IPV.

Reports of IPV prevalence may also have a bearing on people's subjective estimates. If incidence rates are reported as low, people may conceptualize IPV as being a problem limited only to a minority of individuals in society. In response to this, people may fail to pay attention to IPV and refrain from addressing the problem, which could in turn affect the commitment of communities when it comes to battling IPV. Among other variables, perceived prevalence was examined in the present thesis partly to offer a descriptive insight regarding public IPV beliefs and partly as a predictor of the propensity to intervene against IPV.

Consequences of IPV

IPV places a heavy financial burden on society, including substantial costs associated with law enforcement, criminal justice systems, welfare programs, shelters, and, not least, the treatment and support of children who grow up in abusive homes (Black, 2011). IPV furthermore entails adverse health effects for victims and their families (Coker, Smith, Bethea, King, & McKeown, 2000; Kramer et al., 2004). Injuries directly associated with physical abuse are bruises, fractures, back and neck pain, and potentially fatal damage to organs and tissues (e.g., severe brain trauma, internal bleeding; Black, 2011). A culmination of a long history of physical abuse may escalate into fatal partner violence. In a meta-analysis of homicide rates in 66 countries, at least one in seven homicides and more than a third of all homicides with female victims are perpetrated by an intimate partner (Stöckl et al., 2013). Physical abuse is accompanied by psychological abuse (Tjaden & Thoennes, 2000), which in turn is associated with various psychological problems, such as anxiety, depression, post-traumatic stress disorder (PTSD), low self-esteem, and suicidal behavior (Black, 2011; Coker et al., 2002). Victims who are living under conditions of daily abuse and/or threats of abuse

experience chronic stress, which has a negative effect on their cardiovascular, gastrointestinal, endocrinal, and immune systems (Black, 2011). Moreover, Plichta (2004) has reported that victims of IPV tend to engage in self-damaging behaviors, such as substance abuse, high-risk sexual behavior, and unhealthy weight control behaviors. IPV victims are often stigmatized and suffer from social isolation, which can lead to strained relationships with employers, health providers, families, and friends (Heise & Garcia-Moreno, 2002). In summary, IPV harms individuals in predictable ways, with both short-term and long-term health effects. Therefore, there is an urgent need for measures that will prevent partner violence and help victims improve their situation.

IPV Risk Factors

IPV can only be prevented if risk and protective factors are thoroughly understood. Given the serious consequences of IPV, scholars have put immense work into identifying risk factors of IPV so that these may be targeted in prevention efforts. Several prominent mono-theoretical models have been offered, which generally differ in the conceptualization of IPV (Eckhardts, Parrott, & Sprunger, 2015). Even though these mono-theoretical models have been useful for generating lists of risk factors of IPV, they tend to review static or distal predictors (e.g., psychopathology or sociocultural values) and mainly use cross-sectional research designs (Harvey et al., 2007). Hence, they fail to provide an understanding with regard to long-term causal effects and process-level relationships between risk factors. The World Health Organization (WHO) has presented an ecological model of violence that encompasses the interplay of risk factors from various levels: individual, interpersonal relationship, community and societal levels (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). It also enables an understanding of IPV vulnerability with violence-facilitating factors in combinations rather than in isolation. In order to maximize the effectiveness in reducing IPV by prevention programs, they should be designed to address different levels of risk factors simultaneously.

In the following section, a selection of risk factors, seen to be prominent in IPV research, are presented to illustrate each level of the WHO's model of violence.

Individual level risk factors are factors internal to the perpetrator or victim associated with an increased vulnerability to IPV. For example, young individuals are considered to be a particular at-risk group (e.g., Bonomi & Kelleher, 2007) and every fifth college student is expected to experience physical dating violence (Shorey, Cornelius, & Bell, 2008). Acute alcohol intoxication or patterns of long-term heavy alcohol consumption have been associated

with an increased risk of both IPV perpetration and victimization (e.g., Choenni, Hammink, & van de Mheen, 2015). Furthermore, individuals who possess violence-condoning attitudes and beliefs, such as traditional gender role beliefs and hostility toward women, report an increased proclivity to exert partner abuse (Archer & Graham-Kevan, 2003). Adult partner aggression has also been associated with exposure to childhood abuse and witnessing parental violence (Krug et al., 2002).

Relationship level risk factors relates to characteristics in interpersonal relationships (e.g., between peers, intimate partners or other family members) that may facilitate IPV (Krug et al., 2002). For example, high IPV frequencies are reported from couples that display an interaction pattern involving poor communication and deficient conflict resolution (DeMaris, Benson, Fox, Hill, & Van Wyk, 2003; Jewkes, 2002). Violence-directed conflict management may lead to violence becoming a standard coping strategy, which may over time lead to escalated abuse (Jewkes, 2002). One should be careful so as to not over-emphasize deficient conflict-management, since that may imply blaming the victim. Victims might feel that they exert violence-provoking behavior for which they bear the responsibility to adjust to, as well as to prevent repeated abuse (Maurico & Gormley, 2001; Saunders, 2001). Perpetrators may also feel justified when acting violently in partner conflicts by arguing that they were provoked by the victim's behavior.

Community level risk factors relate to characteristics of various social settings (e.g., school, neighborhoods, and workplaces) and larger community-based factors that may increase IPV vulnerability (Krug et al., 2002). Several community problems, such as poverty, high levels of crime, unemployment, and local illicit drug trade, have been associated with an increased risk of IPV perpetration and victimization (Krug et al., 2002). In contrast, countries with IPV-condemning legislation and gender equality movements generally report lower prevalence estimates (Krug et al., 2002). Years of increased public awareness campaigns regarding gender inequality may create a climate of collective efficacy and community cohesiveness against IPV (Jain, Buka, Subramanian, & Molnar, 2010). Several studies support this argument with findings that the increased IPV vulnerability within disadvantaged socio-economic groups may be mediated by a lack of collective efficacy against the violence (e.g., Heise & Garcia-Moreno, 2002; Johnson & Das, 2009; Lövestad & Krantz, 2012; Tjaden & Thoennes, 2000).

Societal level risk factors are violence-promoting conditions in society that create or sustain gaps between groups of people; for example, certain cultural and religious belief systems (e.g., gender inequality, violence-condoning norms, and economic/social policies)

(Krug et al., 2002). As suggested by the social learning theory, interpersonal aggression is modeled by observing other people's violent behaviors attributing them as functional, for example in conflict-solving (Akers & Silverman, 2004). In support of IPV being a form of transgenerational violence, research has presented a strong link between childhood family violence and adult abusive behavior (Erhensaft et al., 2003; Jewkes, 2002). Abusive behavior may also be learned via the indirect exposure to violence-condoning attitudes that are often communicated via media (Markowitz, 2001).

IPV Prevention Strategies

The recognition of IPV as a serious public health issue has generated a growing literature on prevention strategies and activities (known as interventions; Anderson & Whiston, 2005; Vladutiu, Martin, & Macy, 2011). From a public health framework, attempts to reduce the number of IPV incidences by preventing the violence from occurring in the first place are referred to as primary preventions (Harvey et al., 2007). Strategies that are intended to prevent IPV to reoccur are often referred to as secondary or tertiary prevention strategies in public health terminology; for example, rehabilitation of convicted perpetrators, safety planning for victims, shelter services, and risk reduction (Dahlberg & Krug, 2002). There is not always a clear cut between primary, secondary, and tertiary prevention strategies, and prevention initiatives may address more than one level of prevention at the same time. For example, activities designed to prevent violence from ever occurring may simultaneously provide victim support (see, for instance, the Expect-Respect program developed by Safe Place: Domestic Violence and Sexual Assault Survival Center; Rosenblum, 2002). A second classification system has been developed that, by using three large classes, categorizes prevention efforts according to the population the intervention is directed toward and for whom it is most likely to be beneficial (Gordon, 1987). Whereas *universal preventive measures* target the general public, or all members of a specific group (e.g., young men or all adolescents), *selective preventive measures* are directed to individuals or groups that are at an above average risk of developing violent behavior (e.g., immigrant women unable to seek citizenship; Chamberlain, 2008). In the third class, *indicated prevention strategies* are directed toward high-risk individuals or groups that have minimal but detectable signs of IPV (e.g., teens who have partners tracking them intensively with their cellphones; Chamberlain, 2008). Prevention strategies from all three classes frequently involve dissemination of

information to inform about IPV and increase knowledge, for example concerning healthy relationships, conflict resolution and communication skills for the targeted group members.

Public awareness campaigns, a form of universal prevention measures, have recently attracted particular attention. They are often designed for international use and intended to be implemented on a large scale reaching out to the general population. The purpose is to reform violence-condoning attitudes and norms in society as a mean of improving community members' tendencies to intervene against IPV (Campbell & Manganello, 2006). Increased public intervention is seen as one of the most important steps in the prevention of IPV (Carlson & Worden, 2005; Klein et al., 1997; WHO, 2010). Indeed, public awareness-raising information in the form of persuasive messages have the potential of influencing public opinion and political processes, and ultimately change people's behavior (Nilsson & Martinsson, 2012). However, the few studies that have evaluated the general effect of prevention programs show inconsistent results regarding their effectiveness of reducing IPV, and they report that programs are rarely based on scientific theories on violence and social change. Hence, they fail to incorporate existing empirical knowledge, for example concerning IPV risk factors (Campbell & Manganello, 2006). Specifically for public awareness programs, research reports some evidence that well-tailored IPV information campaigns may result in long-term IPV attitude improvement, even though the mechanism behind the effect is not well understood and the empirical support is scarce (Campbell & Manganello, 2006; Harvey et al., 2007). Donovan and Vlais (2005) argue that a key factor to the success of persuading an audience is not to primarily focus on the dissemination of information, but to understand the intended audiences' behavior and underlying motivations for that behavior. In support of this line of reasoning, research shows that information tailored to target specific attitudes is more successful when it comes to changing attitudes compared to general information (Lewandowsky, Ecker, Seifert, Schwarz, & Cook, 2012; Noar, Benac, & Harris, 2007). Fishbein's (2000) integrative model of behavior prediction proposes that one or several of three critical behavioral determinants often work as psychological barriers to execute a certain behavior; *attitudes* (the degree of favorable or unfavorable evaluation of a particular behavior), *perceived norms* (perceived social pressure to perform a particular behavior) and/or *self-efficacy* (perceived ability to perform a certain behavior). Depending on what constitutes the primary psychological barrier, individuals are likely to be recipients to different types of information (Fishbein, 2000; Fishbein et al., 2002). However, with only a scarce amount of scientific knowledge regarding psychological predictors of intentions to intervene in cases of IPV, there is little guidance as to which behavior-related factors public information campaigns

should address in order to be effective when it comes to increasing public interference and reducing IPV. It may be that information typically used in awareness-raising campaigns fails to target specific IPV attitude components, which could explain the limited success of campaigns. To enable a successful design of public awareness campaigns, IPV research must first acquire a substantiated and coherent understanding of common psychological barriers against IPV intervention. Thus, the present thesis examined a selection of potential psychological predictors with regard to the propensity to intervene against IPV.

Helping behavior

Helping behavior refers to any actions applied with the purpose of helping a person or a group of persons in need (Eisenberg & Mussen, 1989). Research on helping behavior has focused on the motivation behind the behavior, emphasizing the importance of empathy, mood, reward, and personal beliefs. According to Batson's (1991) empathy-altruism hypothesis, feelings of empathy for another person (e.g., compassion, sympathy) will produce an altruistic/selfless motivation to help. The negative-state relief model (NSRM; Cialdini et al., 1987) suggests that the incentive to help is egoistic rather than altruistic, since empathic individuals experience intense distress when witnessing another person in need, and helping gives an indirect relief (Baumann, Cialdini, & Kenrick, 1981). Suggested by the social exchange theory, helping may also occur as a strategic move to obtain rewards (Foa & Foa, 1975), either external (material goods or social rewards in the form of improved self-presentation and reputation) or internal (self-reward, sense of goodness and self-satisfaction; Nowak, Page, & Sigmund, 2000). In recent years, research has showed that helping motivations vary in different relationships and across different contexts. Empathic concern, for example, has been linked to the willingness to help a kin, but not a stranger, when egoistic incentives were controlled for (Maner & Gailliot, 2007). There is limited research on what motivates helping, specifically in IPV settings. A few studies have examined professionals' helping of IPV victims (e.g., police officers and healthcare providers). Professionals are "formal helpers" in that they represent authorities, are required to help, have established policies to guide their actions, and are trained to be sensitive to the signs of IPV (McCart, Smith, & Sawyer, 2010). In contrast, "informal helpers", such as family members, friends, co-workers, acquaintances, and strangers, most likely lack the appropriate guidelines and training. Therefore, they may lack the self-efficacy to intervene and may misinterpret or simply fail to recognize the signs of

IPV (West & Wandrei, 2002), which is not surprising given that the boundary between a harmless relationship conflict and an escalating abusive situation involving threats and coercion (i.e., violence) may be difficult to ascertain (Eyler & Cohen, 1999; McCart et al., 2010). Furthermore, research on female college students suggests that as many as 75% of female IPV victims in fact disclose current exposure of dating violence and preferably to people close to them (Edwards, Dardis, & Gidycz, 2012). This makes informal helpers, such as family members and friends, the primarily source of disclosure for IPV victims.

In recent years, IPV researchers, in order to find effective prevention strategies, have used the bystander approach to examine the tendency of informal helpers to help in IPV situations (e.g., Banyard, 2008; Banyard & Moynihan, 2011; Banyard, Plante, & Moynihan, 2004). The bystander intervention hypothesis originates from early research of Latané and Darley (1970), proposing that helping in emergency situations is determined by a decision-making process characterized by five key steps: (1) the helping situation must be noticed and (2) perceived as an emergency; (3) the bystander must feel personally responsible to help and (4) have procedural knowledge of effective and safe intervention options he/she feels skilled enough to execute; and (5) apply the actual intervening behavior. A number of social and psychological obstacles may interfere and inhibit an individual's propensity to intervene at each of those stages, creating a so-called bystander effect (Berkowits, 2011). For example, in accordance with the theory of *pluralistic ignorance* (Latané and Darley, 1970), an individual may be inhibited to intervene when observing the passive reactions to an event of other bystanders, inferring that the situation is not an emergency that calls for external interference. A similar line of reasoning is that witnessing the passive response of others involves a normative influence, where passivity and non-action is interpreted to be the most socially accepted response to the event. This is a form of *audience inhibition*, where bystanders may refrain from helping if it involves norm-violation, fearing social sanctions (e.g., other people's disapproval) and public embarrassment (Latané & Nida, 1981). According to the *diffusion of responsibility hypothesis*, a bystander's sense of personal responsibility may be fanned out in a larger group of bystanders leading to a derailed intention to help, since every bystander assumes that "another person will intervene" (Latané & Nida, 1981). In support of these various bystander effects, research has found, for example, that participants with a low sense of personal obligation to intervene and those with insufficient procedural knowledge of intervention options report low intentions to intervene when exposed to a case of IPV (Banyard & Moynihan, 2011). Note that these findings pertained to a concrete (although hypothetical) IPV incidence, whereas real-life cases are often characterized by subtle rather

than obvious signs of abuse (Pico-Alfonso et al., 2006). There may also be a conditional effect of social norms on intentions to intervene. Deitch-Stackhouse and colleagues (2015) found participants' perceptions of peer attitude and behavior to have a minor inhibiting effect on intentions to intervene when the abuse was perceived as an unambiguous emergency (i.e., physical or sexual IPV) as compared to a less clear case of IPV (i.e., emotional violence and stalking; Deitch-Stackhouse, Kenneavy, Thayer, Berkowitz & Mascari, 2015). Considering that the majority of IPV incidences may be vague and difficult to detect by bystanders, low IPV intervention rates may partially result from a failure to identify the emergency in IPV situations, and it may be uncertain as to whether the incidence is a harmless partner conflict or an actual abusive situation (Eyler & Cohen, 1999; McCart et al., 2010). Hence, research on intentions to help needs to examine IPV situations that are characterized by vagueness and ambiguity, where people suspect, but are not convinced, that it is a matter of IPV. To address this shortcoming, intentions to help in cases of IPV were conceptualized as *propensity to intervene against IPV* in the present thesis: A general tendency to pay attention to IPV, to talk about IPV as a societal problem, and to intervene when suspecting a case of IPV.

BELIEFS CONCERNING INTIMATE PARTNER VIOLENCE

Beliefs among the general public are influenced by interpersonal communication (e.g., day-to-day conversations), mass communication, and news reports (McCombs & Shaw, 1972). As IPV is rarely discussed among people (Carlyle, Slater, & Charkoff, 2008; Jacobsson, von Borgstede, Krantz, Spak, & Hensing, 2012), there are few opportunities for correcting any biased beliefs and norms. The role of the mass media when it comes to forming public beliefs about social problems is partially dictated by selective coverage (i.e., the reporting of certain topics) and the omission of other topics (according to the media priming hypothesis; Iyengar, Peters, & Kinder, 1982), and partially by how the problem is described in the media (Carlyle et al., 2008). Carlyle et al. (2008) reported that news media primarily tend to report severe cases of physical IPV, whereas sexual violence and more subtle forms of abuse, such as psychological violence, are generally ignored. They argue that the media gives a skewed picture of IPV by describing it as a private matter specific to the couple, thereby disregarding situational and contextual elements. This may contribute to misconceptions regarding IPV (Carlyle et al., 2008; Taylor, 2009).

Beliefs Concerning Prevalence

Studies conducted on IPV prevalence have typically attempted to estimate the actual incidence of IPV (see, for instance, Tjaden & Thoennes, 2000). Very few studies have examined the *perceived* prevalence of IPV (for exceptions, see Beeble, Post, Bybee, & Sullivan, 2008; Klein et al., 1997). Previous research on perceived prevalence has primarily been concerned with the perceptions of IPV held by formal helpers, especially healthcare providers. Healthcare personnel are in a unique position to detect incidents of abuse due to the inclination of victims to seek healthcare given the impact of violence on health. In spite of available screening tools and policies for intervention, IPV is still underreported in healthcare systems (Richardson, Kitchen, & Livingston, 2002). A possible explanation for this is that healthcare personnel have a poor awareness of the real prevalence of IPV: North American self-reporting surveys among healthcare personnel indicate beliefs that ≤1% (Bhandari et al., 2008; Sugg, Thompson, Thompson, Maiuro, & Rivara, 1999) or ≤ 5% (Della Rocca, Sprague, Dosanjh, Schemitsch, & Bhandari, 2013) of female patients are victims of IPV. In contrast, public self-reporting surveys have estimated IPV to occur in about 50% of all American households (Beeble et al., 2008). In accordance with this, respondents in a study by Klein et al. (1997) reported believing that on average 50% of all men in the population will or have already used violence against a female partner at least once during their lifetime. Male abusers in the study by Neighbors et al. (2010) believed that "most men" use violence against their partners. The over-estimation (or under-estimation) of prevalence may establish normative misperceptions (i.e., wrongful ideas) with regard to the behaviors of others (i.e., a descriptive norm). Indeed, estimations of high IPV prevalence have been related to an increased risk of own abusive behavior (Witte & Mulla, 2012). It should be noted that since IPV is assumed to be underreported in incidence reports, and since such studies are frequently fraught with methodological issues, a consequence may be that it is difficult to establish how well the rate of perceived prevalence corresponds to the actual prevalence rate.

Beliefs Concerning Victim Accountability

Research on victim blame reports various popular myths that imply that victims of IPV are partly to blame for the violence; for example, the assumption that only a certain type of individuals become victims of IPV (Bhandari et al., 2008; Della Rocca et al., 2013; Sprague et al., 2013; Sugg et al., 1999) and that victims could end the abuse if they really want to (Bryant

& Spencer, 2003; West & Wandrei, 2002; Worden & Carlson, 2005). According to Taylor and Sorenson (2005) offenders are often in research regarded as responsible for *causing* the violence, while both victims and offenders are held responsible for *solving* the problem. However, there are findings indicating that IPV victims are assigned causal responsibility; for example, believed to have acted provocatively (Bhandari et al., 2008; Nabors, Dietz, & Jasinski, 2006; West & Wandrei, 2002). Shifting accountability for the violence from the perpetrator to the victim is an expression of people seeking justifications for the violence. In Europe, women's provocative behavior is commonly referred to as a justification for IPV, whereas in North America, female infidelity is often framed as women "asking for it" (Waltermaurer, 2012). According to an analysis of victim-oriented causal beliefs in 15 European Union (EU) countries between 1999 and 2010, attitudes concerning IPV justification seem to be persistent despite of the number of years a country has devoted to public awareness and education (Gracia, 2014). Survey results from 2010 show that on average 52% of the surveyed EU citizens agreed that women's provocative behavior is a cause of female IPV exposure. The highest rates of agreement were found in the Baltic countries (Lithuania; 86%, Estonia; 84%, and Latvia; 79%). Whereas the other surveyed countries were deemed as equal in terms of income, gender equality, and anti-IPV policies, the Baltic States have proportionally lower income and have only recently established policies against IPV. Still, countries with advanced economies and reputable gender equality reported relatively high levels of victim blame (Finland, 74%; Denmark, 71%; the UK and Northern Ireland, 63%; and Sweden, 59%). Sweden has a long history of efforts to promote gender equality and is considered to be a frontrunner in national prevention of men's violence against women (Global Gender Gap Report; Hausmann et al., 2014). However, the relatively high number of surveyed citizens (59%) reporting victim blaming beliefs in the EU survey implies that years of public awareness and education efforts may not be sufficient for correcting misperceptions concerning IPV. Hence, IPV victim blame is an issue that needs to be understood from a wider social context and not only as an individual factor (Gracia, 2014). The research reported in the present thesis offers an updated insight regarding victim blame tendencies among the Swedish general population.

Victim blaming attitudes may have serious implications, since they serve to extenuate the perpetrator and shift the responsibility for the violence to the victim. Expecting victims to avert the abuse implies a lack of understanding of victims' complex decision-making processes, which involve making trade-offs between what is the most effective and what is the safest course of action (Anderson & Saunders, 2003; Baly, 2010; Meyer, 2012;

Yoshihama, 2002). People's biased beliefs concerning victim accountability may impede communities from mobilizing against IPV (Goodkind, Gillum, Bybee, & Sullivan, 2003; Worden & Carlson, 2005). For example, by reducing the willingness of witnesses to testify and negatively affecting the commitment of legal authorities to investigate cases, pursue prosecutions, and convict offenders (George & Martinez, 2002). In addition, attitudes that excuse or absolve the perpetrators might make the abusers feel that it is publicly justified to act violently, and, as a consequence, they are not prevented to abuse out of fear for social sanctions of their behavior (Taylor & Sorenson, 2005). Furthermore, victims who experience blameful social responses tend to suffer greater distress than victims who are not met with such attitudes, and the former are less likely to report subsequent abuse, so as to avoid secondary victimization (Flood & Pease, 2009; Gracia & Herrero, 2006; Waltermaurer, 2012).

Beliefs Concerning Means of Intervention Against IPV

Merely understanding the seriousness of a social problem is not sufficient for people to feel motivated to intervene (Bandura, 1986; Banyard, 2008; Worden & Carlson, 2005). Among other things, people need to have procedural knowledge about *how* to intervene. An individual's situation-specific self-confidence when it comes to applying knowledge and skills to achieve a desirable goal, the so-called self-efficacy (Armitage & Conner, 2001), has been associated with an increased likelihood to engage in prosocial behaviors (Bandura, 1986; Bandura, Caprara, Barbaranelli, Gerbino, & Pastorelli, 2003). Likewise, Latané and Darley (1970) found that feeling sufficiently competent to carry out the helping action is a prerequisite for bystanders for engaging in helping behaviors in emergency situations. Indeed, bystander students in a study by Banyard (2008) who reported higher levels of perceived effectiveness also reported a greater willingness to help a victim of sexual partner violence. Furthermore, individuals who perceive they lack the knowledge or skills to intervene are more likely to ignore the actual problem (Berlinger, 2001). People's actual behavioral responses to IPV seem to vary a great deal. Victims interviewed in a study conducted by Mahlstedt and Keeny (1993) reported receiving both helpful and unhelpful responses from people to whom they had confided. Listening, understanding, and reassuring the victim that he/she was not to blame was perceived as helpful, whereas expressions of anger and vengefulness, trivialization of the situation, and blameful comments were experienced as aggravating and unhelpful. West and Wandrei (2002) followed up on the victims' responses identified by Mahlstedt and Keeny (1993) by asking a group of students to predict which helping strategies they would apply

upon witnessing two described IPV scenarios varied by victim provocation. The students reported both helpful and unhelpful strategies, and the choice regarding type of intervention was strongly related to perceived victim provocation (i.e., higher levels of victim provocation resulted in less helpful interventions). These results indicate a dissonance between what victims and potential helpers perceive as being helpful. It should be noted that the participants in the study by West and Wandrei (2002) were provided with a set of pre-specified intervention strategies. In contrast, actual witnesses to IPV are unlikely to have a repertoire of helping strategies at hand. A more ecological approach to investigating public beliefs concerning intervention strategies would be to have the respondents freely imagine and describe what they would do if they were to encounter IPV. This latter approach was employed in the present thesis.

Gender Differences in Beliefs Concerning IPV

Given the paucity of relevant studies on IPV settings, current knowledge regarding gender differences in beliefs mostly stems from research on victim blame. The various findings point to the same conclusion: men tend to judge IPV victims more harshly than do women (Langhinrichsen-Rohling, Shlien-Dellinger, Huss, & Kramer, 2004; West & Wandrei, 2002; Worden & Carson, 2005). For example, men are more likely than women to consider problems within the relationship to be the cause of IPV (Nabors et al., 2006; West & Wandrei, 2002). More specifically, that conflicts arise from females maltreating their male partners, which in turn escalates into violence (Worden & Carlson, 2005). Women more strongly condemn the use of violence and endorse greater care for IPV victims than do men (see, for instance, West & Wandrei, 2002). Worden and Carlson (2005) have argued that since IPV has traditionally been defined as a gender-specific crime, with women being the victims of male abuse, women have become more aware of their vulnerability, which may explain the difference in beliefs between men and women. In contrast, Delgado and Bond (1993) and Gracia and Thómas (2014) found no gender differences in beliefs when controlling for age and education. Given that findings of gender differences are inconsistent, more research is needed to establish the definite role of gender in IPV beliefs, as this may have implications for intervention strategies. Differences in beliefs concerning IPV as a function of gender were examined in the present thesis based on the assumption that if such differences exist, information campaigns may need to address the specific beliefs held by men and women, respectively.

PSYCHOLOGICAL PREDICTORS OF THE INTENTION TO INTERVENE

Sufficient motivational underpinnings are a prerequisite for acting in the interest of others. Behavioral motivation produces a felt need to act, either because the behavior will lead to desirable outcomes or because not acting will bring about negative consequences (Molden, Lee, & Higgins, 2008). Several social psychological models have been proposed to explain motivation to behavior. Originating from the expectancy-value model (EVT) and the theory of reasoned action (TRA; Fishbein & Ajzen, 1975) the expanded theory of planned behavior model (TPB; Ajzen, 1988; 1991) has received considerable attention among researchers for several decades (Ajzen, 2011) and has been applied to predict an array of social behavior (for a review, see Armitage & Conner, 2001). The TPB asserts that an individual's intention to perform a certain behavior is the best predictor that the individual will actually accomplish that behavior. The behavioral intention is a function of the individual's attitude to the behavior (i.e., the degree of favorable or unfavorable evaluation or appraisal of a particular behavior), the subjective norm toward the behavior (i.e., perceived social pressure to perform a particular behavior), and the individual's perceived behavioral control over the behavior (i.e., perceived ease or difficulty to perform a particular behavior, reflecting both past experiences and anticipated obstacles; Ajzen, 1991). Perceived behavioral control stems from self-efficacy (i.e., perceived ability to perform a certain behavior), a concept from the social cognitive theory (Bandura, 1986). The external pressure in subjective norms may be very powerful and transform an initial attitude to better accommodate the perception of what others find appropriate (Cialdini, Reno, & Kallgren, 1990). In a meta-analysis by Armitage and Conner (2001), the full TPB model accounted for 39% of the variance in behavioral intentions and 27% of the variance in actual behavior pertaining to an array of social behavior. Findings suggest that there are considerable arguments that attitude, perceived social norms, and perceived behavioral control are strongly associated with both behavioral intentions and actual behavior.

Although there are several potential sources for the motivation of helping behavior (e.g., financial incentives, social sanctions, cognitive dissonance), certain factors may be particularly relevant in the context of IPV. With inspiration from the theories mentioned above, it was proposed in the present thesis that individual intentions to intervene in cases of IPV are formed based on normative influences (social and personal norms) and an individual's cognitive and emotional constructs of IPV. People may, for example, feel

motivated to intervene when sensing the personal obligation to do so (*personal norm*), perhaps stemming from the belief that the responsibility for finding a solution rests on the shoulders of all community members (ascribed external *solution responsibility*). In contrast, people might lack the motivation to intervene perceiving that non-action is socially prescribed (*social norm*), perhaps stemming from a misperception that the collective belief is that IPV is caused by factors inherent to the couple (*cause attribution*). Hence, external interventions are expected to be of little use. Others might lack the emotive engagement to intervene (*negative affective response*) assuming that IPV is a problem limited to only a few groups of individuals in society (*perceived prevalence*). The above-mentioned terms were proposed as key concepts in the present thesis and are now discussed section-wise below.

Social and Personal Norms

Several research approaches have attempted to conceptualize norms and social influences on human behavior (e.g., Biccieri, 2006; Coleman, 1990; Schwartz, 1977). Schwartz (1977) defines norms as explicit or implicit rules that stipulate which behaviors are considered acceptable within a group or society. In other words, they are guidelines that describe the expected and appropriate behaviors under particular circumstances (Schwartz, 1977). Norms are usually divided into two conceptual components. Social norms are standard (ideal) opinions or behaviors that individuals in a social group try to conform to (Cialdini et al., 1990; Schwartz, 1977), whereas personal norms embody the individual nature of norms and vary between individuals (Ajzen, 1991; Schwartz, 1977).

According to the theory of normative conduct (Cialdini et al., 1990), social norms may be divided into two subgroups: *injunctive social norms* is the prescribed behavior of what one ought to do (regardless of whether it is the typical behavior) and *descriptive social norms* is the commonly used behavior in a specific situation. Identified by Bommer, Miles, and Grover (2003), two theories in particular seek to explain the mechanism through which descriptive norms influence helping behavior. First, the social learning theory (Bandura, 1986) suggests that people learn socially approved behaviors through observation of other people's behaviors. Second, the social information-processing theory (Salancik & Pfeffer, 1978) proposes that people seek information and social cues in their social context (not only by observing) in order to understand which behaviors are considered acceptable. Over time, socially directed behaviors may be internalized to form more personal expectations regarding what is appropriate behavior in a specific situation.

Personal norms are assumed to be the link between internalized social norms and individual opinions as to what is expected to be appropriate behavior (Schwartz, 1977). The distinction lies in the locus of the potential sanctions or rewards. For social norms, the threat of sanctions, which include disapproval and social exclusion, as well as social approval when acting according to the norm, comes from other people or institutions (Schwartz, 1977). Once social norms are internalized, they become personal norms, and potential sanctions or rewards originate from within the actor him/herself. Personal norms include an emotion component, which reflects how satisfied or dissatisfied one is with the behavior. Thus, negative self-related feelings of regret or guilt associated with the violation of a norm are characteristic of personal norms (Manstead & Parker, 1995). As proposed by the norm activation model (NAM; Cialdini, et al., 1990), prosocial behavior is expected to follow from personal norms that are activated by certain situational cues identified as awareness of negative consequences if not acting (problem awareness), feeling personally responsible for negative consequences if not acting (ascribed responsibility), and recognition of own ability to act (outcome efficacy). The theory emphasizes that norms that have been made salient are activated, and by that they will have a crucial influence on the person's behavior (Cialdini et al., 1990).

The unique contributions of different norm concepts to behavioral intentions have been comprehensively examined in, for example, the pro-environmental research. Pro-environmental behavior entails actions that benefit the environment and other people rather than the single individual. It is normative in that actions are distinguished between being "right" and "wrong," in other words, what benefits or harms the community and the environment, both according to oneself and to others (Lindenberg & Steg, 2007; Thorgensen, 1996). Findings from an array of environmental studies support social norms as a determinant of pro-environmental behavior (De Groot & Steg, 2009; Haab & McConnell, 2002; Mosler, Blöchliger, & Inauen, 2010; Ramayah, Lee & Lim, 2012; Schade & Schlag, 2003), and especially when the social norm has been made salient or focal in a specific situation (see, for instance, Schultz, 1998; Goldstein, Cialdini, & Griskevicius, 2008). One way of increasing the saliency of norms is to expose people to a persuasive normative message (Schult, Khazian, & Zaleski, 2008). Studies using normative message framing have successfully influenced participants to reducing littering (Cialdini et al., 1990), reusing towels so as to save water and electricity (Cialdini et al., 2006; Goldstein et al., 2008), and reducing energy consumption (e.g., Nolan et al., 2008; Schultz et al., 2007). Equally to pro-environmental behavior, descriptive norms have been positively associated with helping in organizational settings (Naumann, 2010) and students helping a researcher with filling out an additional

survey (Jacobson, Mortensen, & Cialdini, 2011). Personal norms have also been studied in a range of settings, and are found to strongly predict a range of prosocial behaviors, such as blood donation (Armitage & Conner, 2001), reduced car use (Nordlund & Garvill, 2003), recycling (Andersson & von Borgstede, 2010), as well as normatively immoral behaviors such as shoplifting, cheating on exams (Beck & Ajzen, 1991), and committing traffic violations (Manstead, 1998). De Groot, Abrahamse, and Jones (2013) found that normatively framed personal norms may effectively promote pro-environmental behaviors since this makes the norm salient. Hence, normative messages pertaining to the individual's internalized values may be a successful method when aiming to increase people's prosocial behavior. Thus, this method was employed in the third study of the present thesis.

The formation of social norms is partly determined by what is said and done and partly by what is left unsaid, as well as acts of omission (Fiske, 2004). Since people seldom discuss IPV, norm-building in relation to intervening may be impeded as a result of the social silence surrounding IPV (Gracia, 2004). In other words, it is difficult to internalize personal norms advocating IPV intervention if the problem is absent in everyday discussions. Hence, norms may have a unique impact on intentions to help in cases of IPV, which has recently been recognized by several researchers (Banyard & Moynihan, 2011; Gracia, 2004; Gracia & Herrero, 2006; Muehlenhard & Kimes, 1999; Simon, Miller, Gorman-Smith, Orpinas, & Sullivan, 2010; Taylor & Sorenson, 2005; Worden & Carlson, 2005).

Self-monitoring and individual adherence to norms. People differ in their desire to adjust their behavior to accommodate social situations (Snyder, 1974). Individuals with high self-monitoring tendencies are concerned with their expressive self-presentations and closely monitor the audience to look for cues of how others perceive their behavior in order to ensure the appropriateness of their public appearance (Ajzen, Timko, &White, 1982; Naumann, 2010). These individuals are responsive to social cues in their situational context and are very likely to be influenced by norms (Ehrhart & Naumann, 2004; Naumann, 2010). In contrast, low self-monitors care little about situational appropriateness and are more likely to behave in accordance with internal beliefs and values regardless of situational demands (Ehrhart & Naumann, 2004). In support of this line of reasoning, Neumann (2010) found high self-monitors to be more inclined to help when helping was a norm in an organizational setting compared to low self-monitors.

Negative Emotions

There is ample evidence that emotions can predict and generate emotion-appropriate behavior (see Lang, 1994 for a review). Cognitive emotion theories may be particularly applicable when examining the emotional effects on individuals helping in response to IPV. These theories share the notion that the appraisal process is elementary to emotion constructs (see, for instance, Lazarus, 1991). As emphasized in Lazarus' emotion appraisals theory, internal and situational conditions of an event are consciously (or unconsciously) evaluated at an early stage in the emotion-generative process, which in turn induces situation-specific emotional responses leading to emotion-appropriate behavioral intentions (Lazarus, 1991). In the present thesis, emotional responses to IPV were evoked under relatively natural conditions as participants were either provided with an abstract definition of IPV or a fictive videotaped case of IPV. Thus, as Lazarus maintains (1991, p. 193), there is reason to believe that "an elemental unconscious appraisal process" evoked participants' behavioral intentions. More complex appraisal processes involving greater self-awareness may take place in other contexts pertaining to, for example, actual behavioral responses. Operationalizing appraisal processes was outside of the scope for the present thesis and the aim was instead to assess elemental emotional responses and investigate their effects on behavioral intentions with regard to the presented IPV information.

Emotion researchers have primarily focused on the effect on behavior based on the valence of positive or negative emotions (e.g., Forgas, 1994). People in a positive mood tend to help as to maintain their positive emotional state (e.g., Carlson, Charlin, & Miller, 1988). However, since IPV has moral connotations due to its abusive nature, it is likely to trigger negative affective reactions, such as anger, contempt, and sadness. Three strands of research suggest that the extent to which an individual experiences negative affect in response to IPV may predict how likely that person is to intervene. First, according to the negative-state relief theory (Cialdini et al., 1987), people act in a prosocial fashion in order to increase a positive affect and decrease the negative emotional state elicited by observing another person suffering. Several studies offer empirical support for negative emotional reactions associated with the increased tendency to help (see, for instance, Cialdini et al., 1987; Maner & Gailliot, 2007). However, negative emotions may have an inhibiting effect on intentions to help in cases where the subjects in negative affect perceive that the benefits for themselves coming from helping will not outweigh the costs of helping (see Miller, 2010 for a review). Second, affective response is an indicator of personal relevance. The more personally involved an

individual feels with regard to an issue, the more likely it is that he/she will react affectively when exposed to information related to that issue (Zuwerink & Devine, 1996). In other words, people who react emotionally when hearing or thinking about IPV may consider the issue more personally relevant than individuals who do not experience such reactions. Personal relevance and attitude importance, in turn, strongly predict whether people are willing to take actions in line with their attitudes (Franc, 1999; Krosnick, 1988). Furthermore, negative feelings seem particularly likely to predict helping when they concern others (e.g., victims suffering), as opposed to dwelling on personal issues (Bagozzi & Moore, 1994).

Causal Attribution

Causal attribution is about how people assign causes to the behaviors of others (Fiske & Taylor, 1991; Weiner, 2008). Attribution theory is an umbrella term for several theories sharing the notion that social perceivers search for regularities and patterns in order to find reasonable explanations for an event and eliminate less likely causes (Shaver, 1975). Most attribution theories give prominence to the distinction between internal (or dispositional) and external (or situational) attributes of behavior (e.g., Kelley, 1973; Weiner, 1985). In brief, this refers to whether a behavior is perceived to be caused by the internal characteristics of the actor (e.g., personality, ability) or by something external to the actor (e.g., other people, situational constraints).

There are several systematic biases in the person-perception process that pertain to the internal-external dimension. The fundamental attribution error (FAE; Ross, 1977) means that personal characteristics are over-emphasized at the expense of situational causal factors; especially when attempting to explain other people's unsuccessful behavior, whereas own failures are typically attributed to external factors. We are also prone to the so-called self-serving bias, where we attribute personal success to stable personality traits rather than situational characteristics (Campbell, & Sedikides, 1999; Hewstone, 2012).

The internal-external dimension of causal attribution has been examined in relation to a range of social problems (e.g., Palazzolo & Roberto, 2011; Sotirovic, 2003; Zucker & Weiner, 1993). For instance, Sotirovic (2003) has shown that people who make individual, internal attributions with regard to crime and poverty tend to express stronger support for the death penalty and weaker support for welfare programs. In the context of IPV, people may attribute the cause of the violence to many factors, such as the personalities of the perpetrator and victim, drug abuse, economic conditions, and structural societal factors. Research shows

that people tend to concentrate on the internal characteristics of the couple and overlook the contribution of social structures when seeking to understand IPV (Worden & Carlson, 2005). News media tend to cover specific incidents of IPV in episodic terms (i.e., focusing on the specifics of individual cases, while ignoring their structural and societal contexts), thereby contributing to directing public perceptions of causality away from society and toward individuals (Carlyle et al., 2008; Sotirovic, 2003). Such individual-based explanations for the problem may hinder people from actively intervening against the problem. For example, if IPV is seen to be caused by factors inherent to the offender and/or victim, people may expect external interventions to be of little use. In contrast, people who attribute IPV to external or societal causes may be more likely to view the problem as susceptible to external influence. In other words, people who make individual attributions with regard to cause may be inhibited from intervening, whereas people who make external attributions may be more likely to take action against IPV.

Solution Responsibility

Although IPV is widely considered unacceptable, there is little consensus among the members of the public as to what are appropriate intervention methods and who should be responsible for taking such actions (Simon et al., 2001). Whether the problem is viewed as a private matter (i.e., restricted to the partners involved) or a social problem is likely to influence judgments with regard to who should do something about it. Arguably, people who view IPV as a social problem, as opposed to a private matter, are more likely to identify themselves as being partially responsible for its solution. Furthermore, emotional reactions evoked by information about IPV situations may affect the readiness to act, possibly preceded by self-ascription of responsibility (Nabi, 2002). Several studies have shown that the tendency to ascribe solution responsibility to oneself is a powerful predictor of prosocial intention and behavior in different contexts (see, for instance, De Groot & Steg, 2009; Kaiser & Shimoda, 1999). This is particularly evident in situations not considered an immediate emergency (Schwartz, 1977), which is usually the case for IPV incidences, where there are rarely obvious signals and therefore only a suspicion of someone being abused.

Perceived Prevalence

In the body of research on perceived prevalence of IPV (see earlier section), there appears to be a discrepancy between the perceived and actual prevalence of IPV. Bearing in mind that IPV is likely to be underreported in surveys (Ruiz-Pérez et al., 2007), it is difficult to obtain accurate estimates concerning IPV prevalence. However, the over- or under-estimation of IPV prevalence may establish normative misperceptions with consequences for people's own behavior (Larimer & Neighbors, 2003). Overestimating other people's behavioral conduct has for example been associated with excessive alcohol consumption (Perkins, 2002) and students' gambling behaviors (Borsari & Carey, 2003). Accordingly, the belief that violence is a common behavior has been related to an increased likelihood to engage in aggressive behavior (Witte & Mulla, 2012). While normative perceptions primarily stem from direct observations of the behaviors of others, they may also be influenced by direct and indirect communications, information disseminated by the media, and knowledge about oneself and one's own behavior (Miller & Prentice, 1996). As IPV is mostly hidden from public observations, direct or indirect communications are most likely the primary sources of normative perceptions. However, given the indications that people rarely talk about IPV (Gracia, 2004; Jacobsson et al., 2012), there is a considerable risk that people form inaccurate beliefs regarding the prevalence of IPV and the appropriate actions for addressing this problem. Previous research has linked the perceived severity of IPV to perceptions of the need for community interventions (Jakobsson et al., 2012) and to the prediction of willingness to help victims (Beeble et al., 2008).

AIM OF THE PRESENT THESIS

The IPV prevention literature has little to offer with respect to scientific knowledge about what precedes the intention of potential helpers to intervene against IPV. This is remarkable considering that an increase in public intervention is considered one of the most important steps in the prevention of the problem. The overarching goal of the present thesis is to learn more about promoting and inhibiting psychological factors with regard to intentions to intervene. First, common beliefs concerning IPV among members of the Swedish general public were identified (Study I). Second, predictors of the propensity to intervene against IPV were examined (Study II) and, finally, the causal role of descriptive social norms in the formation of intentions to intervene was examined (Study III).

SUMMARY OF THE EMPIRICAL STUDIES

Overview

Public intervention is recognized as one of the most important steps in the prevention of IPV (Carlson & Worden, 2005; WHO, 2010). However, many people seem reluctant to interfere in cases of domestic disputes (Gracia, 2004; Gracia & Herrero, 2006; West & Wandrei, 2002), which may impede the reduction of the problem. Public attitudes and behavior with respect to partner violence play an important role in shaping a social environment that either condones or reproaches partner violence (Flood & Pease, 2009; Gracia, 2004; Gracia & Herrero, 2006). Yet, few studies have focused on the specific psychological factors that may either facilitate or inhibit people's willingness to intervene against IPV. Lacking such knowledge, research has so far been unable to provide measures that are likely to increase the individual propensity to intervene.

The present thesis sought to provide an overview of beliefs regarding IPV within the Swedish general population (Study I). A second aim was to examine psychological predictors of the propensity to intervene against IPV (Study II). Finally, the causal role of descriptive social norms in the formation of intentions to intervene was experimentally tested (Study III). The studies are presented separately below, followed by a general discussion concerning the findings, as well as the implications and limitations of this work.

Study I

The aim of Study I was to provide a descriptive account of the beliefs regarding IPV in the Swedish general population. The study specifically examined the perceived prevalence of IPV in general, as well as in relation to types of violence, gender of victim and offender, and different demographic groups. Furthermore, viable means of intervention and respondents' beliefs regarding victims' accountability for the violence they suffer were assessed. Conventional statistical values (means, frequencies, percentages) were derived for the descriptive results. Analysis of variance (ANOVA), *t*-tests, and Chi-square analyses were performed to obtain inferential statistics.

Respondents estimated on average that IPV exists in approximately one-fourth (24%) of all intimate relationships in Sweden. In comparison with recent reports in Sweden concerning IPV incidences (Lövestad & Krantz, 2012; Nybergh et al., 2012), these beliefs

appear to be fairly realistic. Moreover, the perceived frequencies of different types of violence were contingent upon the gender of the offender; men were considered to use more physical and sexual violence than women, whereas women were thought to use more psychological violence than men. The beliefs were also contingent upon the gender of the victim; women were believed to be exposed to physical and sexual IPV to a greater extent than men, whereas there was no victim gender difference for beliefs regarding psychological violence. Approximately half of all the respondents believed that IPV is equally distributed across demographic groups in society. However, low-status socioeconomic groups, non-European immigrants, inhabitants of suburban areas, and people in the age range of 35-49 were identified as particularly vulnerable to IPV. The mean ratings of victim accountability were consistent with previous results from victim blame research, indicating that IPV victims are held at least partially responsible for the violence they suffer. Overall, 81.4% of the respondents described at least one type of intervention they would consider using in a real-life situation. Talking to the victim, the offender, or both was by far the most frequently suggested intervention strategy (93.6%) and no other group of strategies was reported by more than about one third of the respondents. Thus, people may have narrow repertoires of intervention options. There were significant gender differences in the results, revealing that the female respondents made higher estimates of IPV prevalence, represented the highest percentage of individuals who perceived IPV to be equally distributed over demographic groups in society, attributed less accountability to the victim, and were more inclined to suggest intervention alternatives as compared to male respondents.

In general, the respondents seemed to be knowledgeable concerning the prevalence of IPV. The respondents did, however, ascribe IPV victims some responsibility for the violence, which is in line with the findings of previous victim blame studies. The male respondents in particular seemed to underestimate the various difficulties faced by victims when coping with abuse, balancing the advantages and risks of leaving the abusive partner. Even though a majority of the respondents reported at least one potential intervention strategy, the suggested strategies were limited to talking to the victim and/or the offender. This indicates that people might generally have a meager repertoire of intervention strategies. To sum up, the results from Study 1 suggest that community campaigns that inform the public, particularly regarding victim vulnerability and available intervention options, may be effective for raising awareness of IPV.

Study II

The aim of Study II was to examine psychological predictors of propensity to intervene against IPV. We proposed personal norms and negative affective responses as motivational predictors, while cause attribution, ascribed solution responsibility, and perceived prevalence were to be cognitive predictors. The respondents' self-reported propensity to intervene was used as the criterion variable in a regression analysis. The hypothetical predictions were based on previous research on prosocial and helping behaviors. As positive predictors of the individual propensity to intervene, we expected to discover personal norms advocating interventions, negative affective responses, external cause attribution, external solution responsibility, and a high perceived IPV prevalence.

The respondents completed a questionnaire containing items that were mainly closed-ended statements rated on 5-point Likert scales (ranging from 1 = *strongly disagree* to 5 = *strongly agree*). The items measured the strength of propensity to intervene (e.g., "I am prepared to take action against IPV even if it entails personal sacrifice"); the respondents' personal norms concerning intervening against IPV (e.g., "I feel personally obligated to intervene if I suspect a case of IPV"); the extent of negative affect experienced when hearing about IPV (e.g., "sad"; scale ranging from 1 = *not at all* to 5 = *extremely*); victim (or offender) cause attribution (e.g., "internal features of the victim [offender] is causing IPV)"; the extent to which the victim, the offender, or actors outside the relationship, respectively, are to be considered responsible for ending the abuse (e.g., "members of society"; scale ranging from 1 = *not at all responsible* to 5 = *very responsible*); and perceived prevalence (e.g., "IPV occurs more often than what most people think"). Index variables were created by averaging the responses to items pertaining to the criterion variable and to each of the predictor variables. A hierarchical regression analysis, which predicts the propensity to intervene against IPV, was performed by entering the following predictors in the designated order: demographic variables in Step 1; motivational factors in Step 2; and cognitive factors in Step 3.

The demographic variables accounted for a negligible proportion of the explained variance in propensity to intervene, which did not allow for any meaningful interpretation. The addition of motivational predictors increased the explained variance by 36%, and both of the predictors entered at this stage were individually significant. Therefore, a stronger sense of personal obligation and stronger negative affective reactions to IPV were associated with a higher propensity to intervene against IPV. The addition of cognitive factors contributed

significantly to the regression model; however, taken together, these predictors only accounted for 2% of the variance. The results show that believing IPV to be a prevalent problem in society and ascribing less of the responsibility for solving the problem to the offender were associated with a higher propensity to intervene.

It seems as feeling personally obligated and experiencing negative emotions in relation to IPV is particularly important during the formation of intentions to intervene, although being disinclined to see the offender as the primary problem solver and believing IPV to be a prevalent problem in society may also be of importance. The current study contributes with valuable knowledge concerning factors that may inhibit or facilitate intentions to intervene in cases of IPV. It might be useful to address these factors in community efforts aiming to increase public intervention.

Study III

The main aims of Study III were to investigate the causal effect of descriptive social norms on the propensity to intervene and to further examine personal norms as a predictor of intentions to intervene. When exposed to a fictitious videotaped IPV scenario, it was expected that participants with strong (vs. weak) personal norms would report a higher propensity to intervene (H1). In line with previous studies of the bystander effect, we expected that participants exposed to a passive bystander would report a decreased propensity to intervene compared with controls (H2a). In contrast, watching a bystander intervening was expected to generate an increase in the propensity to intervene compared with controls (H2b). In accordance with theories stating that people differ in their proclivity to accommodate their own behavior to match the behavior of others (i.e., self-monitoring), we expected participants scoring high on self-monitoring to be more influenced by the descriptive norm exposure compared to participants reporting lower levels of self-monitoring (H3).

Participants completed two separate Internet-based questionnaires administered with a two-week delay. Items mainly consisted of close-ended statements to be rated on Likert scales. The first questionnaire contained items assessing demographic data and baseline measures of participants' propensity to intervene against IPV (e.g., "I am prepared to act against IPV in order to prevent it from happening") and the strength of their personal norms relating to intervening (e.g., "If I suspected IPV in my social environment, I would feel bad if I didn't do anything about it"). In the second questionnaire, participants were first randomly assigned to watch one of three film sequences portraying an outdoor male-to-female IPV case.

The social descriptive norm was manipulated in the video by showing either (a) a bystander intervening (intervention condition), (b) a bystander failing to intervene (non-intervention condition), or (c) no visible bystander (control condition). Second, a post-manipulation measure of participants' propensity to intervene was assessed by prompting the participants to imagine themselves witnessing the IPV incidence in real-life and rate (a) their level of hesitation to intervene (1 = *No, no hesitation at all*, 7 = *Yes, very strong hesitation*), (b) their level of certainty that they would actually intervene (1 = *Yes, definitely*, 7 = *No, definitely not*), and (c) the degree of likelihood that they would actually intervene (1 = *Not likely at all*, 7 = *Extremely likely*). Next, participants completed the Self-Monitoring Scale (Lennox & Wolfe, 1984) consisting of 13 items (e.g., "In social situations, I have the ability to alter my behavior if I feel that something else is called for"). Index variables were created by averaging the responses to items pertaining to each of the measured constructs.

A hierarchical regression analysis was conducted using the post-manipulation propensity to intervene as criterion variable. In Step 1, participants' pre-manipulation rating of their propensity to intervene was entered as a covariate to reduce the residual variance in participants' post-manipulation ratings. In Step 2, social norms, personal norms, and self-monitoring were entered simultaneously. In Step 3, two product terms representing interactions between the social norm conditions and self-monitoring were entered.

When controlling for participants' pre-manipulation baseline, the norm manipulation, personal norms, and self-monitoring together accounted for an additional 30% of the variance in the post-manipulation propensity to intervene. Being exposed to a non-intervention norm had a negative effect on intentions to intervene (supporting H2a), whereas personal norms (H1) and self-monitoring were positively associated with the propensity to intervene. The intervention norm manipulation had no significant effect, thus failing to support H2b. Moreover, the Social Norm × Self-Monitoring interactions were not significant, and thus there was no evidence of self-monitoring moderating the influence of social norms (H3).

The finding that personal norms were strongly associated with intentions to intervene replicates the survey findings in Study II, and thus reinforces the notion of personal norms as a critical precursor of IPV intervention. The fact that only the observation of a non-intervening bystander influenced participants' propensity to intervene suggests, at least when people are confronted with a hypothetical IPV scenario, that passive (vs. active) normative information weights more heavily when people form behavioral intentions. The finding that dispositional self-monitoring in itself may promote intentions to intervene was unexpected. Possibly, this may reflect a stronger desire among high (vs. low) self-monitors to maintain a

reputation as being helpful, as they are more concerned with how they are perceived by others.

GENERAL DISCUSSION

Public intervention is considered one of the most important steps toward preventing IPV (Carlson &Worden, 2005; WHO, 2010), but little research has been dedicated to identifying psychological antecedents to intentions to intervene. The current thesis contributes to filling this gap in the IPV literature by presenting a number of novel findings: First, members of the Swedish general public seem to be relatively aware of the prevalence of IPV and how it is expressed, but less aware of victims' vulnerability and the complexity victims face when weighting the pros and cons of staying in an abusive relationship, as well as concerning available means of intervention (Study I). Second, norms play a critical role when individuals form intentions to intervene; the strength of individuals' personal norms appeared as a robust positive predictor of the propensity to intervene (Study II and III), whereas exposure to a non-intervention descriptive social norm had an inhibiting effect (Study III). Third, individual differences, such as people's concern with public self-presentation (i.e., self-monitoring; Study III) and emotional responsiveness (Study II), as well as their beliefs concerning IPV prevalence and solution responsibility (Study II) can predict an individual's readiness to act.

Prevalence Beliefs, Emotional Involvement, and Solution Responsibility

The results of Study I suggest that the Swedish general public is knowledgeable concerning the prevalence of IPV, its various expressions, and its distribution across demographic subgroups. Respondents' perceptions correspond well with Swedish IPV prevalence statistics (see, for instance, Nybergh et al., 2012) and international reports on the nature of IPV (WHO, 2010; Garcia-Moreno et al., 2006). Their awareness of the prevalence of IPV may be a combined result of Sweden's tradition of promoting gender-equal opportunity and public IPV awareness campaigns. A sizable minority of the respondents believed that certain demographic groups may be particularly vulnerable to IPV, in line with research showing that certain disadvantaged socio-economic groups (Heise & Garcia-Moreno, 2002; Johnson & Das, 2009; Lövestad & Krantz, 2012; Tjaden & Thoennes, 2000) and neighborhoods (Benson et al., 2012) are particularly at risk. However, the majority of respondents stated firmly that IPV exists in all demographic groups in society, which is also emphasized in the IPV literature (WHO, 2010; Garcia-Moreno et al., 2006).

Subjective prevalence estimates were positively related to intentions to intervene in Study II. Hence, it may be important to address underestimations of IPV prevalence when aiming to improve people's propensity to intervene. I argue that people who construe IPV as a prevalent and societal problem, as opposed to an isolated and private matter, are more likely to identify themselves as sharing a collective responsibility for its solution. Indeed, in Study II, respondents' tendency to narrow down the solution responsibility to the perpetrator alone was associated with lower ratings of intentions to intervene. Furthermore, acknowledging the extent and harmfulness of a societal problem may involve recognizing the threat it poses to one's own safety (e.g., "IPV is widespread and frequent; thus it may happen to me or to someone I love"), which in turn is likely to create a sense of personal relevance. The more personally involved an individual feels with regard to an issue, the more likely he/she is to react affectively when exposed to information related to the issue (Zuwerink & Devine, 1996). Thus, it may be that the intensity of respondents' negative affective responses to IPV, which in Study II were found to predict the propensity to intervene, was a proxy for perceived personal relevance. It may also be, as proposed by the negative state-relief model (Cialdini et al., 1987), that respondents considered helping the victim as a way of reducing the discomfort produced by thinking about other people's distress.

The combined predictive power of prevalence perceptions and negative affective responses has important practical implications. It suggests that affectively rich information appeals, such as emphasizing the extent of IPV and its impact on victims using vivid illustrations, may enhance people's emotional involvement and, in turn, their willingness to intervene against IPV.

Gendered Beliefs Concerning IPV Victim Accountability

IPV victims face a complex issue when weighting the pros and cons of staying in an abusive relationship (Anderson & Saunders, 2003; Baly, 2010; Meyer, 2012; Yoshihama, 2002). Overestimating victims' ability to remedy the violence on their own may impede people to provide sufficient support to IPV victims. In the present research, male respondents were more likely than female respondents to hold IPV victims accountable (Study I). Female respondents, on the other hand, reported a higher awareness in general, which supports Worden and Carlson's (2005) argument that women have become aware and sensible to their vulnerability to partner violence, as they are historically regarded to be the main victims of IPV. A few studies, however, have found no gender differences in IPV beliefs when

controlling for age and education (Delgado & Bond, 1993; Gracia & Thómas, 2014), and more research is needed in order to determine the role of gender in IPV beliefs. Based on the current research and the accumulated findings from victim blaming research (West & Wandrei, 2002), however, men may be a particularly important group to target in IPV awareness campaigns.

If misperceptions concerning victims' ability to break free from an abusive relationship persist within the public and among authority representatives, they may inhibit community members from mobilizing against IPV (Goodkind et al., 2003). For example, they may reduce the willingness of witnesses to testify and also diminish the commitment of legal authorities to prosecute and convict offenders of IPV (George & Martinez, 2002). Shifting the accountability for the violence from the perpetrator to the victim is an expression of people seeking justifications for the violence (Waltermaurer, 2012). A substantial reduction of IPV may not be possible without first addressing psychological factors that precede victim-blaming beliefs. Thus, future research needs to examine the origin of victim-blaming beliefs and their potential inhibiting effect on people's readiness to act against IPV.

Beliefs Concerning Intervention Options

The research literature on bystander intervention emphasizes that helpers need to have procedural knowledge concerning available intervention alternatives in order to carry out helping actions (Latané & Darley, 1970; Banyard, 2008; Banyard et al., 2004; Cramer, McMaster, Bartell, & Dragna, 1988). Respondents in Study I typically reported a limited repertoire of intervention alternatives. This is worrisome considering that individuals who perceive they lack the knowledge or skills to intervene are likely to ignore the problem (Berlinger, 2001). Hence, the low IPV intervention rates reported in studies could partially be explained due to a lack self-efficacy and knowledge about available intervention options among the public. Furthermore, every IPV case is unique and requires intervention strategies that are tailored specifically to the current situation. However, respondents' suggestions were mainly limited to talking to the victim and/or the offender (Study I). While verbal confrontation may be an effective intervention strategy, the content of the verbal communication is of crucial importance. Research reports that blameful comments and excessive advise-giving are common verbal responses directed at IPV victims, even though such interventions are generally perceived as unhelpful by victims (West & Wandrei, 2002). Considering the apparent discrepancy between what victims and potential helpers regard as

helpful (West & Wandrei, 2002), and the current finding that intervention repertoires are typically limited, information campaigns that specify available intervention options and illustrate their success in IPV cases may contribute to increased public intervention rates.

Normative Influence on Intentions to Intervene in Cases of IPV

As found in two of the three studies in the present thesis, individuals' personal norms regarding intervening against IPV appear to be essential to the formation of intentions to intervene. This resembles findings on norm-induced prosocial behavior in various behavioral domains (see, for instance, Schwartz & Howard, 1984). Considering that the strength of personal intervention norms strongly predicted the propensity to intervene in relation to both an abstract definition of IPV (Study II) and a specific IPV case (Study III), the role of personal intervention norms seems to be a robust predictor across several IPV settings.

Whereas personal norms are related to inter-individual standards of behavior, social norms represent what others consider to be socially approved behavior (Schwartz, 1977). The experimental test in Study III showed that participants who were exposed to a passive bystander reported a decreased intention to intervene; hence, a social descriptive norm advocating inaction in response to IPV may impede people's intentions to intervene. The finding implies that the generally low intervention rates found among the public may partially be due to a perceived non-intervention norm, which is a result of the collective tendency not to intervene against IPV. Public passivity to IPV may extend to violence-condoning norms that signal to victims and perpetrators that violence will not result in social retributions.

However, people are known to differ in their proclivity to accommodate their behavior to social norms. Individuals concerned with their public self-presentation (i.e., high self-monitors) are more strongly disposed than others to be influenced by normative information concerning socially appropriate behavior (Snyder, 1974). Failing to support this notion, however, in Study III participants' self-monitoring did not moderate the influence of norm exposure on intentions to intervene. Instead, self-monitoring appeared as an independent positive predictor of the propensity to intervene. Although this relationship was unexpected, it resonates well with previous findings in organizational settings. Specifically, Naumann (2010) found that while self-monitoring did not moderate the influence of descriptive helping norms, it did show a direct relationship with employees' intention to help their co-workers with a demanding task. The positive relationship between self-monitoring and prosocial

behaviors may reflect a stronger desire among high (vs. low) self-monitors to maintain a reputation of being helpful. Hence, in the current study, they may have reported higher intentions to intervene as a result of their impression management strategy. In addition, Sweden has a long history of working with gender equality, and is considered to be a frontrunner in national prevention of men's violence against women (Global Gender Gap Report; Hausmann et al., 2014). Years of public awareness campaigns addressing these issues may have established a consensus within the Swedish population that intervening against IPV is appropriate. Thus, high self-monitors may exhibit more helping as a result of their eagerness to conform to an established helping norm.

If the low bystander intervention rates in society are due to normative influence, then it may be conceptualized as a case of massive pluralistic ignorance; that is, a large majority of individuals act in accordance with a perceived norm, incorrectly assuming that not intervening is a norm accepted by others (Staub, 2003). Hence, it may be necessary to develop and apply methods of intervention that motivate community members to take action. It is important to note that while the influence of social norms implies public compliance to behavioral rules, it does not necessarily imply personal acceptance of the norms. Hence, we cannot conclude whether the negative effect of the non-intervention norm in Study III was due merely to social compliance or whether participants became personally convinced of the appropriateness of not intervening.

Limitations

A few limitations of the present work should be noted. First, all measures were collected via self-report questionnaires, which is a common method for measuring constructs in the research field of helping behavior. Self-reports are associated with a number of potential sources of error, such as social desirability and memory unreliability (Krosnick, 1999). In other words, we cannot conclude with confidence that the respondents' perceptions and imagined behavioral responses correspond to actual beliefs and behaviors. However, we consider the survey to be appropriate in the IPV context from a methodological perspective, considering that direct measurements of intervention behaviors raise a number of ethical issues. In addition, intention-behavior consistency has been thoroughly examined in other behavioral domains, with evidence indicating that intentions are indeed predictive of subsequent behavior (Sheeran, 2002). One should remember that an individual's final decision to intervene is influenced by numerous dispositional and situational factors, which

cannot all be included within the scope of this thesis. Such additional factors may, for example, be the social distance between the help-provider and the person in need (Maner & Gailliot, 2007) and the strength of belief in one's ability to complete the behavior (i.e., self-efficacy; Bandura, 1986). I acknowledge that only a selection of possible predictors of the propensity to intervene were investigated in the present thesis, and I encourage other researchers to further examine potential psychological antecedents of intentions to intervene in cases of IPV.

Second, the respondents in Study I and II were presented with a definition of IPV formulated by the World Health Organization (WHO, 2010), and their answers relate exclusively to this general description. It may, thus, have been difficult for respondents to report their beliefs or predict their own responses to accommodate specific cases of IPV. The aim of the two studies, however, was to assess general beliefs. Situation-specific descriptions of IPV would not accommodate the multifaceted nature of IPV; meaning that self-predictions and reported beliefs would not generalize beyond these specific events. Respondents would need to respond to a large variety of incidents in order to achieve results that would generalize across different forms of IPV, and that is not possible for surveys of restricted length. However, a concrete IPV case was used in Study III, where participants were exposed to a fictitious videotaped scenario. The fact that the research reported in this thesis used multiple research methods to assess predictors of the propensity to intervene strengthens the validity of the findings. Future research needs to carefully consider costs and benefits of using abstract vs. concrete definitions of IPV when studying psychological antecedents to intentions to intervene in cases of IPV.

Third, Study I and II were largely explorative and used measures designed specifically for these studies. Some of the observed non-significant relationships and the unexpectedly low internal reliability of some measures may be attributed to the use of measures that have not undergone extensive validation work. However, it is worth pointing out that beliefs concerning IPV and factors that influence intentions to intervene have only recently attracted interest from researchers. A survey of the literature performed prior to the design of Study I and II revealed that measures for adequately capturing the intended constructs were not available. Items were instead developed as the result of semi-structured interviews with 15 participants and in collaboration with practitioners in the area. Nonetheless, it is vital for the advancement of this research area that current measures are refined and that reliable instruments for assessment are developed.

Conclusions, Implications and Future Directions

A clear understanding of factors that may inhibit or facilitate interventions could inform community efforts aiming to improve public intervention against IPV. In conclusion, the Swedish public could benefit from public information campaigns that address victims' vulnerability, available intervention options, and provide affectively rich information appeals. Normative influences on intentions to intervene could be addressed through community efforts involving group discussions that encourage the formation of social norms advocating public intervention. Social norms advocating public interference and intolerance of violence may, if repeated over time, be converted into internalized values and personal norms of intervention. From a broader perspective, the present thesis may have implications not only for intervention, but also for the *prevention* of intimate partner violence. Increased public intervention rates are likely to translate into social norms that condemn IPV. Such social norms have preventative effects, as they signal to victims and perpetrators that violence is unacceptable and results in social retributions.

Even though the present results are informative with regard to some general facilitating and inhibiting predictors, future research needs to acknowledge the fact that different people are likely to harbor different psychological barriers against intervening. Some people may be hindered primarily by erroneous beliefs, whereas others are mainly hindered as a result of compliance with a perceived social norm. Previous research has shown that information attuned to the values and goals held by the target audience is more influential than information directed toward a general audience (Lewandowsky et al., 2012; Noar et al., 2007). Therefore, depending on the nature of the main psychological barrier to intervene against IPV, different individuals may be receptive to different types of information. Future studies should develop instruments that may reliably identify the major psychological barrier specific to an individual. Subsequently, information strategies addressing these specific barriers may be formulated.

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