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The Relationship of Social Constructs to Intimate Partner Violence

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THE RELATIONSHIP OF SOCIAL CONSTRUCTS
TO INTIMATE PARTNER VIOLENCE

A Thesis
Presented to
The Graduate Faculty
Central Washington University

In Partial Fulfillment
of the Requirements for the Degree
Master of Science
Mental Health Counseling

by
Andrea Marie Hefton

December 2017

CENTRAL WASHINGTON UNIVERSITY

Graduate Studies

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ABSTRACT

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Correlations between intimate partner violence and specific social influences such as religiosity, propensity towards forgiveness, and gender role identity were examined. A sample of 105 students enrolled at Central Washington University submitted responses based on their perceptions of gender roles, religiosity, forgiveness, and experience with partner violence. Although previous studies examined exposure to intimate partner violence, substance use in relation to perpetrating partner violence, and attitudes about perpetrating intimate partner violence (IPV), research to date has failed to examine IPV as it relates to gender roles, religion, and forgiveness. In an attempt to fill this gap, the current study examined participants' gender role identity, religiosity, forgiveness, and experience with Intimate Partner Violence. Because the findings of this study indicated that femininity and IPV were positively correlated and that females were more likely to experience intimate partner violence, there are important implications for counseling. First, when working with clients, counselors should carefully assess gender roles and

history of IPV experience. Second, prevention programs might also be strengthened by conversations about the relationships between gender, gender role, and IPV.

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CHAPTER I

INTRODUCTION

Intimate partner violence (IPV), previously referred to as domestic violence (DV), is more than physical violence. Intimate Partner Violence is any behavior used to achieve and sustain power over romantic or domestic partners, spouses, ex-spouses, or close family members (Renzetti, DeWall, Messer, & Pond, 2015). There are three categories of intimate partner violence: physical abuse, psychological abuse, and sexual abuse. The Washington State Department of Health (2016) indicates that abuse is a learned behavior, which implies that it can be unlearned; however, IPV continues to be a widespread concern across the United States. The National Coalition Against Domestic Violence (NCADV, 2016) reports more than 10,000,000 men and women are victims of IPV in the United States annually. Additionally, NCADV (2016) and the Centers for Disease Control and Prevention (CDC, 2017) report more than one in three women and more than one in four men experience some type of physical violence by an intimate partner at some point in their lifetimes. Furthermore, men involved in intimate partner disputes in the United States have killed more than 18,000 women since 2003 (NCADV, 2016).

Victims described in much of the IPV literature tend to be female; however, IPV affects both males and females and is prevalent across cultures (Catala-Miñana, Walker, Bowen, & Lila, 2014; Okuda et al., 2015; Watlington & Murphy, 2006). Further, some social conditions, such as socioeconomic status, may increase the propensity to experience and perpetrate IPV (Covey, Menard, & Franzese, 2013; Eriksson & Mazerolle, 2015).

While considering IPV statistics on a national level, it may be useful to compare those data to incidents of IPV reported on a local scale such as a rural college campus like Central Washington University (CWU), the location of the current study. For example, the CWU police department collects data each year for all crimes reported on campus, including sexual offenses, intimate partner violence (i.e., any form of abusive behavior between immediate family members or close romantic partners), and dating violence. The most recent IPV statistics available at the time of this study, listed in the 2015 Annual Security and Fire Safety Report for CWU, included 13 offenses; of these, eight counts were intimate partner violence, and one was dating violence (CWU, 2015).

Whether locally or nationally, intimate partner violence has many implications for public health and safety. Some of these public health concerns involve psychological and behavioral problems in children (Huang, Vikse, Lu, & Yi, 2015), increased substance use in adults (Field, Caetano, & Nelson, 2004), and future violence in relationships (Dutton, 2007). Intimate partner violence is also directly linked to depressive symptoms, posttraumatic stress disorder (PTSD), and difficulties with intimacy (Coker et al., 2002; Torres et al., 2013). Furthermore, extended periods of violence place people at risk for chronic mental illness such as borderline personality disorder and antisocial personality disorder (Sijtsema, Baan, & Bogaerts, 2014). Finally, IPV tends to place economic strain on society due to increased need for medical attention, emergency housing, law enforcement services, reduced work productivity, and quality of life (World Health Organization, 2004).

Several factors that may lead to IPV are addressed in the literature including history of psychological, sexual, and physical abuse, gender role, religiosity, and forgiveness. Nabors and Jasinski (2009) indicate that college-age dating couples are more likely to perpetrate violence than married couples. A predictor of partner violence among college students is the acceptance of partner violence within intimate relationships. Specifically, male college students with traditional gender role expectations (e.g., handling family income, isolating partners socially, and knowing the whereabouts of their partners) tend to perpetrate violence at higher rates than males with egalitarian ideologies (Nabors & Jasinski, 2009); however, more research is needed pertaining to the attitudes of college age students about IPV in relation to gender roles, religiosity, and the ability to forgive. Identifying factors contributing to IPV may provide a greater awareness of ways to promote overall health and quality of life for victims. In addition, this knowledge is potentially useful in designing IPV prevention programs. The purpose of this study was to examine how gender role, religiosity, and forgiveness relate to experiences with IPV. Currently, females tend to be victims of IPV at higher rate than males (NCADV, 2016; CDC, 2017); however, it is still unclear how gender roles may lead to IPV. Additionally, previous research (e.g., Fox & Thomas, 2008) explains how religiosity is linked to forgiveness and that the propensity toward forgiving offenses consistently may result in overall better mental and physical health.

The present study investigated (a) the relationship between female gender roles and IPV, and (b) the relationship between religiosity and forgiveness. The author addressed two hypotheses. The author hypothesized that (a) participants with higher

scores on the feminine subscale of the Bem Sex Role Inventory (BSRI) would report higher scores on the Partner Victimization Scale (PVS) and (b) scores on the Personal and Centrality subscales of the Circumplex Religious Orientation Inventory (CROI) would be positively correlated with scores on the Interpersonal Understanding of Forgiveness subscale of the Forgiveness Understanding Scale (FUS). In other words, participants who indicated higher levels of personal and centrality religious orientation would be more likely to forgive utilizing personal interactions.

CHAPTER II

REVIEW OF LITERATURE

The review of previous research focused on the cycle of violence (Field et al., 2004), inhibition of long-term memory (Born & Fehm, 2000), personality development (Lannert, Levendosky, & Bogat, 2013), personality disorders (Livesley, 2001), gender roles (Konrad & Harris), religiosity (Levitt, Swanger, & Butler, 2008), and forgiveness (Kamat, Jones, & Row, 2006), and how these experiences are related to behaviors associated with intimate partner violence. For the present study, I was particularly interested in studies examining gender roles, religiosity, forgiveness, and a history of IPV, which may contribute to the cycle of violence (Levitt, Swanger, & Butler, 2008; Nason-Clark, 2004).

Inter-generational Cycle of Violence

Eriksson and Mazerolle (2015) conducted Arrestee drug abuse monitoring (ADAM) interviews across the United States at four different times with individuals arrested on warrants for assault, IPV, and drug possession. These same individuals answered questions about IPV. Their results showed a connection to the effects of violence within the family of origin and linked early exposure and perpetuation of intimate partner violence later in life. Namely, individuals who witness or experience violence at home are much more likely to perpetrate violence; however, it is still unclear if gender (males or females) is linked to the perpetuation of IPV. These authors further explained that witnessing IPV has a stronger impact on the likelihood of perpetrating violence than experiencing it directly. Children learn role expectations by watching their

parents or caregivers. For example, a male child that watches his father use physical force on his mother is more likely to use physical force on his partner. In addition to familial exposure, social influences such as alcohol and substance use increase the risk of aggressive and impulsive behaviors, including IPV (Field et al., 2004).

Dutton (2007) explained the cycle of violent behavior of a person likely to abuse. The cycle begins with tension and build-up, followed by escalating a form of abuse and ends with a calm and loving phase. During the tension building phase, the abuser increasingly uses methods such as verbal and physical abuse to control a situation or another individual. Simultaneously, the victim enters survival mode trying to avoid escalating the abuser's anger and submitting to demands. At times, the victim may intentionally provoke anger to get the abuse over with and return to the calm and loving phase. After the explosive behavior occurs, the abuser then goes through a phase of guilt and remorse and attempts to regain trust by wooing the victim back into the relationship, thus regaining control over his or her partner (Dutton, 2007). This cycle of violence may greatly influence the behavior of individuals that were exposed to it and place them at greater risk of perpetrating the same type of IPV (e.g., verbal or physical violence) as adults (Eriksson & Mazerolle, 2015). While exposure to violence has bearing on future IPV perpetration, it also interferes with mental health (e.g., Borderline Personality Disorder and Antisocial Personality Disorder) and other aspects of life such as long-term influences on personality (Sijtsema, Baan, & Bogaerts, 2014).

Personality Development

Personality is a set of characteristics “that influence [a person’s] interactions with, and adaptations to, the intrapsychic, physical, and social environments” (Torres et al., 2013, p. 370). Lannert et al. (2013) conducted a quantitative study to examine adult attachment styles of 180 women during their pregnancies, one year after they gave birth, and when their children were three years of age. Three elements of attachment style exist; characteristics of past attachment style and knowledge of parenting, characteristics and expectations of the infant, and characteristics of the mother. Using measures of IPV history, personality, and material engagement, Lannert et al. (2013) focused on the characteristics of the mother’s attachment style and knowledge of parenting to explain the influence of environment and interactions with caregivers on the formation of infant personality. A positive, loving, and stable environment produced secure attachment for infants, while an unstable and stressful environment produced insecure attachment. In addition, a caregiver’s adult attachment style and relationship history may influence the ability to provide a stable environment (Lannert et al., 2013). During stressful times, the relationship between an infant and his or her caregiver can be strained (Huth-Bocks, Levendosky, Theran, & Bogat, 2004), which is linked to increased internalized anxiety for the infant (Lannert et al., 2013). Over time, a stressful environment can severely impact an infant’s attachment style and can change his or her personality. These personality changes influence thoughts and behaviors, and predict an individual’s ability to cope with stressful situations later in life, such as using physical violence to release stress (Ode & Robinson, 2009).

Huang et al. (2015) conducted a nine-year longitudinal quantitative study with mothers exposed to IPV. Baseline data collected at birth and follow-up surveys occurred when children were 1, 3, 5, and 9 years of age to examine the effects of parental behaviors and interactions with their children, and behaviors of children exposed to IPV. Children at age 9 who were exposed to IPV were asked to self-report a history of 17 possible delinquent acts such as “Purposely damaged or destroyed property that was not yours” (Huang et al., 2015, p. 956). Caregivers of these children were asked to self-report experiences with physical and economic abuse to determine the extent of exposure to IPV. Huang et al. (2015) discovered that children exposed to IPV between the ages of 1 and 3 are much more likely than children not exposed to IPV to engage in delinquent behavior by the age of 9. Other researchers arrived at conclusions in line with those discovered by Huang et al. (2015) in that they found that children exposed to IPV at an early age also display high rates of psychological, emotional, and cognitive impairments that carry on into adulthood (Sternberg, Baradaran, Abbott, Lamb, & Guterman, 2006). Furthermore, corporal punishment, parental involvement, and neglect have substantial effects on future behavior. For example, corporal punishment and neglect may lead to aggressive behaviors, while parental involvement, such as reading books and singing songs with children, may serve as a protective factor against exposure to IPV (Huang et al., 2015). Finally, in his review of previous literature, Herman-Smith (2013) found that young children exposed to IPV tend to develop insecure attachment styles and may avoid comfort from their caregivers or alternate between avoiding and accepting comfort. Children with avoidant behavior are at higher risk than children with little or no exposure

to IPV for delinquent behavior later in life. In addition, children with insecure attachment styles tend to withdraw from their peers, internalize anger, and display angry outbursts (e.g., yelling, hitting). The results of the longitudinal quantitative study by Huang et al. (2015) showed that in addition to emotional trauma, unresolved stress levels from IPV exposure has detrimental effects on children's cognitive development, which may lead to falling behind with reading and writing skills, and underdeveloped social skills. Finally, the long term negative effects of IPV exposure may lead to personality disorders.

Post-Traumatic Stress Disorder, Personality Disorders, and IPV

One of the most prevalent mental health disorders following IPV is post-traumatic stress disorder (PTSD), which ranges from 31% to 84% in IPV victims (Coid et al., 2003). Golding's (1999) meta-analysis indicated consistent associations between the severity levels of IPV and greater prevalence of PTSD symptoms, indicating a positive relationship between the amounts of IPV endured and the effects of PTSD. Further, Zucker, Spinazzola, Blaustein, and van der Kolk (2006) conducted a survey of individuals with PTSD and self-reported exposure to violence within the previous year. The results of the study indicated that the presence of PTSD was accompanied by severely altered personality, ability to regulate emotions and thoughts, distortions of self-perception and identity, and inaccurate perceptions of the abuser interfered with mental functioning (Zucker, Spinazzola, Blaustein, & van der Kolk, 2006).

A personality disorder (PD) is as a consistent failure to create strategies to cope with conflict and adversity that lead to cognitive disorders (Livesley, 2011). Sijtsema et

al. (2014) discovered that males tend to perpetrate violence more often and have more antisocial characteristics than females who tend to be victims. Males and females with borderline personality traits self-reported similar experiences of violence, both victimization and perpetration. Specifically, males with Antisocial Personality Disorder are more likely to perpetrate violence than females with Antisocial Personality Disorder; however, both males and females with Borderline Personality Disorder tend to perpetrate and experience violence at similar rates. Borderline personality traits include intense levels of hostility, inability to control hostility, fear of isolation, patterns of intense and unstable relationships, unstable self-image and self-worth, and impulsivity to name a few. Antisocial personality traits include deceitfulness, impulsivity, irritability and aggression, recklessness, lack of remorse, physical and verbal aggression, and lack of respect for others and the law (American Psychiatric Association, 2013). Although males with antisocial personality characteristics tend to perpetrate violence at a higher rate than females (Sijtsema et al., 2014), gender roles may be linked to victimization and perpetration of IPV.

Gender Roles

Gender roles are determined by societal expectations about attitudes, behaviors, rights, and responsibilities linked to each sex (Konrad & Harris, 2002). Age, race, and social standing, impact the way men and women interact and the expectations of each other, further defining gender roles. Masculine and feminine roles are not opposites on the same scale but are two separate measures. An individual can be designated male,

female, androgynous (both male and female), or neither male nor female (undifferentiated) (Konrad & Harris, 2002).

Traditional gender expectations place distinctions on male and female roles such that females are nurturing, empathic, sympathetic, and gentle, whereas males are assertive, decisive, competitive, confident, and ambitious (Duncan, Peterson, & Winter, 1997). Traditional gender roles highlight women's responsibilities within the home and men's responsibilities outside of the home (Duncan et al., 1997). Blee and Tickamyer (1995) explain the more modern, or liberal, perspective of gender roles as both men and women performing acts once traditionally attributed to only one sex. Examples of this view are women holding professional roles while maintaining nurturing characteristics and men providing daycare within the home while achieving success in the workforce.

Although societal expectations of gender roles have evolved from traditional to more liberal views, results from Konrad and Harris (2002) suggest that men tend to maintain traditional views on gender roles. In their quasi-experimental study, male and female participants were asked to rate their perceptions of either males or females; in fact, male participants demonstrated greater differences than women in their ratings of desirable gender role characteristics (i.e., feminine, masculine) for men and women. Other authors' explanations for this trend include the perceived power connected to traditional male roles, such as providing for the family and making more money, thus individuals with more masculine traits tend to receive more respect (Burnett, Anderson, & Heppner, 1995). While gender roles are more egalitarian in modern society (Konrad &

Harris, 2002), individuals with certain religious beliefs tend to maintain conservative views of gender roles (Levitt et al., 2008).

Religiosity

Levitt et al. (2008) conducted grounded-theory qualitative interviews with male perpetrators of IPV to inquire about their views and experience with IPV in relation to their religious beliefs. According to the authors, their main interview question “inquired about the perpetrators’ experiences of IPV as it interacted with his faith beliefs” (p. 437). For example, participants provided information about the core beliefs of their religions (e.g., Christianity, Jewish, Islamic, and Jehovah’s Witness) and the assumed roles of the head of the household, primary decision makers, and resource providers. Data collected from these interviews suggested that the patriarchal hierarchy and the imbalance of power of traditional marital roles and societal expectations of equality between genders was a common theme reported by the participants. For example, participants reported beliefs about religious obligations to be the head of household and take care of finances, to include working outside of the home to earn wages and cover expenses. Further, the pressures the participants experienced to provide for their families during low economic times where jobs were hard to find increased the stress levels of these men, which led to conflict with their female intimate partners and IPV (Levitt et al., 2008).

Nason-Clark (2004) theorized that women of faith tend to adhere to marital vows of *until death do us part*, living in fear, vulnerability, and isolation with a belief in her partner’s promise to change violent behavior. Additionally, beliefs of failing their family, not wanting the marriage to end, fear for safety, and financial vulnerability prevented

some women from seeking help. Women of faith may also struggle with the choice between faith and freedom from abuse, which leads to the choice to remain in an abusive relationship (Drumm et al., 2014). Yick (2008) conducted a metasynthesis of six qualitative studies and examined the role of religiosity and spirituality among IPV survivors. Several themes were discovered including tension from religious definitions of gender role expectations and family, forgiveness as healing, and interpretations of submission. The findings from this qualitative metasynthesis provide strong implications that victims of IPV may feel obligated to live life according to the guidelines of their religious beliefs and marital vows.

Aside from following the guidelines of religious doctrines, which may contribute to IPV, Lilly, Howell, and Graham (2015) theorized that religion and spirituality can serve as coping mechanisms for victims, provide meaning in life, a way to take charge of adversity, and the opportunity to rise above what seems impossible. Further, religiosity and spirituality may serve as a moral compass even in the face of adversity, when utilized as a resource (Lilly, Howell, & Graham, 2015). For example, when IPV victims experience stress, religious doctrine can be utilized to make decisions about personal behavior and prayer used as a means of meditation. Drumm et al. (2014) theorized that religiosity is a process of discovery and becomes an integral part of an individual. Specifically, religious individuals tend to draw meaning from their spirituality. Results from Yick's (2008) qualitative metasynthesis showed that victims of IPV who believed in a higher power and had a sense of spiritual connection tended to use prayer and meditation to cope with adversity. Victims using these strategies (e.g., prayer,

meditation) had higher levels of psychological well-being than those who did not have a sense of spiritual connection. Finally, Renzetti et al. (2005) conducted structured interviews nationwide to measure participants' intensity of religious commitment, religious self-regulation, and IPV perpetrations. The results showed that individuals with an elevated level of religiosity were less likely to engage in criminal behavior, including IPV.

Lilly et al. (2015) conducted a correlational study utilizing structured interviews to measure participant's level and frequency of IPV within the past year, symptoms and severity of PTSD, level of religiosity, and perceptions of how the world functions (societal expectations). The results of the study showed that religious survivors of IPV tended to pray more frequently than non-religious victims and utilized prayer as a coping mechanism to protect against the effects of PTSD and IPV. Further, women of faith drew on religious resources such as participating in church activities and accessing religious community support more frequently than non-religious women. Additionally, these women tended to rely on religious practices as a protective factor against the effects of PTSD. Thus, devotion to religious practices served as a primary source for coping with IPV (Lilly et al., 2015). In addition to religious practices used to cope with PTSD, many religions include forgiveness as part of the doctrine.

Forgiveness

Forgiveness is the act of "giving up resentment and foregoing claims of retribution toward an undeserving offender" (Kamat, Jones, & Row, 2006, p. 322). The act of forgiveness is a matter of acceptance and is not to be confused with condoning,

forgetting, or excusing a wrong. Forgiveness does not require an apology or making amends to restore a relationship, which can lead to resistance to forgiveness (Menahem & Love, 2013). Anger and resentment hinder the healing process and prevent individuals from achieving peace and happiness (Menahem & Love, 2013). Thus, the ability to forgive individual offenses regularly is a key component to maintaining close relationships and reduce negative emotions associated with traumatic events such as IPV. Hook et al. (2012) describe two methods of forgiveness. The first, interpersonal forgiveness, involves interaction between a victim and offender with a goal of repairing the broken trust and treating the offender with kindness. The second method of forgiveness, intrapersonal forgiveness, occurs solely within the victim and is a process of letting go of negative emotions toward an offender, thus it does not require interaction with the offender. To reduce the risk of harm to victims, it is critical to separate the act of forgiveness from reconciliation. Specifically, victims who believe forgiveness includes reconciling with an abuser may remain longer in unhealthy relationships (Hook et al., 2012). According to Menahem and Love (2013), forgiveness is a process of revisiting past offenses and working towards acceptance, letting go of blame, and replacing feelings of resentment with empathy. Lawler-Row (2010) conducted three mediation studies using older adults to measure the effects of forgiveness on health and discovered that individuals with higher levels of religiosity were more likely to forgive and had fewer health problems than individuals with lower levels of religiosity. Fox and Thomas (2008) investigated forgiveness and religiosity using structured interviews to measure religiosity (level of faith, interpretation, prayer, and church attendance), tendency towards

forgiveness, and tendencies to forgive offenses. They discovered that forgiveness and religiosity are positively correlated, and that forgiveness is a key component in most major religions (e.g., Christianity, Hindu, Muslim). They suggest specific forgiveness and dispositional forgiveness are two types of forgiveness; specific forgiveness pertains to specific situations and dispositional forgiveness is the ability to forgive across time and for various offenses (Fox & Thomas, 2008; Lawler-Row, 2010).

Lawler-Row and Piferi (2006) conducted a quantitative study to examine the relationship of a forgiving personality to participants' self-reported health, psychological well-being, spiritual well-being, social support, and depression. Their results demonstrated positive associations between regular church involvement, forgiveness, individuals' physiological responses to adversity, and positive outcomes of illness. Data indicated that individuals who successfully forgave offenses were less likely to ruminate about traumatic events and struggled to recall experienced offenses.

Lawler-Row (2010) conducted a similar structured interview with adults between the ages of 50-92 years of age to examine religiosity, religious affiliation, forgiveness, health and well-being and perceived social support. Religious affiliations included Catholic, Baptist, Agnostic, and Atheism. Results showed positive relationships between perceived social support, better overall health, higher commitment to religion and higher tendencies of forgiveness. In addition, data showed that religion is not a necessary component of forgiveness. It is an individual's propensity toward religiosity that leads to forgiveness of self, others, and situations. Thus, individuals with a higher level of commitment to religion had higher tendencies to forgive than individuals with lower or

no commitment levels of religion (Lawler-Row, 2010). The ability to forgive or not forgive may have bearing on how frequently violent acts are reported.

Prevalence of IPV Among College Students

There is an abundance of literature about IPV among adults; however, few studies include college students. One such study by Nabors and Jasinski (2009) examined gender role and attitudes about gendered violence. Results showed that males who endorse traditional gender roles and accept violence in intimate partner relationships were more likely than males who endorse egalitarian gender roles to perpetrate violence. Additionally, acceptance of male violence was a leading predictor to perpetrating future intimate partner violence. Hove, Parkhill, Neighbors, Molloy-McConchie, and Fossos (2010) conducted a survey to measure alcohol consumption and intimate partner violence perpetration among college students. Data showed strong positive correlations between problem drinking and perpetrating IPV. It is well known that substance use is linked to acts of violence; however, what is less known is which type of substances lead to higher rates of IPV among college students. Nabors (2010) surveyed college students attending a large university in Florida and discovered that cannabis and depressants were the leading predictors of violence against intimate partners.

What is currently known about IPV are the associations between several factors such as the extent and frequency of direct or indirect (e.g., experienced or witnessed) exposure to partner violence, the use of substances such as cannabis, depressants, and alcohol, attitudes about gender role expectations, and acceptance of IPV. Previous literature has also shown that religiosity and forgiveness can provide guidance and

structure for interacting with other individuals and serve as a protective factor against the effects of IPV. What is less known is how gender roles, religiosity and forgiveness relate to IPV among college students. To fill this gap in research, the current study will examine how religiosity, gender, and forgiveness relate to experiences with IPV among college students.

CHAPTER III

METHODS

Design

This correlational study examined relationships between four variables and was conducted using scores from four instruments; Partner Victimization Scale (PVS; Hamby, 2016), Bem Sex-Role Inventory (BSRI; Bem, 1974), Circumplex Religious Orientation Inventory (CROI; Krauss and Hood, 2014), and the Forgiveness Understanding Scale (FU; Kamat, Jones, & Row, 2006).

The PVS measures the frequency and duration of victimization an individual may have experienced by one or more intimate partners. The BSRI is a measurement of how an individual perceives their own gender role and is comprised of three subscales; feminine, masculine, and neutral or androgynous. The CROI is comprised of 10 subscales designed to measure different aspects of how an individual perceives and adopts religiosity. For the purposes of this study, only two subscales were used to measure religiosity; Personal, the extent an individual feels loved, comforted, and protected by God; and Centrality; the extent an individual makes meaning of life based on religious beliefs. Finally, the Forgiveness Understanding Scale contains two subscales; the Interpersonal Understanding of Forgiveness, which measures the degree an individual believes interacting with an offender is necessary to forgive; and the Intrapersonal Understanding of Forgiveness, which measures the degree an individual believes forgiveness can occur without interacting with an offender.

Relationships between characteristics (e.g., gender roles, religiosity, and forgiveness) associated with IPV were explored. Qualtrics, an online survey software, was used to create a survey listing questions from the four instruments (PVS, BSRI, CROI, and FUS). Students accessed the survey after creating an account in Sona, Central Washington University's online research recruitment site.

Prior to beginning the study, each participant viewed consent information (Appendix A) and then clicked "next," indicating that they are at least 18 years old and consent to participate in the study. Participants then viewed each of the four instruments in random order and were instructed to answer questions that best matched their perception of each item. The survey was designed to require answers for each question and would not allow participants to move forward until an answer was provided except for the PVS scale. Unlike the other scales used in this study, answers marked *yes* on the PVS, were followed by additional questions to obtain more information relating to that question, such as frequency and duration. All participants answering *no* to the main questions were not asked the supplemental questions and proceeded to the next main question. The total scores from each instrument were used to measure gender role identity, religiosity, and forgiveness as they each relate to experiences of IPV.

Participants

A total of 115 students (114 undergraduates and one graduate level student) enrolled in psychology courses at CWU voluntarily joined the study using a convenience sampling through Sona. Ten participants with missing data were removed leaving 105 participants (30 males, 73 females, 1 other, and 1 unspecified). The mean age was 21.50

($SD = 4.33$) and the range was 18-49. The remaining 105 participants completed the study without missing more than one question on all four instruments. The item mean replaced all missing scores. Of the 105 remaining participants, only one did not provide demographic information. Complete demographic data are provided in Table 1.

Table 1

Demographic Information (N = 105)

		%
Age in years (M/SD)	21.50 (4.33)	
Gender (n)		
Female	73	69.5
Male	30	28.6
School Standing		
Freshman	21	20.0
Sophomore	13	12.4
Junior	39	37.1
Senior	29	27.6
Graduate Student	1	1.0
Ethnicity		
African American	3	2.9
Asian	7	6.7
Caucasian	68	64.8
Latino/a	19	18.1
Pacific Islander	1	1.0
Other	5	4.8
Unspecified	2	1.9
Relationship Status		
Single	44	41.9
Dating	54	51.4
Married	5	4.8
Divorced	1	1.0
Unspecified	1	1.0

Students participated voluntarily and received extra credit in exchange for their participation. Participants were informed of the emotional risks of participating in this study and provided referral information for the Student Medical and Counseling Center (SMaCC) on campus. Students were encouraged to utilize the SMaCC should they

experience emotional upset related to participation in this study. Due to anonymous data collection procedures, there were no means for reporting abuse disclosed by any participants.

Measures

Partner Victimization Scale. The Partner Victimization Scale (PVS), recently developed by Sherry Hamby, (2016), measures the number of lifetime partner victimizations. The PVS consists of five main items rated as 1 (*yes*) or 2 (*no*). For example, “Not including horseplay or joking around, my partner did unwanted sexual acts...” (Hamby, 2016, p. 330). Participants who report having at least one romantic partner and have answered yes to any of the five main items were directed to answer follow up questions, such as *How many times did this happen to you?* for a total of 14 items on the scale. Poly-victimization scoring is calculated by totaling the number of diverse types of assault reported (e.g., physical assault and sexual assault). A score of two or more different types of assault reported qualifies an individual as an IPV poly-victim. Because of the recent development of the PVS, the reliability and validity of the scale are based on the results of only three studies examining prevalence and severity of IPV. Cronbach’s alpha was used to determine internal consistency of partner victimization and results were very good at .85. Hamby (2016) used correlations of the PVS with symptoms of trauma ($r = .22, p < .001$), symptoms of trauma with females ($r = .20, p < .001$), and symptoms of trauma with males ($r = .21, p < .001$), to determine construct validity for the PVS. The PVS scale was obtained from Sherry Hamby via personal correspondence on January 26, 2017.

Bem Sex-Role Inventory. The Bem Sex-Role Inventory (BSRI; Bem, 1974) was developed to measure how individuals identify with feminine, masculine, or androgynous characteristics of their personality. The BSRI contains 60 items with 20 items in each of three subcategories; masculine (e.g., independent), feminine (e.g., soft spoken), and neutral (e.g., reliable). Items are rated on a 7-point Likert-type scale from 1 (*never or almost never true*) to 7 (*always or almost always true*), resulting in three separate scores for masculine, feminine and androgynous characteristics; a social desirability score is also obtained. Scores for androgyny represent the difference between masculine and feminine scores. The closer this score is to zero, the more androgynous (e.g., adaptable, helpful, sincere) the individual perceives him or herself. In contrast, the higher the score on the feminine scale (e.g., affectionate, tender, warm), the more an individual identifies with femininity and simultaneously rejects masculinity. The same is true for the masculinity scale (e.g., aggressive, competitive, self-reliant); that is, the higher the score, the more an individual identifies with masculinity and rejects femininity (Bem, 1974). The original BSRI was normed on 279 females and 444 male Stanford University students and 77 females and 117 male Foothill Junior College volunteers in 1973. Cronbach's alpha was used to determine internal consistency for masculinity ($\alpha = .86$) and femininity ($\alpha = .80$) for the Stanford University sample and for the Foothill sample ($\alpha = .86$ and $.82$) for masculinity and femininity, respectively. The alpha coefficients for the androgynous scale were $.85$ for the Stanford sample and $.86$ for the Foothill sample (Bem, 1974). In a more recent study by Konrad and Harris (2002), African American males and females were compared to European males and females to examine

perceptions about gender roles. Cronbach's alpha for European Americans was .89 for the BSRI masculinity scale and .87 for the femininity scale. For African Americans, Cronbach's alpha was .88 and .84 for masculinity and femininity, respectively (Konrad & Harris, 2002). The BSRI is a widely-used scale for measuring perceptions about gender roles (Bem, 1974), which now extends across cultures (Konrad & Harris, 2002).

Circumplex Religious Orientation Inventory. The Circumplex Religious Orientation Inventory (CROI) is a new instrument developed by Krauss and Hood (2014). The CROI contains 63 items rated on a five-point Likert scale from 1 (*strongly disagree*) to 5 (*strongly agree*). The CROI is designed to measure how an individual tends to “approach or avoid religion” (Krauss & Hood, 2013, p. 24) and is comprised of 10 subscales; Dialog, Punishment, Tentativeness, Interest, Gain, Obligation, Social, Doubt, Personal, and Centrality. For this study, the Personal and Centrality subscales of the CROI were used to measure religiosity. The Personal subscale measures how much an individual believes that through prayer, God will provide protection, help, comfort, and shelter (e.g., God protects me if I pray). The Centrality subscale measures the degree an individual believes religion brings meaning and purpose and is a driving force of life (e.g., The meaning I give my life comes from religion). Together, these two subscales measure “the amount to which religion is a central, meaning endowing, comforting aspect of an individual's life” (Krauss & Hood, 2014, p. 59), and is used as such for the current study.

The CROI was developed using samples from Romania and the United States. Thirteen samples involved 1676 Romanians and 655 Americans. Twelve samples

included college students while the other sample consisted of hospital employees and their friends and families. The mean reliability scores for all scales were .80 for the US (ranging from .66 to .91) and .78 for Romania (ranging from .60 to .90) and thus the CROI is deemed a reliable instrument in both Romania and the United States (Krauss & Hood, 2013).

Forgiveness Understanding Scale. The Forgiveness Understanding Scale (FUS; Hook et al., 2012), developed by Joshua Hook and Everett Worthington, contains 12 items rated from 1 (*strongly disagree*) to 5 (*strongly agree*) and is scored using a tally system based on how strongly each item is rated (Hook et al., 2012). The items are divided into two subscales; Interpersonal Understanding of Forgiveness and Intrapersonal Understanding of Forgiveness. Each subscale is comprised of 6 of the 12 items. The Interpersonal subscale measures the degree an individual believes interpersonal interaction is necessary to forgive others, such as treating an offender with kindness (e.g., I think forgiveness is something that happens solely within one person). The Intrapersonal subscale measures the extent to which forgiveness occurs within an individual, such as deciding to forgive and letting go of negative emotions toward an offender (e.g., Seeking forgiveness by the offender is an important aspect of forgiveness). The FUS was normed using a sample of 589 undergraduate students with diverse ethnicities from three southeastern and southwestern universities in the United States. Ages of participants ranged from 18 to 55. Cronbach's alpha coefficient for this sample was .78 (Hook et al., 2012).

Demographic Information. A demographic questionnaire (see Appendix B) lists five categories for reporting age, year in college, ethnicity, relationship status, and gender. The demographic data collected in this study was necessary to further understand how college-age individuals who are currently in a relationship or have been in past relationships perceive IPV as it relates to gender, religiosity, and forgiveness. The participants in this study are required to be 18 years or older and although ethnicity was not used specifically in this study, it could provide insight for future studies pertaining to IPV on college campuses.

Procedures

The research proposal for the current study was submitted to the Human Subjects Review Council (HSRC) of Central Washington University (CWU) and approved two weeks prior to recruiting student participants. The Sona system was used to recruit the CWU psychology students. At the beginning of the study, students received consent information including the participation process and the right to voluntarily leave the study. Participants clicked the next button to give consent to participate in the study. Four instruments (PVS, BSRI, CROI, FPS) were presented in random order with a total of 153 items. Participants were instructed to provide responses that most accurately represented their perceptions. Once participants completed the four instruments, they were asked to provide demographic information. They then read the debriefing page explaining referral information (e.g., how to seek services at the SMaCC) for those who experienced emotional reactions to any of the items on the instruments.

Data Analyses

Data were analyzed using SPSS. The purpose of this study was to investigate associations between experiences with IPV and gender, religiosity, and forgiveness. Pearson's correlation coefficients were used to identify relationships between predictors (e.g., gender roles, religiosity, and forgiveness) of IPV. It was hypothesized that (a) participants with higher scores on the feminine subscale of the BSRI would report higher scores on the PVS and (b) scores on the Personal and Centrality subscales of the CROI (i.e., religiosity) would be positively correlated with scores on the Interpersonal Understanding of Forgiveness subscale of the FUS.

CHAPTER IV

RESULTS

Gender Role, Gender, and Interpersonal Violence

The scores on the feminine subscale of the BSRI were positively correlated [$(r = .231)$, $n = 69$, $p < .05$] with scores on the PVS; however, the relationship was small. The scores on the masculine subscale of the BSRI and the PVS were not significantly correlated ($r = -.019$, $p < .438$). The scores on the neutral-androgynous subscale of the BSRI and the PVS showed no significant relationship ($r = .042$, $p < .367$).

Table 2

Gender and PVS (number of experiences with IPV)

Gender + IPV	PVS = 0	PVS = 1 time	PVS = 2+
Male	24	3	3
Female	42	11	20
Other	1	-	-

*Numbers reflect self-reported gender and experience with partner victimization.

Religiosity and Forgiveness

Contrary to the original hypothesis, the relationships between CROI Personal ($r = .078$, $p < .219$); CROI Centrality ($r = -.033$, $p < .368$), and Interpersonal Understanding of Forgiveness scores were not significant.

Table 3

Intercorrelations between Forgiveness (IntraFUS, InterFUS), and Religiosity (Personal and Centrality Subscales of the CROI)

Subscales	InterFUS	Personal	Centrality
IntraFUS	$r = -.357, p < .01$	$r = -.072, p < .237$	$r = -.028, p < .391$
InterFUS	1	$r = .078, p < .219$	$r = -.033, p < .368$

CHAPTER V

DISCUSSION

Intimate partner violence has important implications to the physical and psychological well-being of individuals who experience it as well as society as a whole (Born & Fehm, 2000). Previous research has shown that the frequency, duration, and lifetime prevalence of IPV has bearing on perpetuating future partner violence (Eriksson & Mazerolle, 2015), mental illness (Sijtsema, Baan, & Bogaerts, 2014), and economic strain (World Health Organization, 2004). What is less known is how gender roles, religiosity, and the ability to forgive offenses relate to IPV. It is important to understand how these social areas influence thoughts and behaviors to effectively reduce partner violence. Insight into how perceptions about gender roles, religiosity, and forgiveness contribute to interactions with intimate partners may provide opportunities to respond differently.

Research Findings

This study examined experiences with IPV in relation to gender role expectations, level of expressed religiosity, and the tendency toward forgiveness. In this study, a small positive correlation was found between scores on the Feminine subscale of the BSRI and scores on the PVS, providing some support for the first hypothesis that individuals with higher scores on the feminine subscale would also have higher scores on the PVS. Additionally, demographic information was cross referenced with the type and frequency reported on the PVS (Table 2). Data show that no polyvictimization was reported; however, females reported greater frequency of victimization than males (see Table 2).

For one-time victimization, females reported more than three times as many experiences of victimization than males and almost seven times more frequent than males for two or more victimizations. As documented by the NCADV (2016), women experience partner victimization at a higher rate than men. This suggests that being a female is a stronger predictor of IPV than femininity.

Scores on the feminine subscale were higher than the scores on either of the masculine and neutral-androgynous subscales of the BSRI. Each subscale on the BSRI (feminine, masculine, and neutral-androgynous) listed descriptive words that were socially acceptable for each gender role identity. Participants rated each word to match how they identified with them. The higher the score on each scale, the closer the participant identified with that gender. For example, if the total score on the feminine subscale was higher than the total score on the masculine subscale, the participant identified as more feminine.

As previous literature reported, individuals with higher levels of religiosity had higher tendencies to forgive than individuals with lower levels of religiosity (Menahem & Love, 2013; Lawler-Row, 2010). Thus, it was expected that there would be a positive correlation between the scores for religiosity (i.e., Personal and Centrality subscales of the CROI), and the scores on the Interpersonal Understanding of Forgiveness subscale of the FUS. Contrary to the expectations, this study found no significant correlations between religiosity and forgiveness. A moderate negative correlation was discovered between the Interpersonal Understanding of Forgiveness subscale and the Intrapersonal Understanding of Forgiveness subscale of the FUS. This indicates that individuals may

believe that interaction with an offender may or may not be necessary for forgiveness. It may also suggest that situational forgiveness may occur with or without interactions with an offender based on the type and intensity of the offense. Hook (2005) found a moderate negative correlation between the interpersonal and intrapersonal understanding of forgiveness subscales of the FUS in his study. Although Hook's (2005) sample was almost three times larger than the current study ($N = 105$), these results display a tendency for individuals to believe that forgiveness is either through interpersonal actions with an offender or that forgiveness can occur without any interaction and not necessarily both methods. It is interesting to note that Hook's (2005) results were similar to this present study's results, given the different sample size. Additional studies using diverse samples may explicate how individuals tend to forgive and generalize to other populations. Currently, no other studies are published using the Interpersonal and Intrapersonal Understanding of Forgiveness subscales. In the present study a small negative correlation was found between the scores on the Interpersonal Understanding of Forgiveness subscale of the FUS and the scores on the PVS. This suggests that lower levels of interpersonal forgiveness are associated with higher levels of IPV.

Methodological Strengths and Limitations

Use of the CROI in this study provided insight into how participants at Central Washington University perceive and adhere to religiosity; however, a limitation with its use did not show how religiosity relates to experience with IPV. Individuals tend to find meaning and purpose through religious practices therefore a better understanding of how methods and ideology of religiosity influence tolerance, forgiveness, and the tendency to

stay in abusive relationships is needed. Because most participants were female, this may have bearing on the results; however, the likelihood of underreporting victimization is unknown.

Data showed that age was correlated negatively with interpersonal forgiveness. This may suggest that individuals believe that forgiveness is possible with less interaction as age increases. One limitation on the sample for this study relates to age. The average age of participants was 21.50 therefore it is not clear if the college setting served as a protective factor, or the participants have few experiences with romantic relationships. Further examination of these factors would broaden the understanding of what may contribute to IPV.

A second limitation is characteristic of correlational studies. Given the nature of apparent relationships between factors, these relationships do not prove that one factor caused an effect of another factor. Regardless of this limitation, one strength of correlational research is the discovery of associations with other factors; which may strengthen previous research findings or provide insight to areas for further research.

A third limitation pertains to self-reporting. Given the incidence of IPV in the general population, it is possible that the self-reported incidents of violence in this study may be underreported. Individuals may report based on what he or she perceives as desirable or expected. For example, if a male participant believes it is not socially acceptable to be a victim of IPV, then he may be less likely to report victimization. Additionally, an individual may want to report less frequency of victimization due to shame or fear of discovery, regardless of confidentiality. As of the 2015 CWU Annual

Security and Fire Safety Report, there were 10 incidents of IPV reported by the Wellness Center and eight by the CWU police department. It is not clear if the same incidents reported by the Wellness Center are included in the 10 reported by the CWU police department or if these are separate incidents. It is also not clear if there are more victims of IPV among the approximately 11,900 CWU students enrolled (CWU, 2017a) than what has been reported. Additionally, reports of victimization may vary depending on the source. For example, incident reports from a rural university such as CWU will likely differ from a larger university with higher student attendance in an urban location. Specifically, out of 105 participants in this study, 14 participants reported one incident of IPV (13.3%) and 23 participants reported two or more incidents (21.9%) of IPV. Data analysis from other universities in Washington State may provide further insight to the prevalence of IPV among college campuses.

Implications

Implications for CWU. Although the CWU Wellness Center collaborates with the CWU police department and the local community services to support survivors of IPV (CWU, 2017b), additional resources, such as counseling, and increasing awareness of the prevalence of IPV on campus and in the community, might continue to improve the well-being of students. Promoting awareness may have the effect of reducing the risk of IPV and provide avenues for victims and perpetrators to seek help. Additionally, students may choose to seek services off campus, and as such, community counselors who provide services for victims as well as perpetrators should be identified as resources. Furthermore, counselors may continue to tailor services to meet the needs of students and

community members as well as connecting them with programs offered within the community and on campus.

Implications for Counseling. Because the data in this study showed that females and femininity are associated with IPV and previous research has consistently shown that females are victimized at a higher rate than males, counselors should carefully assess for these characteristics when working with individuals seeking treatment. In addition, counselors may consider assessing for other cultural components, such as spiritual or religious beliefs and experiences to understand how individuals may perceive gender role expectations in association with those affiliations. Further, assessing individual's perceptions on traditional versus modern gender role expectations may provide insight into how those roles may influence the acceptance of IPV perpetration and victimization. Finally, counselors should be sensitive to diverse cultures that differ between individualistic and collectivistic cultures as they relate to gender, religiosity, forgiveness and IPV.

Suggestions for Future Research

This study was designed to examine relationships between gender roles, religiosity, forgiveness, and IPV. Past literature suggests that exposure to violence early in life may influence attitudes about IPV and forgiveness but additional research regarding this topic is needed to fully understand the interactions between these dynamics. Further exploration of age, experiences with IPV, and attitudes about IPV may provide further insight into causation. One area of research that may be useful is examining how individuals with a history of IPV perceive violence compared to

individuals with no history of IPV. This may provide a better understanding of how individuals cope with stress, which may lead to IPV. Additional research to examine various methods for disrupting the cycle of IPV perpetration, educating younger individuals in identifying signs of violence, and ways to cope with conflict would be advantageous. Furthermore, most of the literature available to date seems to be limited in that it focuses primarily on heterosexual couples, thus overlooking any conditions that might be unique to same sex couples.

It is possible that the act of forgiveness has many definitions, therefore examining perceptions of forgiveness and developing methods to educate the public on the process of forgiveness may be beneficial to society. Contrary to the literature and expectations for this study, the results showed no significant relationship between religiosity and forgiveness thus, further exploration may provide further insight into how these factors may exist independently in relation to IPV. Utilizing the same conceptual variables with different assessment instruments may be one way to examine this further.

Summary

This study was designed with the hope of gaining a greater understanding of the factors that contribute to IPV. It was hypothesized that participants with higher scores on the feminine subscale of the Bem Sex Role Inventory would report higher scores on the Partner Victimization Scale. It was also hypothesized that Religiosity (i.e., the Personal and Centrality subscales of the CROI) scores would positively correlate with scores on the Interpersonal Understanding of Forgiveness subscale of the Forgiveness Understanding Scale. After collecting data from 105 Central Washington University

students, a correlation analysis was conducted, and total scores were examined for relationships between gender roles, religiosity, forgiveness, and IPV. Results from the correlation analysis showed that there was a small positive correlation between the scores on the feminine subscale of the BSRI and the PVS. Additionally, demographic data showed that females reported more frequent occurrences of IPV than males, which supports national data (NCADV, 2016). Contrary to the expectations of this study, the analysis resulted in no significant relationships between Religiosity and Forgiveness. The results of this study should be considered within the limitations acknowledged in the discussion section and future research should consider extending the data analysis to other college campuses within Washington state and nationwide for generalizability.

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APPENDICES

APPENDIX A

CONSENT INFORMATION

Study Title: THE RELATIONSHIP OF SOCIAL CONSTRUCTS TO INTIMATE PARTNER VIOLENCE

Principal Researcher: Andi M. Hefton (Andi.Hefton@cwu.edu) under the supervision of Sara Bender, Ph.D. (benders@cwu.edu) and Susan Lonborg, Ph.D. (Phone: 509-963-2397 or Email: Lonborg@cwu.edu).

Your participation in a research study through Central Washington University has been requested.

You must be at least 18 years old and have basic reading and computer skills to participate in this study.

Your participation is completely voluntary. If you decide to participate now, you may change your mind for any reason and discontinue the study without penalty or loss of any future services or benefits you may be eligible to receive from the University.

The purpose of this study is to examine how religiosity, gender, and forgiveness relate to experiences with IPV. In this study, participants will randomly view four instruments and rate each item that represents their perception.

The experiment should take 15 to 20 minutes to complete and should be completed in one session. In exchange for your participation, you may receive 1 extra credit point via Sona to be applied to a psychology class that is preapproved by your instructor.

There is low to moderate risk associated with participation in this study. If you experience discomfort at any time during this study, you may request and receive a referral for services. You do not have to join this study. You may leave at any time you wish to drop out of the study without any influence.

Reasonable and appropriate safeguards have been used to maximize the confidentiality and security of your responses in this web-based survey; however, whenever information technology is used, it is not possible to guarantee absolute privacy.

If you have any questions or concerns about the study, please contact Andi Hefton at Andi.Hefton@cwu.edu or one of the research advisors, Dr. Susan Lonborg at 509-963-2397 or Lonborg@cwu.edu, or Dr. Sara Bender at benders@cwu.edu.

For protecting your privacy, it is strongly recommended to clear all browsing history on any public or shared devices after completing this survey.

By advancing to the next screen, you confirm that you are 18 years old or older and that you voluntarily consent to participate in this study.

APPENDIX B

DEMOGRAPHIC INFORMATION

- 1. Age: _____ (years)**
- 2. Year in college:**
- Freshman
 - Sophomore
 - Junior
 - Senior
 - Graduate Student
- 3. Ethnicity**
- Caucasian
 - African American
 - Asian
 - Latino/a
 - Pacific Islander
 - Other (please specify) _____
- 4. Relationship Status:**
- Single
 - Dating
 - Married
 - Divorced
 - Widowed
 - Other (explain) _____
- 5. Gender:**
- Male
 - Female
 - Other