

RUNNING HEAD: CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER
VIOLENCE

**“Clandestine and Isolating” – A UK-Based Cross-Cultural Analysis of Intimate Partner
Violence Attitudes, Victimization, Perpetration and Help-Seeking**

Thesis written for the degree of Doctor of Philosophy (Ph.D.) at the University of Kent

By

Rachel Emma Tisi

School of Psychology

University of Kent

June 2024

The logo for the University of Kent, featuring the text "University of Kent" in a blue, sans-serif font. The word "Kent" is significantly larger and bolder than "University of".

Word Count: 71, 803

Declaration

The research reported in this thesis was conducted while the author was a full-time postgraduate student in the School of Psychology at the University of Kent (May 2020 – June 2024). The theoretical and empirical work herein is the independent work of the author. The author has not been awarded a degree by this or any other university for the work included in the thesis.

Acknowledgements

Doing a PhD would not have been possible without the help of so many people. First, I'd like to sincerely thank my supervisor – Afroditi Pina. Your unwavering support, patience and kindness over the last 7 years throughout my undergrad, MSc and PhD have been invaluable, and so genuinely appreciated. I most definitely would not be where I am today had it not been for you – I'm lucky to say I have the best supervisor, and I am truly grateful.

I'm also incredibly thankful to my second supervisors, Jennifer Storey and Ayse Uskul, for their guidance, knowledge and encouragement. Ayse; thank you for helping to guide the PhD at a time when COVID ruined our plans! Jennifer; thank you for agreeing to come on board half-way through, for your expertise and encouragement, and for helping to turn the thesis into what it is today.

To my wonderful friends, I cannot begin to say how precious and valued you are. To Louise; thank you for managing my entire life via Gantt chart, for your loyalty and for my reality checks – it's been 8.5 years of you supporting me at university and I wouldn't have it any other way! To Char, Ali and Amy; thank you for being such wonderful, consistent friends, and supporting all the small wins as well as the big. To Nicole; thank you for the coffee breaks, encouragement and for matching my chaos always! To Emma; thank you for the morning walks and for your body-doubling. To Rebecca; thank you for the drives to the beach, your *impeccable* taste in music and spontaneity – I'm grateful we were in this together! To my 'aggressively supportive' office mates, Leia and Chloe; the PhD would not have been the same without you. Thank you for the fun, the lunch time games, and for listening to me complain about SPSS at every hour of the day; RCL lab was truly *the* place to be. To Hannah; thank you for the Cafe Nero dates and for always making my days on campus happier. To Sarah; thank you for being such a joyous person, and for saving me the night

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

before PhD submission! To the wonderful friends I made throughout the PhD in the School of Psychology; Katie, Vicky, CJ, Becky and Daniel; a problem shared is a problem halved, but that doesn't apply when we all have the same problem. Thank you for your complete and total understanding, for the celebrations, and for listening to me rant during lunch and PhDrinks. I am so lucky that I got to share this experience with you all.

To my Muay Thai and Boxing coaches, Master Panny and Eren – thank you for providing the best outlet for my stress, and for making our sessions such a fun and safe space to take a break. Master Panny; nothing is quite the same as 7am pad work while I debrief about my entire life that week, for which I'm so grateful!

To my brilliant friends at Bedford Hospital, thank you for always having my back, rooting for me and pushing me to pursue my career and write this thesis. I'm lucky to have spent so many of my workdays with people I love and value, and I miss you all.

To my friends at Amalis and Damlar – thank you for letting me study for HOURS on end, often until after closing, and for the constant supply of coffee. I can firmly say I wouldn't have gotten nearly as much work done if it weren't for your acceptance and support.

Finally, my most sincere and heartfelt thanks go to my family for being the most solid, consistent and loving support system. To my parents and brother, Paul, Debbie and Matthew Tisi; there are not enough words to express how thankful I am for being my biggest supporters and always believing in me. You are the kindest, most driven and inspiring people, and I am truly lucky to have such incredible role models. I owe everything to you – love you always.

“You may see me, but it's a whole village behind me.”

**what,
like it's hard?**

Legally Blonde, (2001)

Table of Contents

Declaration	2
Acknowledgements	3
Table of Contents	6
List of Tables	12
List of Figures	13
Abstract	14
Chapter One	15
Introduction	15
Prevalence of Intimate Partner Violence	20
Theories of Intimate Partner Violence	24
Single Factor Theories and Models of Intimate Partner Violence.....	24
<i>Social Learning Theory</i>	24
<i>Social Exchange Theory</i>	26
<i>Feminist Theory</i>	28
Multi-Factor Theories of Intimate Partner Violence	30
<i>The Nested Ecological Approach to Intimate Partner Violence</i>	30
<i>The Integrated Feminist Theory of Intimate Partner Violence</i>	35
Conclusion	38
Risk Factors for IPV Perceptions, Victimization and Perpetration	39
Romantic Relationship Experience.....	39
<i>Cycles of Violence in Relationships</i>	39
<i>Relationship Experiences with Ex-Partners</i>	40
<i>Relationship Experiences with Current Partners</i>	41
Childhood Experiences	42

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Belief Systems, Scripts and Ideologies	43
<i>Gender Role Beliefs</i>	44
<i>Cultural Beliefs and Scripts</i>	46
<i>Honour Culture and Reputation</i>	48
Life Stressors	49
<i>COVID-19</i>	49
<i>Financial/ Economic Factors</i>	50
<i>Occupational Factors</i>	52
Psychological Factors	54
<i>Mental Health</i>	54
<i>Anger</i>	57
<i>Self-Control</i>	59
<i>Psychological Disorders</i>	60
<i>Personality Traits</i>	62
Conclusion	67
Chapter Two	69
Introduction	69
Help-Seeking	69
Ethnic Group Differences in Help-Seeking	71
Gender Group Differences in Help-Seeking	72
Barriers to Help-Seeking	73
Thesis Aims and Rationale	76
Overview	77
Chapter Three	80
Introduction	80

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Present Study	81
Method.....	83
Participants.....	83
Materials	85
Ethics.....	87
Procedure	88
Finalised Data File	88
Results	90
Wave 9 Analyses.....	90
Part One	90
Part Two.....	93
Wave 11 Analyses.....	96
Part Three	96
Part Four.....	98
Part Five	100
Discussion.....	104
Findings.....	104
Study Strengths and Limitations	118
Summary and Future Directions	119
Chapter Four	121
Introduction	121
Present Study	123
Method.....	124
Participants.....	124
Materials and Procedure	125
Ethics.....	128

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Quantitative Results.....	128
Part One	128
Part Two.....	130
Part Three.....	133
Qualitative Results.....	135
Discussion.....	155
Quantitative Findings.....	156
<i>Relationships between the Risk Factors and IPV Attitudes</i>	<i>156</i>
<i>Ethnic Group Differences in the Risk Factors and IPV Attitudes</i>	<i>157</i>
<i>Gender Group Differences in the Risk Factors and IPV Attitudes</i>	<i>162</i>
Qualitative Findings.....	167
Summary	171
Chapter Five	174
Introduction	174
Present Study	175
Method.....	176
Participants.....	176
Materials and Procedure	176
Ethics.....	179
Results	180
Part One	180
Part Two.....	183
Part Three.....	186
Part Four.....	188
Part Five	191

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Discussion.....	192
Relationship between the Risk Factors and IPV	192
Ethnic and Gender Group Differences in the Risk Factors, IPV, and Support Service Experience.....	193
Ethnic and Gender Group Differences in IPV Support Service Access	208
Relationship between Support Service Access, and IPV Victimization and Perpetration	209
Limitations	210
Summary and Implications	212
Chapter Six.....	214
Introduction	214
Present Study	215
Method.....	215
Participants.....	215
Study Materials and Procedure	215
Ethics.....	216
Results	216
Discussion.....	233
Findings.....	233
Ethnic and Gender Group Differences.....	241
Summary and Future Directions	244
Chapter Seven	247
Summary of Studies and Key Findings	248
Chapter One – Introduction and Literature Review.....	248
Chapter Two – Help-Seeking Overview and Thesis Rationale	249
Chapter Three – Understanding Society Secondary Data Analysis.....	250
Chapter Four – IPV Attitudes	252

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Chapter Five – IPV Victimization and Perpetration	255
Chapter Six – IPV Help-Seeking	257
Contextualising the Results with the Nested Ecological Approach and Integrated Feminist Theory of IPV	258
Contextualising Ethnic and Gender Group Differences	265
IPV Scale Measurement	271
Implications	273
Voice of the Victim.....	273
Governance	274
Support Services	276
Healthcare	277
Policing	278
Risk Assessments.....	279
Limitations.....	282
Future Research	285
Conclusion.....	287
References	288
Appendix A: Chapter 3 - Main Survey Questionnaire Items.....	366
Appendix B: Chapter 3 - Understanding Society Ethical Approval Statement.....	367
Appendix C: Chapter 3 - List of Support Services Included in the Study.....	368
Appendix D: Chapter 4 - Questionnaire	369
Appendix E: Chapters 5 and 6 - Questionnaire	369

List of Tables

Chapter Three 84

 Table 1: Waves Nine and 11– Participant Demographics by Ethnic Groups..... 84

 Table 2: Wave Nine & 11 – Participant Demographics by ‘Sex’ Group 85

 Table 3: Significant One-Way ANOVA Results: Wave Nine Correlates by Ethnic Group
..... 370

 Table 4: Pearson’s Correlation Table 94

 Table 5: Individual Predictors of Quarrelling in Wave Nine 95

 Table 6: Significant One-Way ANOVA Results: Wave 11 Correlates by Ethnic Group
..... 371

 Table 7: Pearson’s Correlation Table 99

 Table 8: Individual Predictors of Quarrelling in Wave 11 100

 Table 9: Paired Samples T-Test Results; One (Wave Nine) and Two (Wave 11) 102

Chapter Four 129

 Table 10: Pearson’s Correlation Table 129

 Table 11: Significant One-Way ANOVA Results; Risk Factors by Ethnic Group..... 372

 Table 12: Significant One-Way ANOVA Results; Risk Factors by Gender Group 373

Chapter Five 181

 Table 13: Pearson’s Correlation Table 181

 Table 14: Individual Predictors of IPV Victimisation and Perpetration 182

 Table 15: Significant One-Way ANOVA Results; Risk Factors by Ethnic Group..... 374

 Table 16: Significant One-Way ANOVA Results; Risk Factors by Gender Group 375

 Table 17: Cross Tabs Count – IPV Support Service Access by Ethnic Group 189

 Table 18: Frequencies – IPV Support Services Accessed by Ethnic Group 190

 Table 19: Independent Samples T-Test Group Statistics – IPV Victimisation and
Perpetration by Support Service Access..... 192

List of Figures

Chapter One 32

 Figure 1: Heise’s, (1998) Framework for Factors Related to VAWG 32

 Figure 2: Domestic Violence – Intimate Terrorism (Johnson, 2006)..... 36

Chapter Four..... 136

 Figure 3: Question 1 Code System – MAXQDA Output..... 136

 Figure 4: Question 1 – Word Frequency Map..... 137

 Figure 5: Question 1 Thematic Map..... 138

 Figure 6: Question 2 Code System – MAXQDA Output..... 143

 Figure 7: Question 2 – Word Frequency Map..... 144

 Figure 8: Question 2 Thematic Map..... 145

 Figure 9: Question 3 Code System – MAXQDA Output..... 149

 Figure 10: Question 3 – Word Frequency Map..... 150

 Figure 11: Question 3 Thematic Map..... 151

Chapter Six..... 218

 Figure 12: Question 1 Code System – MAXQDA Output..... 218

 Figure 13: Question 1 – Word Frequency Map..... 219

 Figure 14: Question 1 Thematic Map..... 220

 Figure 15: Question 2 Code System (Part 1) – MAXQDA Output..... 224

 Figure 16: Question 2 Code System (Part 2) – MAXQDA Output..... 225

 Figure 17: Question 2 – Word Frequency Map..... 226

 Figure 18: Question 2 Thematic Map..... 227

Chapter Seven 262

 Figure 19: Adapted Nested Ecological Framework of IPV 262

Abstract

Intimate partner violence (IPV) is a prominent and multi-faceted issue, experienced by approximately two million adults in the UK each year (ONS, 2023). IPV theories and classifications are often cited as applicable cross-culturally, however little research confirms this. Studies, in fact, systematically demonstrate that people from minoritised ethnic backgrounds have different experiences and challenges with, and are disproportionately affected by, IPV (Lacey et al., 2012; Maldonado et al., 2020). Despite this, to our knowledge there is a lack of examination of cultural risk factors, subsequently contributing to a dearth in awareness of their impact on IPV. This programme of research seeks to address this gap by investigating correlates, proxies and risk factors for IPV attitudes, victimisation and perpetration across ethnic and gender groups in a cross-cultural (White British, Indian, Pakistani, Bangladeshi, Caribbean & African), UK-based sample. This was done through a secondary data analysis investigating ethnic group differences in correlates of IPV alongside a proxy measure of relationship conflict, and two primary studies investigating differences across ethnic and gender groups in, and relationships between, risk factors for IPV attitudes and prevalence (victimisation and perpetration). Moreover, this thesis also investigates perceptions and experiences of IPV-related help-seeking through thematic analysis of written-answer responses. The discussion presents a summary of ethnic and gender group differences found in the programme of research, and contextualises the findings in line with two multi-factor theories of IPV. Results have implications for support services (predominantly healthcare and policing) through victim-centred approaches, governance and risk assessments, and present avenues for future research such as addressing response to IPV within these support services, and analysis of ethnic group differences across a wider range of ethnic groups and through qualitative data.

Keywords: *Domestic Abuse, Attitudes, Victimisation, Perpetration, Ethnicity*

Chapter One: Introduction and Literature Review

This programme of research will investigate the cultural similarities and differences in attitudes, victimisation and perpetration of intimate partner violence, as well as relevant help-seeking experiences in UK-based samples. Data will be obtained from secondary datasets, and participants recruited through social media and online research platforms. This chapter will begin by defining Intimate Partner Violence (IPV) and highlighting its prevalence, before comparing theories of IPV victimisation and perpetration. Subsequently, risk and protective factors for IPV victimisation and perpetration will be discussed, demonstrating their importance in the context of this programme of research.

Introduction

Intimate partner violence (IPV) is experienced across all ethnic, religious, and cultural groups, in all settings (WHO, 2012), and there has been a systematic upward trend in IPV reporting in the UK in recent years (Brink et al., 2021; Walby & Francis, 2016). Research indicates that IPV incidence tends to increase during “times of crisis” (Lyons & Brewer, 2022, p.969), and findings have shown that the COVID-19 pandemic has exacerbated this, resulting in a 352.5% increase in general domestic abuse searches, a 50% increase in Multi Agency Risk Assessment Conference (MARAC) referrals for domestic abuse and an increase of support line and web chat activity by a respective 53.9% and 70.4% in the UK (NHS England, 2020). Resultantly, this exponential rise in cases has had a substantial impact on IPV support service use (Chandan et al., 2020) and in parallel, limited access to these IPV and psychosocial support services, as a result of lockdown measures (Sabri et al., 2020), have caused amplified barriers to victim support and help-seeking (Panovska-Griffiths et al., 2022).

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

The term IPV encapsulates “behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours” (WHO, 2024). Breiding et al. (2015) categorise an intimate partner as “a person with whom one has a close personal relationship that may be characterised by the partners’ emotional connectedness, regular contact, ongoing physical contact and sexual behaviour” (p.11), while also indicating that not all aforementioned dimensions are required to define a relationship as such. The classification term of IPV is utilised in this programme of research as opposed to ‘domestic violence’ for example, as this distinguishes between violence in solely romantic relationships and more widespread familial violence.

There is a tendency to generalise across ethnic groups when it comes to identifying IPV and providing support, which is ineffective as “cultural and social norms are highly influential in shaping individual behaviour, including the use of violence” (WHO, 2009). Studies have, in fact, demonstrated that “the experience of violence, including IPV, is even more prevalent among racial... minorities” (Kim & Ferraresso, 2022, p.1137; Kim & Schmuhl, 2020), and that people from minoritised ethnic backgrounds are disproportionately affected by IPV (Maldonado et al., 2020). As a result, cultural scripts (defined as cultural norms, values and practices that are clear and accessible to ingroups and outgroups [Goddard & Wierzbicka, 2004]) have the power to perpetuate, and even endorse, IPV (Vandello & Cohen, 2003). Furthermore, there are different challenges and experiences associated with IPV across ethnic groups (Lacey et al., 2012); thus, the generalisation of IPV experiences can penetrate perceptions of IPV, in turn impacting people from minoritised ethnic groups (Stockman et al., 2014).

Additionally, people from minoritised ethnic groups have also been shown to be negatively impacted by IPV-associated risk assessments, policies and practice. For example,

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

James and Sheridan, (2020) found that the administration of IPV risk assessments and screening tools are open to biases and victim blaming. This, in turn, may have a damaging effect on the assessment and measurement of IPV cases, if the individuals administering these allow their biases and beliefs to affect their judgement; thus, further issues and barriers to support may be created for the victim. In other words, the way IPV cases are dealt with by institutions or individuals may contribute to secondary victimisation, where the victim suffers further harm from factors other than (in this case) IPV itself when they seek support.

Moreover, issues with cultural competence in risk assessments specifically have also been identified. For example, in the case of *Ewert v. Canada*, (2018), the use of psychological and actuarial risk assessments to assess psychological traits and recidivism risk was challenged “on the basis that they were developed and tested on predominantly non-Indigenous populations and that no research confirmed that they were valid when applied to Indigenous persons” (p. 166). The impugnation of the universal use of these risk assessments in this context highlights the importance of cultural consideration in assessing risk (Shepherd & Lewis-Fernandez, 2016), with research noting that findings from this case have implications “with respect not only to Indigenous cultures, but to all cultures; and with respect not only to actuarial instruments, but to all violence risk assessment procedures” (Hart, 2016, p. 76). As such, there should be cross-cultural applicability and equitability (Williams et al., 2021) in risk assessment tools, particularly as there is an overrepresentation of minoritised ethnic groups in secure settings (Snowden et al., 2010). Yet, research has systematically demonstrated that risk assessments for sexual and violent recidivism yield lower accuracy with minoritised ethnic groups, given that most have been developed and validated with predominantly White populations (Ahmed et al., 2023; Singh et al., 2011).

In terms of IPV risk assessments specifically, limited studies have proposed culturally competent risk assessments. Messing et al. (2013) highlighted that there are no culturally

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

competent measures to assess intimate partner homicide and future violence, and therefore proposed an adapted measure that was found to be cross-culturally applicable in a sample of US-born and foreign-born women in the US. In addition, race was found to impact the Ontario Domestic Assault Risk Assessment (ODARA)'s validity in recidivism prediction, highlighting the need for further exploration into ethnic and gender impact on "applicability and utility of IPV risk assessment instruments" (Hilton & Radatz, 2023, p. 1557). From a UK perspective, the Domestic Abuse, Stalking, Harassment and Honour-Based Violence Assessment (DASH: Richards, 2009) is used within most agencies in the UK to indicate risk level and determine subsequent referrals to MARAC. However, research has shown that the DASH does not identify the most vulnerable victims (Turner et al., 2022) or discriminate between recidivist and non-recidivist cases (Almond et al., 2017). Moreover, given the requirement to make a professional judgement when completing the DASH and assessing risk, a dearth in understanding of ethnic group differences and cultural factors which may affect IPV incidence and recidivism may also impact the grading of risk; again, leading to the potential for secondary victimisation.

From a frontline policing perspective, the DASH was evaluated and adapted in response to a police inspection by Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS), and the Domestic Abuse Risk Assessment (DARA) was created and is now utilised in its place (College of Policing, 2022). The key changes to the scale were the reduction in questions so that the focus on identifying risk would be through key questions asked frontline, the change of responses to scale-based options to facilitate understanding of frequency, and the inclusion of free-text boxes for rationale of decisions to be reported by frontline responders. While this scale was developed through a period of consultation with academics and stakeholders in the field of IPV and domestic abuse, there were also several questions pertaining to an array of risk factors that were removed from the

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

scale. Notably, the honour-based violence question within the main DASH was removed, with new guidance highlighting that “probing for, and identifying, HBA [honour-based abuse] may be covered by training and ensuring understanding” (College of Policing, 2022, p. 18), and that officers are encouraged to reflect on potential HBA in the additional free-text space. Once again, as a result, a dearth in understanding of cultural factors could impact the assessment of risk in some cases of IPV through under- or over-prediction, which could lead to secondary victimisation and inappropriate support provision.

Rates of IPV among different ethnic groups in the UK also demonstrate disproportionate impact. Although a more detailed breakdown of the prevalence rates by ethnic group will be discussed in the section below, research highlights the differences across ethnic groups in prevalence and ‘lifetime experience’ of IPV. For example, McManus et al. (2022) found rates of IPV in England to be highest among people who identified as “mixed, multiple or other ethnicity” (p.579) and lowest among participants who identified as ‘Asian’ or ‘Asian British’, when compared to other ethnic groups such as ‘White British’, ‘White Other’, ‘Black’ and ‘Black British’. Despite these statistics, research has alluded to the fact that prevalence rates by ethnic group are not often reported (Heron et al., 2021) in studies. This also indicates the need for further research to increasingly understand the scope of the problem. Not only is there a variance in prevalence across ethnic groups, but there are also additional issues faced specifically by people from minoritised ethnic groups (Heron et al., 2021), which may contribute to barriers in reporting and disclosure; thus, these figures may be even more disparate than recorded.

It should also be noted that although, in reference to people from the non-White British categories included within this programme of research, the term ‘minoritised ethnic groups’ is utilised, it is acknowledged that this term does have limitations to its use, particularly with regards to “subsum[ing] and subsequently serv[ing] to erase a diverse range

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

of racial identities and ethnicities” (Hulley et al., 2022, p.1002). Hence, participants throughout the empirical studies in this paper are encouraged to declare their own ethnic group identification through the following categories, mirroring several of the ethnic group categories set out by Gov UK; English, Welsh, Scottish, Northern Irish or British (White), Pakistani, Bangladeshi, Caribbean, African and Indian (as these are the 6 ethnic group categories on which this programme of research is focused).

The aims of this literature review and subsequent chapters are to focus on the differences between ethnic and gender groups in IPV, examining the proxies, correlates and factors relating to IPV attitudes, victimisation and perpetration, as well as identifying subsequent influences on help-seeking behaviours and experiences. As we are interested in investigating these factors in a UK-based sample, it is imperative that an overview of the cultural make-up of the UK be identified as part of this. Initially, a secondary dataset was utilised (see Chapter Three – Understanding Society) to investigate the scope of ethnic group differences. While the available data was comprised of a total of 18 ethnic groups (as set out by the Gov UK ethnic group classification system), the overwhelming proportion of the sample encompassed participants from the six main ‘booster’ ethnic groups in the UK (i.e. the most prevalent groups with the largest participant samples and populations in the study). To facilitate balanced samples for data comparison, these main booster ethnic groups were utilised throughout this programme of research for both primary and secondary data analyses. Thus, discussion of cultural variances across ethnic groups is in reference to these groups exclusively.

Prevalence of IPV

The most recent Crime Survey for England and Wales (Gov UK, 2022) approximated that 5.0% of adults (6.9% women and 3.0% men) aged 16 and above were victims of

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

domestic abuse in the preceding year, totalling around 1.7 million women and 699,000 men, and 10.4 million adults had experienced domestic abuse since the age of 16. Recent findings from analyses of longitudinal study data ($n = 3279$) also estimate IPV victimisation prevalence by age 21 to be approximately 29% of males and 41% of females (Herbert et al., 2021). Although both males and females experience IPV, historically and even still today, IPV is considered a gendered crime (Women's Aid, 2022). Furthermore, studies show that women are also more likely to experience repeated victimisation and be seriously hurt (Walby & Allen, 2004; Walby & Towers, 2017; Women's Aid, 2022), and that their victimisation is also more likely to be fatal (ONS, 2020A; ONS2020B).

Although these findings do not represent the full extent of IPV in the UK, these statistics do highlight the enormity and widespread nature of the issue. It should be noted, however, that the Crime Survey screens for both partner violence and family violence under the umbrella term of 'domestic abuse', thus the prevalence rates indicated above are not exclusively a reflection of the rates of IPV in the UK. Despite this, for this programme of research only IPV will be investigated (rather than family violence), and therefore these prevalence rates only serve as an indication of the extent of the problem. Furthermore, while these statistics do denote the multi-faceted nature of domestic abuse, the complex nature of non-physical abuse (such as coercive control) is not explicitly addressed. It should also be noted that the survey does not include populations living in group residences, such as students in halls; a populace in which IPV occurs at "exceptionally high rates" (Zark & Satyen, 2022, p. 1007). Lastly, it is well-noted that self-report methods utilised with regards to IPV can "result in underrepresentation of the true extent of IPV" (Ali et al., 2021, p.130); therefore, these findings may be an inaccurate representation of IPV incidence in the UK.

Despite this, research has also demonstrated that IPV prevalence may be exacerbated in crises (Spangaro et al., 2021), and correspondingly, the crux of the exponential increase in

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

IPV prevalence over the last few years has been shown to be linked, at least to some extent, to the emergence of the COVID-19 pandemic (Moreira & Pinto da Costa, 2020). Lockdown and self-isolating measures often rendered victims stuck with their perpetrators, presenting further barriers to available help-seeking services and victims' uptake of them (Valera et al., 2022), while factors such as increased stress and worsening mental health (Cunha et al., 2023) further contributed to increased IPV perpetration rates. In line with these findings, statistics from the most recent crime survey (Gov UK, 2022) show that prevalence rates have been largely stable compared to the previous year, when there were minimal COVID-related changes.

Identifying IPV prevalence is often challenging, not only due to the reported cases being an inaccurate reflection of the true extent of IPV prevalence, but also because IPV definitions and classifications vary in different contexts (Lindhorst & Tajima, 2008), thereby, affecting the reporting of IPV cases. While IPV is a globally recognised issue (Coll et al., 2020), there are substantial cultural differences in the definitions (Mason et al., 2008) and factors associated with IPV victimisation, perpetration and disclosure among different ethnic groups (Cho, 2011; Montalvo-Liendo, 2008) which may affect prevalence rates in different cultures respectively. For example, one report found that IPV prevalence was highest in the central sub-Saharan Africa region (65.64%) and lowest in East Asia (16.3%), with prevalence in Western Europe at 19.3%. (Scott, 2015; WHO, 2013). To our knowledge, there are limited comparative data looking at prevalence rates across ethnic groups. However, one research study looking into IPV prevalence differences across different ethnic groups in the US demonstrated that of those studied, participants who identified as Black reported the highest victimisation rates, followed by those who identified as White and Latino, and those who identified as Asian reported the least IPV victimisation (Cho, 2011). Furthermore, Field &

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Caetano, (2004) also found that “Black couples appear to be at greater risk of IPV than their White or Hispanic counterparts” (p. 303).

Again, although up-to-date prevalence rates are limited, several studies have looked more into the prevalence of IPV in the ethnic groups of interest for this study. For example, Ali et al., (2011) investigated the prevalence of IPV in a group of women from Karachi, Pakistan in a population of 759 married women aged 25-60. They found that lifetime prevalence of physical violence was 57.6%, lifetime prevalence of sexual violence was 54.5% and lifetime prevalence of psychological abuse was 83.6%. Whereas, Stockman et al., (2014) conducted a 2-year longitudinal study in the US (Baltimore) and the US Virgin Islands (St. Thomas and St. Croix), looking at African American and African Caribbean women aged 18-55, recruited from health clinics. Lifetime IPV prevalence of the 1545 women screened was 38% and 28% in St. Thomas and St. Croix, and 30% in Baltimore. Ler et al., (2017) investigated IPV prevalence among 15-24 year old women in India, and found that in the past year, prevalence was 29%. Broken down, physical IPV was most common at 23% in the past year, and sexual IPV was 9.5%. Lastly, Rayhan & Akter, (2021) investigated IPV prevalence in a final sample of 510 women in Bangladesh and found that the prevalence of IPV was 45.29%. When this was broken down, 44.12% reported emotional abuse, 15.29% reported physical abuse, 10.59% reported sexual abuse and 19.22% were either physically or sexually abused.

These findings provide some evidence of the differences in prevalence rates across the ethnic groups being investigated in this thesis. However, although this is beneficial as an indication of the problem, to our knowledge there is limited research that depicts prevalence rates across these ethnic groups in the UK more specifically, and prevalence rates for both male and female victims from each ethnic group. Resultantly, further research would be beneficial to identify and quantify the scope of the problem.

Theories of IPV

Research has highlighted a variety of factors that affect attitudes towards, and victimisation and perpetration of, IPV, through which a range of theories have been extrapolated to explain these processes. Although many theories focus on selective components of IPV (e.g. biological, social or cultural factors), others reflect a more integrative and multi-faceted approach, acknowledging the complex underlying processes that affect IPV. Several theories (not exhaustive) pertinent to this programme of research will be discussed in this chapter, and those that will help to inform the empirical studies will be highlighted.

Single Factor Theories and Models of IPV

Social Learning Theory. Social Learning Theory (SLT: Bandura, 1977) bridges behaviourism and cognitive theory (Rumjaun & Naron, 2020), and details the process of learning from interactions with others in a social context. Key elements of the SLT include behavioural observation, definitions (i.e. attitudes and values held), assimilation and imitation; particularly if the “observational experiences are positive ones or include rewards related to the observed behaviour” (Nabavi & Bijandi, 2011, p. 5).

With regards to IPV perpetration, according to the SLT, individuals may observe violent behaviour in relationships, e.g., by family members or peers, and if they perceive this to be either a successful strategy or to have little negative outcome, then this may be internalised and subsequently perceived as an effective way to resolve conflict in romantic relationships (Reese-Weber & Kahn, 2005). Thus, this behaviour would be normalised, imitated and perpetuated. This can be substantiated by empirical research studies which have shown that early exposure to violence may lead to a significant risk of future violence victimisation and perpetration (Perry et al., 2020; Wagers et al., 2020).

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Reinforcement is also key in this process. With regards to IPV, behaviour could be reinforced in a number of ways; e.g. if the perpetrator associates with individuals or groups that receive approval of IPV-related behaviour and attitudes (Li, 2022), then the perpetrators may perceive this as an effective strategy to achieve these outcomes and perpetuate this behaviour. This also may be particularly prominent in particular social groups, such as those adhering to honour ideology and beliefs, in which an acceptance of IPV and disapproval of help-seeking are more prevalent (Dietrich & Schuett, 2013).

In addition, SLT highlights the importance of role models. The theory depicts how observing behaviour of a caregiver or role model may lead to internalisation of values which perpetuate violence (Akers & Jennings, 2019), subsequently increasing the likelihood of imitating the same behaviour. Research which shows that past experiences of IPV are predictors of future IPV victimisation and perpetration (Voith et al., 2017) also supports this hypothesis. Research has posited that this may be because exposure to violence from a caregiver or role model could lead to the victim internalising negative relationship dynamics (Birkley & Eckhardt, 2015) and developing a script that dictates how conflict resolution tactics should be used, and how relationship dynamics should be, in future relationships. Inevitably, this may lead to perpetual experiences of IPV victimisation and perpetration and contribute to a cycle of violence in future relationships. From an IPV victimisation standpoint, reinforcement also plays a key role, as witnessing and experiencing aggressive behaviour as a conflict resolution strategy reinforces the belief that these strategies are acceptable in a relationship (Schuster & Tomaszewska, 2021); again, contributing to a cycle of violence.

The SLT provides insight into processes that may contribute to IPV victimisation and perpetration, noting the roles of social processes, observation, and reinforcement. The nature of the theory provides a comprehensive explanation to crime-associated socialisation

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

processes (Radar & Haynes, 2011) and the role that these factors have on shaping attitudes and behaviour. Furthermore, this theory may help to explain the cycle of violence experienced by victims, in terms of perpetuation of IPV experiences personally and within social circles. Resultantly, this provides a starting point for intervention which could help to target these learned behaviours and attitudes (Anderson & Kras, 2005), and in turn aid in breaking the cycle of violence.

Despite this, the approach may be considered reductionist as it fails to account for a range of other social factors and external influences that may affect IPV victimisation and perpetration; for example, substance abuse (Gilchrist et al., 2019), mental disorders (Yu et al., 2019), mental health issues (Spencer et al., 2019), and economic dependence (Kaukinen, 2020). Thus, simply using the SLT model to explain IPV means that there is a danger of oversimplification.

Social Exchange Theory. The Social Exchange Theory (SET: Homans, 1961; Thibaut & Kelley, 1959) posits that individuals engage in relationships based on cost-benefit analysis (Sedikides et al., 1994). Individuals, according to the theory, seek to maximise rewards and minimise costs in relationships, detailing romantic relationships as transactional in nature. The theory suggests that successful and stable romantic relationships are balanced and equitable in terms of perceived costs and rewards (Sprecher, 2004), such as sexual intimacy, “respect, commitment, love, or items of monetary value” (Wang, 2004, p.4).

The SET has also been applied more specifically to IPV within romantic relationships. With regards to IPV perpetration, theoretical studies have suggested that violent behaviour in romantic relationships may be perpetrated when the rewards of perpetrating this behaviour outweigh the risks, citing “lack of effective social controls in the family” (Lawson, 2012, p. 577) and social structures such as gender, status and economic

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

inequality as risk factors that contribute to the perpetuation of violence. Researchers have also suggested that dominance and control over a partner may be perpetrated to ‘rank authority’, suggesting that adhering to the perpetrator’s needs will guarantee protection and the provision of commodities (Mitchell et al., 2012). This theoretical perspective can be evidenced through research, which demonstrates the “intersectional nature” of power and violence (Coston, 2021, p. 381), as well as the potential ‘gains’ of staying in abusive relationships, such as maintaining a ‘complete’ family dynamic and having help with raising children (Estrellado & Loh, 2016).

Furthermore, with regards to IPV victimisation, SET has been utilised to explain why individuals may feel compelled to stay in abusive relationships. It is suggested that those who experience IPV may perceive there to be a lack of alternatives to staying in the relationship, or that leaving the abusive relationship would present more costs than staying; such as social isolation (Heron et al., 2022) and financial dependency (Gharaibeh & Oweis, 2009). This can be supported by empirical research investigating the reasons why both male and female victims stay in abusive relationships, which showed that some reasons for staying include a lack of resources, concerns about parenting and religion, and fear (Eckstein, 2011).

Although the SET does not account for a range of individual and external factors that may contribute to IPV, it does provide insight into potential reasons why victims may stay in an abusive relationship. Resultantly, this has practical implications for intervention programmes that may help to shift the focus of perceived benefits in these relationships (Yoshihama et al., 2012), such as through economic empowerment (Eggers del Campo & Steinert, 2020) and child support (Gennari et al., 2018).

The theory, however, oversimplifies complex relationship dynamics and processes (Katerndahl et al., 2010) which may contribute to IPV, disregarding the impact of further

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

emotional, contextual and psychological factors (among others). In addition, there is an inherent assumption through this theory that the victims and perpetrators of IPV are able to rationalise their thought processes and behaviours, conducting cost-benefit analysis before making decisions and acting upon them. However, in the context of IPV, a wide range of factors have an impact on decision making processes (Brosi & Rolling, 2010) such as fear and coercion (Hamberger et al., 2017; Lindgren & Renck, 2008). Thus the SET, when used as a single model, does not fully account for IPV victimisation and perpetration as these complexities are not addressed.

Feminist Theory. Underpinning the Feminist Theory of IPV (Dobash & Dobash, 1979; Walker, 1984) is the perspective that IPV is fundamentally gendered, and that as a phenomenon it “cannot be adequately understood through any lens that does not include gender as the central component of analysis” (Lawson, 2012, p.579). The feminist theory denotes the role of patriarchal societies and gender inequality in facilitating IPV (Lombard & McMillan, 2013), suggesting that women are disproportionately affected by IPV due to power disparities (Decker et al., 2019), social and cultural norms (Stockman et al., 2014) and gender role beliefs (McCloskey et al., 2016).

This theoretical standpoint can be supported by statistical and incident reports, that demonstrate that women are more likely to experience repeated victimisation of IPV, are more likely to be seriously injured and are also more likely to be killed in a violent relationship than male victims of IPV (ONS, 2020A; ONS, 2020B; Walby & Allen, 2004; Walby & Towers, 2017; Women’s Aid, 2022). Furthermore, research has demonstrated that women are also disproportionately affected in IPV relationships by fear and PTSD (Caldwell et al., 2012), providing support for the position that IPV is gendered.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

From a perpetration perspective, it is suggested that “males’ violent behaviour toward female partners is a method used to exert power and control over them” (Chesworth, 2018, p.81), and that this occurs because of a patriarchal society that primes men to “dominate over women and ultimately perpetuate the societal oppression of women” (Chesworth, 2018, p.81; Pence & Paymar, 2004). This can be further demonstrated by research that shows increased violence against women in cultures where honour and gender role beliefs are particularly prominent (Brown et al., 2017).

The Feminist Theory of IPV focuses on both individual and societal factors that may contribute to IPV, such as power dynamics, social and cultural norms, gender role beliefs and gender inequalities; thus, providing more of a well-rounded understanding of IPV than previous single model theories mentioned above. Furthermore, the feminist theory provides a comprehensive explanation of the gender imbalance of IPV victimisation (Lawson, 2012), and is key in exploring contributing factors to violence against women and girls (Hunnicut, 2009). In addition, the feminist theory allows for a clear, fundamental starting point for intervention, focusing on the empowerment of women (El Morr & Layal, 2020) and survivors’ agency (Waller & Bent-Goodley, 2022), while challenging victim-blaming attitudes (Gracia et al., 2020).

However, the feminist theory fails to account for individual differences in gender role beliefs and social/ cultural norms, assuming that all male individuals behave the same in IPV relationships. Research systematically highlights the role of individual differences in IPV perpetration and the need for tailored support depending on the situation (Butters et al., 2021); therefore, the reductionist feminist theory may be counterproductive in reducing IPV incidence if interventions are based solely on this framework. Furthermore, it is imperative to note that although IPV incidence historically is greater among the female population, IPV of male victims is an understudied and underreported phenomenon (Wormann et al., 2021), and

one which the feminist theory does not account for in any significant way. Therefore, the feminist theory of IPV is ineffective as a singular IPV model, entire populations of victims and perpetrators are left unaddressed. This could contribute to further IPV victimisation and a lack of tailored support for male and non-binary victims who are not accounted for in the model.

Multi-Factor Theories and Models of IPV

Although these single factor theories of IPV provide insight into processes and factors that contribute to victimisation and perpetration, they are inherently reductive by nature; failing to account for the complexity of IPV as a phenomenon, and the way in which factors interact to affect IPV incidence and outcomes. The single factor models tend to demonstrate how IPV can be counteracted at an individual level *or* a societal level but fail to recognise the interactions between these factors. However, there are multi-factor theories and models of IPV that detail the various factors contributing to IPV and their interaction, which provide a more comprehensive and multi-faceted approach to victimisation and perpetration; these have been shown to be the most well-rounded approaches to understanding IPV (Heise, 1998; Murphy, 2013). The following section will highlight two of the prominent multi-factor theories and models of IPV, demonstrating a range of interacting and intersectional factors that contribute to victimisation and perpetration.

The Nested Ecological Approach to IPV. Dutton, (1995) initially proposed a novel theory to explain individual differences in IPV perpetration, positing that IPV is “triggered by their [the perpetrator’s] internal mood states rather than by external events” (p.567), following on from his prior research that looked at “profiles of wife assaulters” (Dutton, 1988, p.5). Dutton highlighted the roles of early experiences, attachment styles, personality, cognitive factors and learned behaviour in particular, in men who perpetrate IPV. However,

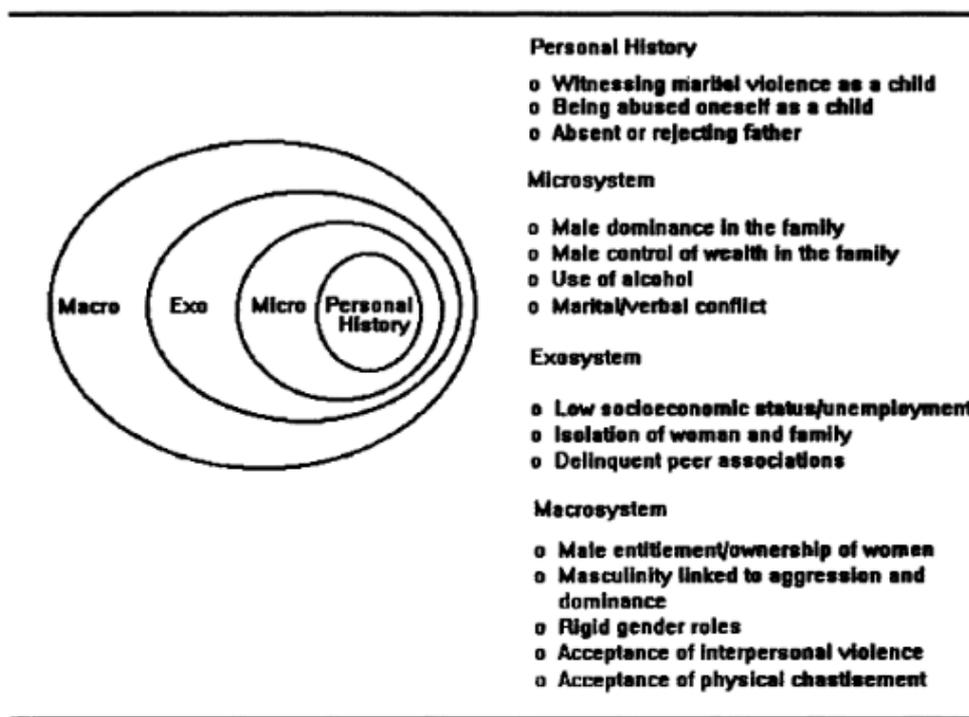
CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

he also suggested that the men who took part in this study, and men who act similarly, are “shaped differently from other males by a patriarchal culture that provides justification for their abuse of women in intimate relationships” (p.567), thus alluding to the role of sociocultural factors in IPV also.

Although insightful, Dutton’s (1995) theory did not comprehensively address the roles of external factors in IPV. Leading on from this, Heise (1998) conceptualised and adopted an “integrated, ecological framework for understanding the origins of gender-based violence” (p.262), detailing factors at various levels that contribute to IPV outcomes (see Figure 1). Namely, personal history (encapsulating individuals’ past experiences), microsystemic factors (described as direct interactions with others), exosystemic factors (social structures that have an influence on the immediate settings of the individual) and macrosystemic factors (referring to social and cultural values and beliefs that inform the other levels) (Heise, 1998). Together, these factors and system levels allow for a more holistic understanding of the complex and multifaceted nature of IPV.

Figure 1

Heise's, (1998) Framework for Factors Related to Violence Against Women.



Heise, (1998) notes that the framework specifically includes factors that have been “shown empirically to be related to differential rates of violence against women and girls” (p.265). In terms of Personal History, empirical research has shown that Adverse Childhood Experiences (ACEs; Felitti et al., 1998) such as personal experiences of childhood (pre-18 years old) abuse, witnessing the abuse of a parent or caregiver, and the loss of a parent or caregiver (among other factors) (Finkelhor et al., 2015) are linked to IPV victimisation and perpetration (Mahenge et al., 2018; Mair et al., 2012). Furthermore, with regards to the microsystemic factors, the use of alcohol is a risk factor of IPV highlighted by Heise, (1998), which has also been shown to have a clear positive association with physical and sexual IPV victimisation among women (Devries et al., 2013). These factors serve to provide a more comprehensive understanding of dynamics within IPV relationships.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

The exosystemic factors proposed in the model encompass the roles of broader social structures, establishments and stakeholders in impacting experiences of IPV; for example, social norms, socioeconomic inequalities, legal and political issues, and delinquent peer associations. Research has demonstrated that low socioeconomic status, combined with unemployment, are risk factors for IPV victimisation and perpetration (Moreira & Pinto da Costa, 2020), and also that risk factors for IPV are exacerbated when the victim and perpetrator are isolated from external influences such as friends, family, and support systems/services (Kaukinen, 2020; Lyons & Brewer, 2022). In addition, research has demonstrated that peer group attitudes and negative peer group support may have an effect on an individual's predisposition for violence (Berkowitz et al., 2022) and more specifically with IPV (DeKeseredy et al., 2019). This can also be linked to social and cultural norms, in that accepting and normalising IPV will contribute to further perpetration, such as in honour cultures where IPV may be used as a tool to maintain values and reputation (Gul et al., 2021).

Lastly, macrosystemic factors highlighted in this ecological approach refer to the "broad set of cultural values and beliefs that permeate and inform the other three layers of the social ecology" (Heise, 1998, p.277), positing that the macrosystemic factors influence personal history, as well as variables from the microsystem and exosystem. For example, cultural beliefs, societal attitudes, and ideologies regarding power, gender and relationships have an effect on people's experiences in childhood and adulthood, social norms, institutional responses, and community, family and relationship dynamics. Research has also shown that attitudes towards violence against women are rooted in traditional gender role beliefs (Nayak et al., 2003) and particularly with respect to *perceptions* of IPV (Stanziani et al., 2020), affecting marital conflict (Tasew et al., 2021). Central to the ecological approach is the notion that there is an interrelationship between the macrosystemic factors such as gender role beliefs, cultural beliefs (for example, honour ideology) and condonation of violence to

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

resolve conflict, and the factors embedded within the other levels, in turn contributing to variation in IPV victimisation and perpetration (Ferrer-Perez et al., 2019; Zapata-Calvente et al., 2019). There is also a substantial body of research to confirm the influence of these risk factors on IPV victimisation and perpetration, which can be shown in the risk factors section of this review below.

The Nested Ecological Approach embodies a comprehensive perspective of a range of factors, both individual and external, that contribute to IPV victimisation. By taking factors at multiple levels (i.e. personal history, exosystem, microsystem and macrosystem), this allows for a more holistic understanding of IPV, acknowledging the complex and interconnected nature of the factors that contribute to victimisation and perpetration. Furthermore, by investigating the influences on IPV at different levels, this approach helps to explain how individuals' experiences are shaped by external factors, providing some understanding of the dynamics of the risk factors.

Despite this, perhaps the main issue of this approach to IPV is that this is based solely on male violence towards women, and thus, does not account for male and non-binary victims of IPV. Thus, future research should aim to validate this approach to IPV across gender groups, acknowledging the risk factors that are not embodied within the approach but that are shown to be significant at the four levels in contributing to IPV victimisation and perpetration. In parallel, the data upon which this approach is based are limited, with regards to the risk factors defined under each level of the model as well as the gendered nature of the participant samples they were based on; therefore, the approach may not provide an accurate overview of current risk factors among different participant groups. Consequently, further research should aim to look at a range of different risk factors on the four levels addressed in the approach.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

The Integrated Feminist Theory of IPV. Lastly, the Integrated Feminist Theory combines feminist theory with sociocultural factors and structures that contribute to IPV, demonstrating how power dynamics, gender inequalities, the role of the patriarchy, cultural norms and societal structures can shape IPV. Johnson, (1995) was key in establishing this integrated theory, first coining the terms ‘patriarchal terrorism’ and ‘common couple violence’. Johnson, (1995) proposed that there were two distinct types of IPV; ‘common couple violence’, which referred to “outbursts of violence from either husbands or wives” (p.283), or ‘patriarchal terrorism’ which referred to “families [that] are terrorised by systematic male violence” (p.283). Johnson noted that while common couple violence was equally perpetrated by men and women, exhibiting lower levels of violence and often being used as a conflict tactic, patriarchal terrorism was mainly perpetrated by males and was categorised as embodying more severe abuse.

However, moving on from this, the term ‘patriarchal terrorism’ was altered to ‘intimate terrorism’, to reflect the potential for both men and women to perpetrate the more ‘severe’ types of abuse against their partner. Subsequently, Johnson, (2006) proposed there to be three different types of IPV, distinguished “by their role in the control context of the relationship in which they are embedded” (p.557). These are ‘intimate terrorism’, defined as a violent attempt to dominate the relationship, ‘violent resistance’; a term used to describe when a partner responds to a violent individual with violence, and ‘situational couple violence’, utilised for violence that arises as a result of relationship conflict or tension and not in response to control. In defining these separate types of violence, Johnson, (2006) indicates the need for “different theoretical frameworks to explain them and different strategies for prevention and intervention” (p.558).

In IPV relationships that Johnson, (2006) describes as ‘Intimate Terrorism’, the main criterion is that the perpetrator exerts control over the IPV victim; this is long-term and is

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

control over general life (see Figure 2 for a diagram of the ‘general control’ detailed in the Intimate Terrorism type of IPV in Johnson’s, (2006) model).

Figure 2

Domestic Violence – Intimate Terrorism (Johnson, 2006).



Johnson, (2006) also details how as the relationship progresses and as violence is exerted, the abuse is not only categorised by the direct acts of violence, but also by the “ostensibly nonviolent tactics that accompany that violence” (p.561), making the victim fearful of potential control tactics and future abuse. Research has demonstrated that victims’ fear of IPV is associated with high-controlling violent partners (Messinger et al., 2014), demonstrating victim fear as a predictor of IPV.

In terms of Violent Resistance (VR) IPV, Johnson, (2006) demonstrates that those who are violent resistant will enact violence in response to abuse; either reacting to the first time their partner is violent, or as a build up after continued assault. Despite this, Johnson denotes that this type of violence has the potential to escalate as the responsive violence is often futile; therefore, other coping mechanisms may be employed, or “for a few, eventually

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

it seems that the only way out is to kill their partner” (p.561). Importantly, the term VR IPV signifies that the victim who reacts to abuse with violence is not controlling, but the perpetrator is both violent and controlling, i.e. an intimate terrorist.

Lastly, Johnson, (2006) refers to ‘Situational Couple Violence’ (SCV) as the most common IPV type, stating that neither of the partners are trying to gain control in the relationship. Instead, he posits that violence is perpetrated as a result of situational tension and provocation in the relationship, such as in response to conflict. Empirical research supports this theory, demonstrating marital conflict to be a strongly associated risk factor of IPV (Xu et al., 2005). To conclude, Johnson, (2006) proposes that the main distinctions in IPV are based upon power and control motives, rather than other motives which may drive specific incidents of IPV.

The Integrated Feminist Theory of IPV bridges the gap between the single-factor Feminist Theory of IPV and further situational and contextual influences, providing a comprehensive analysis of the complex relationships between gender, power, and social structures in IPV. This theory, as with the single-factor Feminist Theory, also emphasises the role of empowerment in addressing IPV, which provides a solid basis for potential interventions and prevention strategies.

However, once again the main issue with this theory is its gendered perspective; although Johnson’s, (2006) updated model acknowledged the potential for the perpetrator to be female and the victim to be male, the theory itself is still structured around the violence against women perspective, with claims such as “for most women, the size difference between them and their male partner ensures that VR won’t help, and may make things worse” (p.561) as a conceptual part of the theory. Thus, this makes the theory itself inapplicable in its entirety to male and non-binary victims. Furthermore, the theory pays

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

limited attention to individual factors that may contribute to IPV victimisation and perpetration (as noted in the Nested Ecological Approach above). Although the broader social and structural contexts are acknowledged, this limited perspective that does not note the interaction of these factors with individual predictors and risk factors for IPV, means that this theory cannot fully account for IPV victimisation and perpetration. Therefore, it would be beneficial to utilise this theory in conjunction with others, such as the Nested Ecological Approach, to obtain a more holistic model of IPV.

Conclusion

The theories above reflect an array of explanations that affect people's attitudes towards, and victimisation and perpetration of, IPV. Although each of the theories posit different factors to be predictive of IPV, the integrative approaches highlight the importance of acknowledging a range of factors in understanding IPV. Taking multi-factor, integrative theories and approaches into account allows for a well-rounded explanation of IPV, and provides a clear, comprehensive basis for further study and intervention. Thus, for the purpose of this programme of research, both the Nested Ecological Approach and the Integrated Feminist Theory of IPV will underlie the studies, providing a basis for exploration of individual, social and contextual factors on multiple levels. Given the aims of this programme of research, these underlying concepts of these theories (in particular, the Nested Ecological Approach) will also be investigated across gender and ethnic groups, rather than only with female Western participants on which these theories were initially based. In light of this, the risk factors mentioned in the theories and approaches will be investigated to highlight their associations with IPV, across gender and ethnic groups.

Risk Factors for IPV Perceptions, Victimization and Perpetration

The theories detailed above highlight some of the main risk factors for IPV victimisation and perpetration, on different structural levels and from varied perspectives. Utilising these [in particular the Nested Ecological Approach (Dutton, 1995; Heise, 1998) and the Integrated Feminist Theory (Johnson, 2006)] provides a starting point for investigation into IPV risk factors, while further literature has highlighted the roles of other risk factors for importance that will be noted below. Within this programme of research, these risk factors and their association with IPV victimisation and perpetration will be discussed, while also investigating potential ethnic and gender group differences.

Romantic Relationship Experience

Literature has systematically demonstrated that previous relationship experiences have an impact on IPV victimisation and perpetration (Bates, 2020; Bonache et al., 2016), and that relationship experiences, particularly in IPV, also vary extensively across ethnic groups (Benebo et al., 2018). Within these studies, details of how both relationship experiences with ex-partners, and also with current partners, may be risk factors for IPV victimisation and/or perpetration and contribute to a cycle of violence, are noted.

Cycles of Violence in Relationships. Cervantes and Sherman, (2019) examined cycles of violence victimisation in low-income women and demonstrated that victims of abuse who manage to leave their relationships may find themselves trapped in a cycle of abusive relationship afterwards. They posited that this may be because victims subsequently normalise abusive behaviours based on their prior experiences, reaching an ‘acceptance’ that these are expected in the context of intimate partner relationships; thus, “set[ting] the stage for later abuse within intimate relationships to be downplayed” (Cervantes & Sherman, 2019, p. 567). Although the anticipation of abuse has been noted in literature as a factor related to attitudes towards, and victimisation of IPV (Wilson et al., 2016), this puts the onus on the

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

victim to stop the abusive cycle, thus, suggesting that IPV incidence could be reduced if the victim were to simply stop ‘accepting’ it. While victims’ relationships with their ex-partners may be linked to their victimisation of IPV, this is neither a viable, nor ethical, explanation alone. Furthermore, although Cervantes and Sherman’s (2019) study provides insight through in-depth qualitative interviews, their sample consisted solely of low-income women residing in Eastern Washington State. Consequently, the participants’ experiences will not be reflective of all women, nor can the results be generalised across ethnic groups.

Conversely, studies also demonstrate that women who have experienced abusive relationships are more vigilant regarding risk factors in (potential) partners’ behaviour (Lewis et al., 2015). This, therefore, limits the opportunity for abusive relationships to reoccur as these are recognised and confronted earlier on in the relationship as victims refocus their views of how ‘healthy’ relationships should be (Papp et al., 2017). Resultantly, the literature highlights the potential bi-directional impact of IPV experiences on future relationships. Furthermore, it also highlights the role of protective factors, such as self-esteem, social support and self-efficacy (Costa & Gomes, 2018; Matheson et al., 2015) in victimisation of IPV.

Relationship Experiences with Ex-Partners. Despite the varied findings with regards to the impact of relationship experiences on IPV, much of the research that looks at future relationships of those who have been in past abusive relationships agrees that victims of abuse subsequently lack trust in people, which can inevitably “impact the trajectory of the interpersonal interactions one has with others” (Lewis et al., 2015, p.386). This is a predictive factor of the trajectory of future relationships, as those exhibiting greater levels of trust and less verbal conflict have been shown to correspond with decreases in IPV (Johnson et al., 2015). Unsurprisingly, however, many victims of IPV struggle to trust their partners after abusive experiences (Flasch et al., 2019); thus, inevitably creating barriers for victims in

establishing healthy relationships with new partners (St. Vil et al., 2018). Resultantly, studies which have explored this phenomenon have noted the importance of addressing post-IPV dating throughout victims' recovery (Flasch et al., 2019). These findings allude to the potential consequential effects of past relationship experiences on future relationship building.

Relationship Experiences with Current Partners. Findings have also elucidated the links between victims' experiences in their current relationships, and subsequent IPV. For example, Langhinrichsen-Rohling, (2005) purported that relationship dissatisfaction may be a "breeding ground" (p.110) for violence, demonstrating that marital conflict is associated not only with initial violence occurring, but is also predictive of "continued wife assaults" (p.110). This finding can also be supported by Kuijpers, (2011), who found that increased relationship conflict and "uncontrolled anger" (p.10) may lead to increased, and more severe, IPV being perpetrated. Although this explanation regarding relationship dissatisfaction reflects findings from other studies (Zamorski & Wiens-Kinkaid, 2013; Hellemans et al., 2015), it also inherently perpetuates victim-blaming ideologies by 'rationalising' IPV as a response to dissatisfaction and conflict (Spencer et al., 2019).

While Langhinrichsen-Rohling, (2005) touches on the ingrained nature of victim blaming associated with these claims, and despite this being a recognised phenomenon that current legislation and practice aims to reduce, the impact of these attitudes on public perceptions (Bates, 2020; Martín-Fernandez et al., 2018) and public service responses to cases (such as the police, (Twis et al., 2018)) indirectly facilitate IPV perpetration through the 'acceptance' and normalisation of IPV, and the exoneration of the perpetrator (Lelaurain et al., 2021).

Childhood Experiences

Research has shown that childhood experiences, and adverse experiences in particular, may contribute to subsequent IPV victimisation and perpetration. Initially coined by Felitti et al. (1998), the term ‘Adverse Childhood Experiences’ (ACEs) refers to experiences that fall under the following categories: “psychological, physical or sexual abuse; violence against mother; or living with household members who were substance abusers, mentally ill or suicidal, or ever imprisoned” (p.245). ACEs have been systematically linked to negative health outcomes (Kalmakis & Chandler, 2015), with research highlighting the increased risk to physical and mental health outcomes that experiences of ACEs may contribute to (Boullier & Blair, 2018).

There is also a body of research which denotes the association between ACEs and IPV more specifically. For example, Thulin et al. (2021) conducted a 24-year longitudinal study to examine the association between ACEs experienced in adolescence and adult IPV. Among a range of ACEs, they found that community violence was significantly predictive of later risk of IPV victimisation. Furthermore, Seon et al. (2022) examined a college-based adult participant sample, looking at the effects of ACEs on IPV victimisation and perpetration through physical, emotional, sexual, and cyber abuse subsets. They identified that for both sexes, there were moderate associations between ACEs and IPV victimisation and perpetration across the four subsets, and also found that “men were more likely to perpetrate and be victimised by IPV than women in the sample” (Seon et al., 2022, p.2420).

In addition, Jones et al., (2018) conducted a study looking at ACEs with an incarcerated population of women. They noted that “most incarcerated women suffer from ACEs... and adult intimate partner violence” (p.68), but that most research into these associations had utilised only non-incarcerated populations. Therefore, they conducted a

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

study to look at the relationships between ACEs (individual, cumulative and cluster ACEs) and IPV in adulthood, finding that ACEs in the three forms were linked to assault, psychological and sexual abuse in adulthood. Resultantly, Jones et al. (2018) also highlighted the importance of feminist theories in exploring these relationships. These findings demonstrate the association between ACEs and IPV, as well as note potential gender differences in this relationship.

Differences in ACEs have also been shown between cultures and countries. For example, Forster et al. (2018) investigated ACEs in a college student sample to identify their associations with substance use. In doing so, they found that not only did ACEs increase the risk for substance use, but that also “there was considerable ethnic variability in these associations” (Forster et al., 2018, p.298), demonstrating potential differences in ACEs and substance use; both risk factors for IPV (Gil-Gonzalez et al., 2008; Reingle et al., 2014). Furthermore, in the context of IPV, Gilchrist et al. (2016) conducted a study with men who were receiving treatment for substance abuse in Brazil and England. Within this sample, they found that IPV perpetration rates among the study demographic were high, with the English participants found to be more likely to perpetrate physical IPV and Brazilian participants more likely to perpetrate sexual IPV. In addition, they found that English participants reported more ACEs than the Brazilian cohort which, among the other risk factors investigated as part of the study, may have contributed to a) the increased IPV perpetration rates, and b) the differences in perpetration across the two countries. These findings demonstrate cultural differences in ACEs, and associations with IPV perpetration.

Belief Systems, Scripts and Ideologies

Belief systems and scripts, such as cultural beliefs and gender norms, underpin the perceptions of, and attitudes towards, IPV (Allen & Devitt, 2012), in turn affecting

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

prevalence (Asay et al., 2016), disclosure (Ahrens et al., 2010) of IPV, and subsequent help-seeking behaviours (Sears, 2021). As a result, this impact on disclosure and help-seeking behaviours presents barriers to intervention, prevention and support (Dutton, 2012).

Gender Role Beliefs. Gender role beliefs have been a key factor associated with IPV historically, playing an integral role in research which signifies the gendered nature of this type of violence (Women's Aid, 2022). Research demonstrates that "individual beliefs regarding gender roles and masculinity may influence... perceptions of IPV" (Stanziani et al., 2020, p. 208), which subsequently contribute to the acceptance (McDermott & Lopez, 2013) and therefore perpetuation of IPV also.

Research has consistently shown that gender role attitudes contribute to IPV perpetration. O'Connor et al., (2021) examined gender role disparities in IPV, and found significant associations between financial and educational gender role disparities and IPV perpetration. However, the nature of this association was different for each of the gender role disparities investigated. I.e., in the context of this study, "income disparities increase[d] the risk of IPV perpetration, and educational disparities reduce[d] perpetration" (O'Connor et al., 2022, p.53), demonstrating how gender role attitudes may influence perpetrated IPV. Furthermore, Reyes et al., (2016) investigated the association between gender role attitudes and physical IPV, further investigating "injunctive (i.e. acceptance of dating violence) and descriptive (i.e. beliefs about dating violence prevalence) normative beliefs" as moderating variables. They found that traditional gender role attitudes in the sample were predictive of increased IPV perpetration risk among those who exhibited injunctive normative beliefs; however, descriptive norms were not found to be moderators in this association. These findings demonstrate the relationship between gender role attitudes and IPV perpetration, highlighting these beliefs as risk factors for violence.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

However, some studies have also shown that gender role beliefs may not be as predictive of IPV as prior research has shown. For example, Nabors and Jasinski, (2009) investigated this association in a sample of college students, looking at ‘gender role’ and ‘gender violence-related’ attitudes before and after IPV perpetration, to identify whether these attitudes contribute to the perpetration or are exhibited after the fact. Their findings indicated that gender role and gendered violence-related attitudes did not strongly predict physical IPV perpetration, depicting a weak relationship with minimal variance explained. Instead, they found that childhood experiences of victimisation were more predictive of IPV than gender-role and gendered violence-related attitudes, providing further support for ACEs as significant risk factors. These findings suggest the potential for variance in results across participant samples; this study was conducted with college students in the US, and therefore the findings are not generalisable to a wider population of varied ages and ethnic groups. These outcomes indicate a more complex association between gender role beliefs and IPV.

Notably, gender role beliefs are key contributors to the variance across ethnic groups in perceptions and experiences of IPV. For example, Fanslow et al. (2010) explored similarities and differences in IPV prevalence and attitudes towards IPV in women across four ethnic groups in New Zealand: Māori, Pacific, European/Other and Asian. Within the context of the study, they reported a prevalence of 58% for Māori women, a 33% prevalence for Pacific and European/Other women, and an 11.5% prevalence for Asian women. In addition, they highlighted differences in these prevalence rates compared to prevalence rates of the same ethnic groups in other countries and contexts. Underpinning these findings, Fanslow et al., (2010) highlighted the role of traditional gender role beliefs, acceptance of justifications for partner violence and a disagreement with women’s sexual autonomy in IPV victimisation, demonstrating that there was also a difference between ethnic groups in acceptance of these beliefs.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

As part of the study, the participants were asked about the extent to which they agreed with attitudes pertaining to the 'role' of women and men in relationships. Included in this were attitude statements asking whether "a good wife should obey her husband even if she disagrees" (Fanslow et al., 2010, p.818), whether it is "important for a man to show his wife who is the boss" (pp. 818-819) and whether "a woman should be able to choose her own friends even if the husband disapproves" (p.819). When looking at the endorsement of these attitudes regarding the role of women in relationships, Fanslow et al., (2010) found there to be a range of differences across the four ethnic groups studied, demonstrating a variation in their beliefs. Combined, these findings validate the role of traditional gender role beliefs in IPV victimisation, and the differences in this across ethnic groups.

Cultural Beliefs and Scripts. Research has highlighted variations in perceptions and experiences of IPV based on cultural beliefs and scripts that span across different ethnic groups and communities. For example, Da Silva et al. (2021) highlight the role of *marianismo* endorsement in IPV among young adult Latinas; a belief system typically associated with self-sacrifice and passiveness, yet also familial devotion and compassion for others (Torres, 2017) which penetrates perceptions and experiences of romantic relationships. Although *marianismo* as a belief system encompasses both positive and negative ideologies, research has shown that higher endorsement of these values may lead to further conflict in IPV relationships, due to "the *Marianismo* cultural script that dictates that women should avoid discussing... topics that will lead to a disharmonious relationship" (Torres, 2017, p.21).

Furthermore, communities that endorse these belief systems are more likely to endorse negative views of divorce (Da Silva, 2020), and encourage victims to remain in relationships, regardless of whether these are abusive (Mayorga, 2012; Moreno, 2007). In turn, this could mean that IPV victims endure long-term abusive relationships in which the

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

severity and frequency of IPV increase systematically (Muñoz-Rivas et al., 2021). Therefore, these examples would negate the notions that experiences in past relationships have a consequential effect on abuse in future relationships, as many Hispanic women will maintain and remain in abusive relationships to prevent the dissolution of the family (De Faria, 2021); thus, leaving a relationship and beginning a new one is often not a viable option.

Support for this notion comes from Chatterji et al., (2022), who highlight that “women affected by IPV within marriage may remain in their relationships, particularly in contexts such as India, where divorce remains highly stigmatised” (p.1). These studies demonstrate the impact that cultural beliefs and scripts may have on IPV perceptions and prevalence, and provide an insight into how IPV may be perpetuated.

As stigmatisation regarding divorce in India (the context in which the study took place) is still prevalent, Chatterji et al., (2022) suggest the need to empower couples rather than individuals to improve their relationships, with the expectation that these measures could successfully address IPV based on similar findings in other countries such as Rwanda, South Africa and Ethiopia (Doyle et al., 2018, Dunkle et al., 2020; Sharma et al., 2020). These studies show that couple-based interventions may be effective in targeting IPV in some contexts and cultures; particularly in those where divorce is stigmatised (Chhabra, 2021; Dagneu et al., 2020). The findings highlight that “enhancing... couples’ abilities to resolve conflict non-violently may, rather than endanger victims, actually enhance safety of couples and children” (Stith & McCollum, 2011, p.312), helping to reduce IPV risk factors for couples who stay together after IPV (Stith et al., 2011).

Although these studies have shown couples-based interventions to be effective in targeting IPV in some contexts, research has noted that in other contexts and cultures, interventions where victims may participate in treatment with their abusers could present a potentially dangerous prospect with regards to future aggression and retaliation (Antunes-

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Alves & De Stefano, 2013; Simpson, 2005). Furthermore, suggesting interventions where couples “work together to improve their relationships” (Chatterji et al., 2022, p.7) after incidences of IPV in these contexts, rather than empowering individuals to move away from or dissolve their abusive relationships, may further perpetuate the stigma around divorce (Gennari et al., 2017; Tonsing & Barn, 2016). These findings demonstrate the differences in, and conflicting messages within research regarding, cultural beliefs and scripts concerning IPV, and further highlights the need for tailored understanding and support in different cultural contexts.

Honour Culture and Reputation. The impact of cultural beliefs and scripts related to IPV can be seen in communities which endorse concepts associated with “culturalised forms of... violence” (Gill & Walker, 2020, p.157), such as *izzat*, meaning honour (Snell-Rood, 2015). One of the key aspects of honour culture is the idea that “an individual’s worth is not only self-defined... but it is also socially defined in terms of one’s reputation, status and respect by others” (Uskul & Cross, 2019, p. 40). Consequently, individuals must maintain personal and family honour, through adhering to accepted beliefs and behaviour within their communities (Reddy, 2008). Typically, honour cultures endorse the concepts of chastity and marriage fidelity (Kizilhan, 2019); as a result, victims are also more likely to remain in relationships in which IPV is perpetrated to uphold their family’s honour (Lowe et al., 2018).

These studies provide an insight into how cultural beliefs may shape decisions and behaviour in some communities; however, these explanations are not generalisable. The concepts of *marianismo* and honour culture tend to perpetuate traditional gender roles that come from “primarily patriarchal value systems” (Hanser, 2001, p.5), with *marianismo* beliefs noting women’s ‘ability’ to endure imposed suffering (Hanser, 2001) and honour culture highlighting the patriarchal traditions enforced “in the pretext of protecting the

family” (Vishwanath & Palakonda, 2011, p,386). Therefore, the above examples provide some insight into exemplar belief systems and cultural scripts that may endorse and perpetuate IPV (Vandello & Cohen, 2003). Yet, due to the nature of these belief systems, these explanations account only for female victims of IPV, whilst almost completely disregarding male IPV victims; a rarely discussed phenomenon in communities that endorse these beliefs. Therefore, future research should not only look at belief systems and cultural scripts that perpetuate IPV, but also investigate these risk factors in cases of male-victim IPV.

Life Stressors

Studies have shown that interpersonal, occupational and financial stress are “highly prevalent in midlife and have a substantial impact on... health and health behaviours” (Gomez-Bernal et al., 2019, p. 153). Research has also highlighted the role of life stressors in the perpetration of IPV (Howell et al., 2018). Although all individuals experience life stressors, research also indicates that there are differences in experiences of life stressors across ethnic groups (Bui et al., 2021; Clauss-Ehlers et al., 2006).

COVID-19. One significant recent life stressor that has had an extensive and aggravating impact on IPV victimisation and perpetration (Lyons & Brewer, 2022) is the COVID-19 pandemic, throughout which there has been a vast and rapid increase in reported cases of IPV (Moreira & Pinto da Costa, 2020). Additionally, the emergence of the pandemic also led to increased incidence, and exacerbation, of the risk factors for IPV discussed within this paper.

For example, there has been a noticeable decrease in psychological well-being and an increase in both the number of people experiencing exacerbation of psychiatric symptoms, and heightened severity of psychiatric symptoms in those with pre-existing conditions (Vindegard & Benros, 2020). Notably, suicidal ideation increased over time (O’Connor et al., 2021), and prevalence rates of depression, anxiety and stress were reportedly higher

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

during the COVID-19 pandemic across several countries (Lakhan et al., 2020). Not only does this demonstrate that the pandemic exacerbated psychological distress and mental health problems, it also highlights the similarities in this phenomenon across countries (namely China, India, Spain, Italy and Iran in this study). Further support for this comes from Salari et al. (2020), who similarly underlined the impact of COVID-19 on resultant psychological disorders. These findings demonstrate that this is an ongoing issue of concern, and also posit the importance of developing and facilitating access to psychological interventions to support and improve the mental health of individuals and vulnerable groups during the pandemic (Salari et al., 2020).

Furthermore, research has also shown the differing impacts that the COVID-19 pandemic has had on intimate partner relationships and subsequent relationship satisfaction. For example, Schmid et al. (2020) observed that 40% of the respondents experienced negative changes in relationship satisfaction during the pandemic (whilst only 20% reported positive changes in relationship satisfaction) and noted the potential for decreased relationship quality among couples. In parallel, Williamson, (2020) found that relationship satisfaction decreased in the early months of the pandemic for couples who exhibited poor coping strategies and high levels of conflict, whereas couples who “engaged in positive coping efforts and were able to avoid conflict with their partner during this time experienced a small increase in relationship satisfaction” (p.1486). These findings demonstrate the effects that the COVID-19 pandemic has had on risk factors for IPV.

Financial/ Economic Factors. Another example of a life stressor linked to IPV is financial strain which, most commonly in research, has been linked to IPV perpetration through the mediator of stress, i.e., that financial strain in general may cause tension in relationships (Kelley et al., 2018), which is considered a “proximal trigger” for the perpetration of IPV (Wachter et al., 2017, p. 297). For example, Shortt et al. (2013) studied

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

young couples with experiences of IPV, investigating the risk factors that predict the course of violence itself. They identified that financial strain, alongside other risk factors such as interpersonal issues within familial relationships and friendships, was linked to psychological violence in the relationship.

Furthermore, Cunradi et al. (2002) looked more specifically at the influence of socioeconomic status on IPV probability and found that household income had the largest relative influence on the probability of IPV in their findings. Cunradi et al.'s (2002) findings can also be corroborated by Vyas and Watts, (2008), who found that in low and middle-income countries, economic empowerment (typically manifested through “economic development and poverty reduction” (p.577)) may reduce IPV perpetration and, in turn, have protective impacts on IPV.

With regards to IPV perpetration more specifically, research highlights the role of finances in the ability to perpetrate IPV. This is often referred to as economic abuse, which can be defined as “a deliberate pattern of control in which individuals interfere with their partner’s ability to acquire, use, and maintain economic resources” (Postmus et al., 2020, p.262), and is now a phenomenon encapsulated within most IPV definitions. Research has demonstrated that economic abuse within IPV relationships is systematic and has a consequential effect on the psychological well-being of victims both during the abusive relationship, and afterwards (Adams & Beeble, 2019). This is substantiated by Stylianou, (2018), who purported that 93% of their IPV victim study sample had experienced economic abuse from their intimate partner, illustrating the manner and extent to which financial issues can permeate IPV relationships.

Postmus et al. (2020) likewise provide further evidence for the widespread nature of economic abuse within IPV relationships. However, they also query the potential cultural impact of defining and measuring economic abuse within IPV as one categorical

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

phenomenon. For example, Cao et al. (2014) demonstrated the importance of cultural context and nuances in defining and measuring financial abuse, based on their study of a Chinese population that reported the “sharp division of gender roles and responsibility for financial matters being the province of male family members” (p. 278). In turn, this shows that definitions of financial abuse within this population may vary compared to definitions in other ethnic groups and communities.

Together, these studies demonstrate the role that finances play as a tool and/or a method in the perpetration of IPV, whilst further highlighting the importance of cultural context when considering these behaviours. Although there is a substantial amount of research which analyses the role of economic abuse in IPV, few studies have addressed economic abuse within minoritised ethnic groups (Davilla et al., 2017), despite its intersection with IPV and increased vulnerability to harm in minoritised communities (Gillum, 2019).

Occupational Factors. Occupational stressors such as employment maintenance (Borchers et al., 2016) and job satisfaction (Tolentino et al., 2017) are examples of other life stressors that have been shown to affect both the victimisation (Swanberg et al., 2006) and perpetration (Bhalotra et al., 2021) of IPV. For example, Kaukinen, (2020) found that unemployment, combined with COVID-related life stressors such as childcare and social distancing measures, may contribute to the regression in progress that years of work investigating IPV have achieved in protecting victims, inherently suggesting that there could be an increase in perpetration as a result of these life stressors. Furthermore, Kaukinen, (2020) also highlights the tacit impact that these occupation- and COVID-related stressors may have on victims’ safety. Further evidence for these findings comes from Peitzmeier et al. (2021) who identified new or increased IPV as being more prevalent among people who were essential workers, unemployed or underemployed, and who had experienced recent changes

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

to their jobs, as well as Sanz-Barbero et al. (2015) who found associations between male long-term unemployment and IPV likelihood.

Despite these findings, much of the research into occupational factors and IPV shows that job insecurity and stress often play mediating roles in IPV perpetration, i.e. in situations where there is already conflict or relationship instability. For example, Evans et al. (2020) discuss the effects that economic instability, often preceded by job insecurity and work-related stress, can have on already fraught and tenuous situations, and note that IPV “cannot be addressed without also addressing social factors” (p. 2303). This demonstrates the importance of including work-related factors within IPV interventions; yet studies also note the lack of work-related victim intervention research available (MacGregor et al., 2019), highlighting the need for additional investigation.

There is also literature that recognises that cultural diversity and ethnic identity may affect the way in which these occupational stressors impact victims and perpetrators of IPV. For example, Asadi et al. (2018), noted in a study sample of married women in Iran that the women’s job and job satisfaction were predictive only of male domestic violence against women (as opposed to female violence against men), making women more likely to experience IPV. However, as this sample consists solely of married women from Iran, these findings are not generalisable.

Other studies have noted the role of occupational engagement in physical and sexual IPV victimisation (Gage & Thomas, 2017) particularly for women: i.e., that women engaging in cash work was positively correlated with IPV, particularly in areas where greater approval of wife beating was reported. Thus, this articulates the need to encourage economic empowerment in countries and communities which validate and perpetuate these ideologies.

Psychological Factors

The psychological risk factors for IPV have been studied extensively, particularly in recent years. Psychological risk factors have, by and large, focused on childhood experiences (Gil-González et al., 2008; Li et al., 2019), mental health (Spencer et al., 2019) and personality factors (Pereira et al., 2020; Plouffe et al., 2020). These factors have been shown to be linked to IPV victimisation and perpetration, and there is also an overlap in underlying psychological processes between the two. Moreover, psychological theories depicting Social Exchange (Homans, 1961; Thibaut & Kelley, 1959) and Social Learning (Bandura, 1977) processes may also be utilised to demonstrate how IPV victimisation and perpetration may be affected by psychological factors.

Mental Health. Traditionally, mental health encompassing both diagnosed mental health disorders such as depression, anxiety, posttraumatic stress disorder (PTSD), antisocial personality disorder (PD) and borderline PD (Spencer et al., 2019), as well as self-reported mental illness (Afifi et al., 2009) have been linked to IPV, with a number of studies indexing the psychological impact that IPV can have on victims (Dillon et al., 2013; Lagdon et al., 2014; Wood et al., 2020). However, in parallel, a broader perspective has been adopted that highlights the relationship between mental health and IPV, providing evidence also for mental health as a comorbid factor for IPV (Rhodes et al., 2009). Consequently, IPV exposure and victimisation may contribute to negative mental health outcomes (Lagdon et al., 2014), whilst also adversely impacting victims' psychological long-term mental health prognoses (Loxton et al., 2017).

Mental health factors are persistently linked with IPV in research, as both sequelae and co-occurring factors (Karakurt et al., 2014; Mason & O'Rinn, 2014). For example, Spencer et al. (2019) in their meta-analysis of risk markers for physical IPV victimisation utilising Dutton's (1995) nested ecological theory, demonstrated the links between mental

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

health and IPV at the ontogenetic level (the level that “focuses on factors related to the victim as an individual, such as substance use, mental health symptoms, attitudes and viewpoints the victim holds [and]... the gender of the victim” (Spencer et al., 2019, p. 9)). In this meta-analysis, it was found that for women, Post-Traumatic Stress Disorder (PTSD), depression, and threats to self-harm were among the “strongest positively related risk markers for IPV victimisation on the ontogenetic level” (Spencer et al., 2019, p. 12), whilst antisocial personality disorder, borderline personality disorder (BPD) and mental health problems were also significant risk markers. Similarly, for men, the strongest risk markers on the ontogenetic levels for IPV victimisation were PTSD, BPD, and antisocial personality disorder, whilst depression and anxiety were also significant risk markers for IPV victimisation.

This meta-analysis demonstrates that the strongest risk factors on the ontogenetic level pertained to mental health, yet these risk factors also varied depending on the victim’s gender. Further support for these findings comes from Afifi et al. (2008), who identified that females tended to experience poorer mental health outcomes related to IPV than males; this demonstrates that although these risk factors may be similar across genders, there are notable differences which may provide some explanation for the unequal rates of IPV victimisation across gender groups (ONS, 2020). However, it should be noted that regardless of experiences of negative mental health outcomes, females’ attitudes towards mental health with regards to stigma, acceptance and reporting tended to be more positive than males’ (Bradbury, 2020). This may skew the findings and contribute to an inaccurate reflection of mental health experiences across gender groups and may explain why more females than males report mental health issues and willingly access support services (Chandra & Minkovitz, 2006).

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

As demonstrated, mental health has been systematically shown to be linked to IPV in terms of victimisation risk factors. It is important to note, however, the existence of a bi-directional relationship between mental health and IPV, as mental health may be both a risk and predisposing factor for (Moreira & Pinto da Costa, 2020), and consequence of (Coker et al., 2002), IPV. For example, Machisa et al. (2017) found, through their household survey study, that there was a bi-directional relationship between mental ill health and IPV, particularly with regards to PTSD and depression; i.e., PTSD and depression were found to be risk factors for, and also negative consequential outcomes of, IPV. Further support for this can also be found from Devries et al. (2013), who established through a systematic review of longitudinal studies that “in women, IPV was associated with incident depressive symptoms, and depressive symptoms with incident IPV” (p. 1), and that in men IPV was associated with incident depressive symptoms. These findings suggest the potential bi-directional relationships between these variables, which is important as a pre-cursor to establishing the need for “integration of mental health services... in responding to victims of intimate partner violence” (Machisa et al., 2017, p.2). Once again, this emphasises the need for further research into this field; particularly with male victims, as studies which looked into this are scarce (Devries et al., 2013). Despite this, the Household Survey methodology has proved to be useful in identifying links between IPV and associated variables; thus, this programme of research will aim to replicate this by utilising the Understanding Society Household Survey datasets.

Although the links between mental health and IPV are evident from the literature, the effect of culture has been shown to moderate the relationship between IPV and mental health. For example, Do et al. (2013) assessed 105 married Vietnamese adult women, and looked at the relationship between IPV and mental health issues. Significant correlations between IPV, anxiety and depression were found, highlighting the effects that mental health can have on

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

IPV and vice versa; however, it was also found that IPV rates varied across countries and provinces, and that the relationships between IPV and mental health symptoms were moderated by culturally related beliefs about abuse. Although these findings solely represent one community, similar findings are evident across other cultures and literature (Mallory et al., 2016; Williams & Rueda, 2020). This denotes that cultural beliefs and practices may have a consequential effect on both mental health and IPV.

On the other hand, Dillon et al. (2013) conducted a literature review which looked at mental and physical health and IPV and found that links between these variables were evident in both national and international literature, positing potential cross-cultural similarities in IPV. Despite this, however, the review suggests that there is “variation in prevalence of IPV across various cultural settings” (p.1), providing support for Do et al.’s (2013) findings, and alluding to the complex and multi-faceted nature of this phenomenon. Studies have also indicated that there are cross-cultural differences in the relationship between IPV and depression (White & Satyen, 2015) and that female IPV victims from ethnically diverse populations tend to experience more barriers in accessing support (Rodriguez et al., 2009); perhaps due to the fact that disclosure of IPV is less common among these communities due to cultural beliefs that IPV-related issues are private (Montalvo-Liendo, 2008). These studies further highlight the links between mental health and IPV, and the potential for cross-cultural factors to impact this.

Anger. Psychological standpoints of IPV are linked most often to IPV perpetration, identifying individual psychological factors that may account for why some individuals perpetrate IPV. For example, increased anger is often cited as a risk factor for IPV perpetration, with a meta-analytic review highlighting the moderate associations between IPV perpetration and constructs of anger, hostility and the internalisation of negative emotions (Birkley & Eckhardt, 2015). Armenti et al. (2018) suggest that high levels of anger may

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

“elicit aggressive behaviour that is unwarranted or inappropriate to the circumstance” (p. 591), and found in a study looking at anger as a mediator that trait anger is a “common thread that connects early life adverse experiences, general criminality, and certain forms of IPV” (p. 597) – in this study, physical and psychological. Moreover, Dannisworo et al. (2019) investigated masculine gender role stress, anger and IPV, and found that the associations between masculine gender role stress and IPV were moderate at higher trait anger levels, but not at lower trait anger levels. These studies demonstrate how anger may serve as a risk factor, a mediator, and a moderator for IPV.

Moreover, rumination, defined as attention directed towards individuals’ own thoughts and feelings (Bushman et al., 2005) has also been linked to IPV through anger. Ruddle et al., (2017) highlight that “angry rumination augments aggressive behaviour because it increases and maintains anger following a provoking event” (p. 159) while facilitating aggressive priming; i.e. the “activation of aggression-related affect, cognitions and arousal” (p. 159). Consequently, individuals who engage in rumination are more likely to experience priming effects such as increased anger and aggression-related cognitions, which increases the risk of aggression and violence towards their partner (Babcock & Pothoff, 2020). Therefore, a focus on anger-inducing events may impact individuals’ ability to regulate their emotions, and could increase the likelihood of aggressive or violent responses during intimate partner conflict.

Furthermore, Ruddle et al. (2017) highlight that angry rumination may also act as a mediating factors between previous childhood abuse and future IPV. For example, cognitive processing of their experiences may lead to the development of tendencies for angry rumination, which, is related to the frequency of IPV perpetration (Babcock & Potthoff, 2020). For example, Massa et al. (2019) looked at the association between trauma and intimate partner aggression (IPA), and found that “anger... mediated the effect of negative

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

cognitions about the world on IPA perpetration, with this indirect effect being stronger for individuals with higher levels of rumination” (p. 392). These studies demonstrate how angry rumination may have direct and indirect impacts on IPV.

In addition, Dye and Eckhardt, (2000) investigated perpetrators of ‘dating violence’ as well as non-violent individuals, to identify whether there were differences between them in anger and cognitive distortion measures. 27% of the participants ($n = 67$) reported perpetrating aggression against their partner in the year prior to testing, and these individuals demonstrated higher ‘anger out’ levels as well as lower levels of anger control compared to those who had not been aggressive towards their partners. These findings would suggest that the violent individuals could not control their anger when it was experienced, which could “increase the likelihood of externally directed forms of anger expression” (p.337). These studies demonstrate the roles of anger, cognition and anger regulation in IPV.

Self-Control. In a similar vein, self-control has been shown to be linked to IPV. It has been argued that criminal acts may be a manifestation of the offender’s low self-control (Hirschi, 2002). Hirschi, (2004) defined self-control as “the tendency to consider the full range of potential costs of a particular act” (p. 544), which built upon Hirschi & Gottfredson’s, (1994) original definition by acknowledging the decision-making perspective through which an offender decides to engage in criminal behaviour in the moment of the act (Zavala & Perez, 2022). From an IPV-related standpoint, it has been suggested that low self-control, or “a dimension of it” is associated with IPV perpetration and victimisation (Gulledge et al., 2023, p.788), with further evidence coming from Zavala and Perez, (2022) to support this, who showed that self-control was negatively associated with IPV perpetration and victimisation. In other words, the more self-control the participants demonstrated, the less incidences of IPV perpetration and victimisation were reported.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Moreover, research has also demonstrated the role of affect regulation (linked to self-control through the ability to identify, evaluate and modify emotional reactions) in mediating the relationship between psychological distress and IPV. For example, Audet et al. (2022) found that in a sample of 335 male participants about to begin ‘treatment’ for IPV, there were indirect associations between psychological distress symptoms (classified as anger, depression and anxiety for the purpose of this study) and higher IPV perpetration, mediated through affect dysregulation. Although different studies vary in their definitions of emotional and affect regulation, it is by and large commonly emphasised that “well-developed affect regulation should allow angered individuals to modulate their emotional responses, thereby preventing anger escalating to abusive behaviour” (Harper et al., 2015, p.1650). More specifically in Audet et al.’s (2022) paper, it was found that anger symptoms were indirectly related to physical assault, psychological abuse and coercive control through higher affect dysregulation (AD); i.e., for participants who were unable to modulate their emotional responses, there was an association between anger and IPV perpetration. Findings also demonstrated that symptoms of depression were both directly and indirectly associated to IPV perpetration through higher AD, and that symptoms of anxiety were “directly related to lower physical assault perpetration, and indirectly related to higher physical assault and coercive control perpetration through higher AD” (Audet et al., 2022, p.22579). These findings provide supporting evidence for the impact of self-control and affect regulation on IPV perpetration.

Psychological Disorders. There is also a substantial body of literature to demonstrate the association between psychological disorders and IPV perpetration. Notably, Spencer et al. (2019) conducted a meta-analysis to investigate the relationships between mental health disorders and associated symptoms, personality disorders (PDs) and PTSD on physical IPV perpetration and victimisation. They found that anxiety, depression, PTSD, antisocial PD and

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

borderline PD were all significantly correlated with IPV victimisation and perpetration. From a perpetration perspective specifically, borderline PD and antisocial PD were demonstrated to be significantly stronger correlates for IPV perpetration than victimisation. These findings, based on data from 207 studies, provide a strong evidential basis to demonstrate the roles that mental health and psychological disorders have on IPV perpetration, highlighting the need for support services and “clinicians working with individuals or couples in the context of IPV [to] assess for and treat mental health problems” (Spencer et al., 2019, p.1).

In support of these findings, Hahn et al. (2015) purported that in a sample of 11,625 heterosexual men, those who had experience of PTSD were at a significantly higher risk of perpetrating IPV than those who did not report having PTSD. Research has also shown that in a comparative sample of women ($n = 32$) and men ($n = 64$) investigating the associations between IPV perpetration, trauma and PTSD symptoms, “women’s level of PTSD symptoms correlated positively with emotional abuse perpetration, with medium-to-large effect sizes” (Miles-McLean et al., 2019, p.6803). Further positive correlations were found between PTSD symptoms, physical assault and emotional abuse perpetration in women once substance use was controlled for.

Research also supports Spencer et al.’s (2019) findings of the role of psychological distress in IPV perpetration – Shorey et al., (2012) conducted a study to determine the association between IPV perpetration, victimisation and mental health among a population of women who had been arrested for domestic violence and had been referred for participation in an intervention programme. Key findings demonstrated that symptoms of anxiety, depression, borderline personality disorder and antisocial personality disorder were positively associated with physical and psychological IPV perpetration, with “women meeting the diagnostic cut-off scores for most mental health problems report[ing] significantly greater

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

IPV perpetration than women not meeting probable diagnostic cut-off scores” (Shorey et al., 2012, p. 7).

Although most associations between psychological disorders and IPV are with regards to IPV perpetration, there is also research to demonstrate their contribution to IPV victimisation. For example, as mentioned in the psychological models of IPV perpetration section above, psychological disorders, personality disorders and PTSD have also been shown to be correlates of IPV victimisation (Spencer et al., 2019). From an IPV victimisation perspective in particular, Spencer et al. (2019) found that PTSD and anxiety were “significantly stronger correlates for victimisation than for perpetration” (p.1). Furthermore, in a study of 3279 male and female participants, a history of anxiety was associated with a 50% increase in IPV victimisation (and perpetration) (Herbert et al., 2021), while Glowacz et al. (2022) demonstrated the mediating role of anxiety and depression between intolerance of uncertainty, physical assault and psychological aggression during the COVID-19 pandemic, giving some insight into the predictive nature of mental health factors on IPV victimisation.

However, although these factors have been shown to contribute to IPV victimisation specifically, they are also consistently shown to be an outcome of IPV for victims (Lagdon et al.,; Seon et al., 2022) as opposed to a predictor. In accordance with this, a cycle of mental health issues and experiences of IPV has been detailed, with one study showing that “existing mental health problems increase vulnerability to partner violence, a loop that imprisons victims and perpetuates the abuse” (Mazza, 2021, p.215).

Personality Traits. Personality factors have also been linked to IPV perpetration in the literature, in particular the Dark Tetrad of personality traits; i.e. Machiavellianism, psychopathy, narcissism and sadism (Buckels et al., 2013; Paulhus & Williams, 2002). Paulhus & Williams, (2002) first coined the term ‘Dark Triad’, referring to three “offensive

yet non-pathological personalities in the literature” (p.556), which have subsequently been shown to be linked to a range of negative outcomes (Wright et al., 2016) and anti-social behaviour (Pailing et al., 2014). These are Machiavellianism; i.e. manipulation for personal gain (Christie & Geis, 1970), sub-clinical Narcissism; a term embodying facets such as grandiosity, dominance, entitlement and superiority (Paulhus & Williams, 2002) and sub-clinical psychopathy, characterised by high impulsivity, thrill-seeking and low empathy among other elements (Paulhus & Williams, 2002). Subsequently, Buckels et al. (2013) proposed and incorporated ‘everyday sadism’, defined as “acts of apparent cruelty” (p. 2201), to the model, thus proposing the ‘Dark Tetrad’ with the addition of this component.

With regards to IPV, empirical studies have shown each of these traits to be associated with IPV perpetration. For example, Delicato, (2021) investigated participants’ ($n = 541$; 241 male, 300 female) admission of physical IPV perpetration and compared their Dark Triad personality traits. Regressions purported a positive association between both Machiavellianism and psychopathy, and IPV perpetration, although narcissism was not positively associated with admission of IPV perpetration. Similar findings were also demonstrated by Plouffe and Saklofske, (2020) who found that when dark tetrad traits were modelled separately with IPV perpetration severity as the outcome, both Machiavellianism and the interpersonal affective traits of psychopathy (i.e. factor one) emerged as significant predictors, further highlighting the links between some dark tetrad traits and IPV perpetration.

Leading on from these findings, Robertson et al. (2020) conducted a systematic review to look at studies which have investigated the links between psychopathic traits and IPV perpetration. They found that within the 43 studies included, “psychopathy was associated with IPV perpetration with medium effect sizes, even after accounting for various distal and proximate risk factors” (p. 134). Research has also depicted the similarities and

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

differences in the association between psychopathy and IPV perpetration in both men and women, with findings showing both interpersonal-affective (factor one) and impulsive-antisocial (factor two) traits of psychopathy relating to increased IPV perpetration generally, although factor one related to increased IPV most prominently in men (Mager et al., 2014). They also found that factor one psychopathic traits played a “unique role in mutual violence in women” (p.257) – the findings from this study indicate the role of psychopathic traits in increased IPV perpetration, and highlight the gender differences in these personality traits.

However, findings to demonstrate the association between narcissism and IPV perpetration provide more varied results. Research has found significant relationships between pathological narcissism and male perpetrators of IPV through two ‘phenotypic themes of dysfunction’, namely, narcissistic grandiosity and narcissistic vulnerability (Stevens, 2013). Further research has also confirmed the exhaustive categories of narcissism, whilst demonstrating the gender differences between scores in these categories and subsequent prediction of IPV. For example, Green et al. (2020) found that in terms of manifestations of narcissistic traits, females demonstrated significantly higher scores for vulnerable narcissism than males, while there were no significant differences in grandiose narcissism across gender groups. They also found that for male participants, vulnerable narcissism predicted physical and sexual abuse perpetration, while grandiose narcissism predicted psychological abuse significantly also. For female participants, vulnerable narcissism was found to be a significant predictor of physical, sexual and psychological abuse, however grandiose narcissism was not.

Nevertheless, some studies have yielded contradictory findings, demonstrating that although psychopathy was predictive of IPV, Machiavellianism and narcissism were not, with suggestions instead that Machiavellian characteristics such as “strategic calculation and the avoidance of behaviours that might harm one’s reputation” (Kiire, 2017, p.404) and

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

narcissistic characteristics such as “attention seeking and administration [which] leads narcissism to promote communication” (p.404) may in fact contribute to lower rates of IPV perpetration, in turn not uniquely affecting the relationship with IPV in this study.

Furthermore, Romero-Martínez et al. (2016) found that in a sample of 144 perpetrators, narcissistic traits were not associated with recidivism risk and empathy impairments, thus positing that narcissism may not have as significant an effect on IPV perpetration as the aforementioned studies would suggest.

Lastly, research has shown sadism to be linked to aggressive behaviour through verbal, physical and sexual aggression and violence (Thomas & Egan, 2022), with studies showing partners in intimate relationships to be “particularly vulnerable targets for sadistically motivated behaviour” (Burriss & Leitch, 2016, p.85). Research has also highlighted sadism as a predictor of IPV perpetration in both male and female participants (Hughes & Samuels, 2021); although in another study, the effect size was found to be larger for male perpetrators ($\beta = .23$) than female perpetrators ($\beta = .19$) when looking at significant direct risk factors for IPV perpetration (Clemmow et al., 2023).

In recent years, literature has focused more specifically on the impact of the dark tetrad personality traits on online IPV perpetration, such as with Technology-Facilitated Intimate Partner Violence (TF-IPV). A recent rapid evidence assessment, consistent with previous literature on IPV perpetration, also found the dark tetrad personality traits to be predictors of TF-IPV (Pina et al. 2021) and found that across the 103 sources that were ultimately selected for the evidence assessment, perpetrators “most often will use and abuse their knowledge of victims” to exert control over them (p.49). Similar findings were also demonstrated by Smoker and March, (2017), who found that all dark tetrad traits were significant predictors of cyber-stalking – one method of TF-IPV perpetration (Al-Alosi, 2020).

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

However, Pineda et al. (2021) found differing results with a sample of 1189 participants, looking at predictors of cyber IPV (C-IPV). Positive associations between psychopathy, narcissism and cyber controlling behaviours were found. However, sadism was mainly related to C-IPV victimisation rather than perpetration, and analyses to identify the relationship between Machiavellianism and C-IPV demonstrated a negative correlation with direct forms of cyber aggression. These findings differ from the previous literature mentioned looking at the associations between the dark tetrad and IPV perpetration (offline), thus positing that risk factors and models of IPV perpetration may differ when considering the perpetration methods.

Some studies have demonstrated the association between malevolent personality traits (such as the dark tetrad) and IPV victimisation, although these are few and the links tenuous. For example, Pineda et al. (2021) found that of the dark tetrad traits, sadism was the most prominent trait in IPV victimisation. They highlighted that individuals who possessed sadistic personality traits were more likely to be victims of direct abuse while simultaneously perpetrating it and were also more vulnerable to ‘cyber controlling behaviour’ victimisation. This was the most prominent finding, as although there was a positive correlation between Machiavellianism and cyber IPV, this relationship was not predictive. Furthermore, Pineda et al. (2023) investigated the dark tetrad in association with online sexual victimisation, and found similar results; i.e. that sadism was the strongest predictor of both victimisation and perpetration of online sexual violence (OSV). Findings also showed that women were more likely to be victimised by OSV than men, and men were more likely to perpetrate it. These findings demonstrate the role of dark personality traits in the victimisation of IPV, and highlight the gender differences in these findings.

Conclusion

This paper provides a comprehensive overview of the theories and risk factors that seek to explain, and have been shown to contribute to, IPV attitudes, victimisation and perpetration. The theories of IPV highlighted, ranging from single-factor (SLT, SET and the Feminist Theory) to multi-factor theories (the Nested Ecological Approach and the Integrated Feminist Theory) that demonstrate the complex and interconnected nature of IPV, seek to explain the mechanisms driving IPV through individual, social, psychological and cultural contexts. As discussed above, although each of these theories provide interesting insights into IPV, no single theory has fully encapsulated its multifaceted nature across different ethnic, cultural and gender groups. Despite this, the Nested Ecological Approach (Heise, 1998) and the Integrated Feminist Theory (Johnson, 2006) together provide a broad yet extensive explanation of the psychological, sociological and cultural factors that contribute to attitudes, victimisation and perpetration of IPV; thus, subsequent studies conducted in this programme of research will seek to utilise these two theories in particular as a basis for further investigation.

Furthermore, the risk factors detailed above also present an overview of risk factors and predictors that contribute to IPV. These demonstrate that individual and socio-cultural factors work concurrently to predict IPV; thus, providing support for the integrative approaches and models of IPV also detailed in the section above. For some factors, there has been extensive research depicting differences across ethnic and gender groups; however, for others research into associations is limited. Cultural variance plays a significant role in influencing and contextualising risk factors for IPV within society (Zark & Satyen, 2022), particularly in different social, ethnic and gender groups. Some risk factors have been shown to be relevant and applicable across a range of ethnic and gender groups; however, the impact and extent to which they are relevant have also been shown to differ significantly based on

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

social norms, cultural norms, and gender-role beliefs. Thus, risk factors may be pertinent and contribute significantly to IPV in one ethnic and/ or gender group but not in others, therefore demonstrating the pivotal roles that socio-cultural factors play in shaping the heterogeneous perceptions and experiences of IPV across ethnic and gender groups.

In light of this, further investigation into these risk factors would be beneficial in addressing these gaps, as well as discussing and underpinning them in context of current issues in IPV research, policy and practice. Resultantly, this programme of research will seek to do this in within the perspectives and frameworks of the Nested Ecological Approach (Heise, 1998) and Integrated Feminist Theory (Johnson, 2006) of IPV, and the empirical studies conducted will seek to further investigate these risk factors across ethnic and gender groups.

Chapter Two: IPV Help-Seeking and Support and Thesis Rationale

This chapter will examine help-seeking in IPV, in the context of availability of, and barriers and limitations to, support. These will also be discussed through the lens of ethnic and gender group considerations, before highlighting the gaps in research and support. Lastly, this chapter will illustrate the aims, rationale and structure of this thesis to conclude.

Chapter One conveyed emerging theories of IPV that seek to explain attitudes, victimisation and perpetration through theoretical frameworks. In addition, risk factors that are pertinent to, and predictive of, IPV attitudes, victimisation and perpetration were discussed, documenting the areas that require further research to establish and measure these relationships. Explanations of IPV through theories and risk factors have aided in identifying and combatting IPV incidence; however, there remain an array of issues that contribute to the perpetuation of violence, and potential barriers to addressing this. The following chapter will discuss these issues in the context of help-seeking, and subsequently establish gaps in the literature that this programme of research will seek to address. Underlying this is the notion that theories, risk factors, and issues with IPV help-seeking and support differ across ethnic and gender groups, which inherently presents an array of factors that contribute to attitudes, victimisation, and perpetration of IPV.

Help-Seeking

As noted in Chapter One, IPV is a complex and multi-faceted phenomenon, and accounts for a range of behaviours which result in negative physical and mental health outcomes (Cho et al., 2017). Inevitably, the nature of the behaviours encapsulated within IPV indicate the need for a range of strategies and services to provide effective, well-rounded support for victims. Research has shown that various services provide vital support for victims of IPV, to address a range of health and social service needs (Lipsky et al., 2006) –

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

for example, police support (Saxton et al., 2020), psychological support (Hameed et al., 2020), medical care and intervention in primary and secondary healthcare settings (such as Emergency Departments and GPs) (Renner et al., 2019), and access to safe shelters, housing and legal support (Ogbe et al., 2020). Moreover, a range of helplines and advocacy services seek to support individuals practically and emotionally, allowing victims to discuss their available options with professionals, create plans to address safety concerns and needs, and provide outreach to external services who may be able to provide further support and signposting (Victim Support, 2024).

This range of available support services in the UK enables victims to obtain support tailored to their needs and experiences. However, despite their utility, there remain deficits and inefficiencies in the available support for victims. For example, Dichter and Rhodes, (2011) investigated a sample of 173 women (all victims of IPV) to whom the police had responded, asking about their support needs and the perceived and experienced utility of a range of IPV support services. They found that over 75% of participants highlighted their current need for health and economic support, but that requirement for legal and shelter support was reported far less frequently. In response, recommendations indicate the need for services to expand to effectively meet the victims' required needs to "facilitate long-term safety" (p.481).

As discussed in Chapter One, IPV prevalence differs not only on an individual basis, but also across ethnic and gender groups. As such, different risk factors underpin victimisation for various groups, suggesting that a 'one size fits all' approach to IPV support is ineffective. To combat this, different services offer support for victims from a range of demographic and cultural backgrounds; for example, Refuge provides help for female victims of IPV, while ManKind and Men's Advice Line provide support for male victims. In addition, victims who identify as LGBTQ+ are able to seek support from Galop, and Karma

Nirvana provides support for victims of honour-based violence (NHS, 2022). These services, to name only a few, provide tailored support for victims to approach specific and complex needs that may be particularly prevalent for marginalised and minoritised groups. While important, there remain barriers which may impact individuals' ability and willingness to seek support for IPV victimisation. This programme of research will focus specifically on these barriers across ethnic and gender groups in a UK-based setting.

Ethnic Group Differences in Help-Seeking

In addition to disparity in IPV prevalence rates across ethnic groups, differences are also present in help-seeking access and experiences. For example, in the context of cultural beliefs (as discussed in Chapter One), significant barriers to help-seeking may arise within communities which endorse scripts that instil a distrust in support services (Robinson et al., 2020; Wright et al., 2021), and a sense of self-blame and concern in discussing familial/relationship issues with anyone strictly outside of their familial context (Pokharel et al., 2020); in turn, this can affect individuals' ability to access relationship support services. For example, McCleary-Sills et al. (2015) found that in Tanzania, although approximately 44% of women have experienced IPV, only 10% access formal support services, citing “numerous sociocultural barriers to help-seeking including gendered social norms that accept IPV and impose stigma and shame upon survivors” (p. 224). Similarly, Chadambuka and Warria, (2022) found that in a participant sample of 25 women residing in rural areas in Zimbabwe, issues such as a wish to preserve their marriages, confidentiality concerns and a lack of resources acted as barriers to seeking formal relationship support.

Moreover, in a systematic review by Robinson et al. (2020) to identify support service help-seeking barriers for IPV survivors, they found that “lack of awareness, access challenges, consequences of disclosure, lack of material resources, personal barriers [*such as self-blame, embarrassment and cultural beliefs about the family*] and system failures” (p.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

1279) were the most cited barriers to seeking support in the 29 articles reviewed. Additionally, a metasynthesis was conducted to explore barriers to seeking support in Black, Asian, Minoritised Ethnic and Immigrant Women who had experienced IPV (Hulley et al., 2022). In this analysis of 47 articles, additional barriers as a result of “institutional racism, immigration laws, culture and religion, issues of cultural competence, and lack of diversity within frontline services” (p.1) were demonstrated to exacerbate “feelings of fear, threat, isolation and powerlessness” (p.1). These studies demonstrate that although IPV victims systematically face barriers cross-culturally in accessing formal support services, these barriers are exacerbated and increased in survivors from minoritised ethnic groups. These findings allude to the effect of cultural beliefs and scripts on experiences of IPV help-seeking, demonstrating the need to investigate differences between ethnic groups further. In doing so, this would facilitate the obtainment of a more nuanced understanding, and provide scope for additional, more accessible and more efficient support services in order to support IPV victims.

Gender Group Differences in Help-Seeking

Research has also demonstrated a range of gender group differences in help-seeking behaviours and experiences. Perhaps most systematically, is the notion that male victims of IPV are significantly less likely than female victims to seek both formal and informal help (Barrett et al., 2020). Cho et al. (2019) conducted a study utilising the National Intimate Partner and Sexual Violence Survey to “examine how gender interacts with the nature of IPV in... survivors’ help-seeking” (p. 712); consistent with the literature, their findings showed that male victims/ survivors a) minimised the need for formal IPV support, b) may not be aware of potential resources and services through which help is available, and c) that this may be due to the fact that the majority of IPV support resources are targeted at female survivors of IPV. In addition, Cho et al. (2019) allude to the role of ‘traditional’ gender role

beliefs and expectations in society that “may make men believe that they should always demonstrate masculinity, such as physical strength and the power of self-determination instead of revealing weakness by seeking formal help” (p. 723), thus impacting their likelihood of accessing support. These findings are demonstrative of the biases towards male victims that contribute to a lack of belief in their victimisation, and subsequent barriers to leaving abusive relationships and seeking support (Bates, 2020).

There are also a number of issues with regards to the categorisation of victims under the constraints of conceptualising gender as binary (i.e. male or female). Research demonstrates that individuals who fall under the categories of minoritised sexual and gender groups are both disproportionately impacted by IPV victimisation, and also “face unique individual-, interpersonal-, and systemic-level barriers to accessing information and formal support services” (Scheer et al., 2020, p. 139). Findings have also indicated that individuals from minoritised gender groups (in this study, transgender victims and survivors) are more likely to seek informal support from friends and family compared to formal services, as these were perceived more negatively and with a sense of distrust (Kurdyla et al., 2019). These findings demonstrate the differences across gender groups in IPV prevalence, and highlight the impact of these differences on help-seeking perceptions and experiences. As before, these findings validate the need to further investigate perceptions and experiences of IPV and help-seeking across gender groups, to identify the individual and group needs and facilitate IPV support.

Barriers to Help-Seeking

IPV support services provide an important platform for victims to seek advice, obtain practical aid (social support, mental health/ psychological support, housing and financial aid) and even leave the relationships; yet there are a number of barriers which contribute to

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

victims' inability to access these services. In parallel, for some victims who are able to access support, these barriers may negatively impact their experiences in doing so.

Perceptions of IPV support services are one of the most significant barriers to victim access. Research has shown that fear of negative repercussions is one of the primary reasons behind victims not disclosing IPV, and not seeking (primarily) formal support (Robinson et al., 2020). Research has demonstrated that victims may also fear retribution and blame for their victimisation when seeking care (Wright et al., 2021), as well as fear for their personal safety and 're-victimisation' through formal services (Lysova et al., 2020). Wright et al. (2021) additionally found in a sample of rural women in the US, that fear of backlash from their families and wider communities also contributed to non-disclosure of experiences of IPV (DeKeseredy & Schwartz, 2008; Logan et al., 2005). Alongside this, feelings of shame and embarrassment may occlude victims' perceptions of support services and their ability to seek-help. In a similar vein, research has also shown that this is a particularly prominent issue among victims from minoritised ethnic groups, in which stigma associated with relationship dissolution and leaving abuse may serve as a 'social control' to deter victims from disclosure (Hulley et al., 2022).

Secondary victimisation is also a prominent issue in IPV help-seeking. Taccini and Mannarini, (2023) demonstrate that stigma can lead to discrimination, inaction on behalf of professionals and ostracism; in the context of IPV, such stigmata may adversely impact outcomes for victims, such as victim-blaming (Monterrosa, 2019), and a lack of belief in their experiences (Cho et al., 2017). In addition, research has highlighted that secondary victimisation may also play a significant role in the legal system in cases of IPV, in the form of "abusive litigation and forced contact with the perpetrator" (Gezinski & Gonzalez-Pons, 2022, p.454), as well as inaction and/or insensitive response by the police to reports of IPV (Iliadis et al., 2021), for example. These phenomena contribute to distrust in the very systems

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

implemented to support victims rather than ostracise them, and subsequently a lack of disclosure.

In addition, it is important to note the impact of systematic abuse on victims' own perceptions of their experiences and decision-making capabilities. As discussed in Chapter One, perceptions of IPV differ between individuals, communities and cultures. Research has suggested that adherence to 'traditional' gender roles may contribute to supportive and promoting attitudes of IPV, in turn influencing victim interpretation of their victimisation (Goodson & Hayes, 2018). As a result, victims may not identify their experiences as IPV, and therefore may not actively engage in help-seeking behaviours and processes. In addition, decision-making processes in leaving abusive relationships and seeking help may yield conflict and uncertainty (Hanson et al., 2019). IPV victimisation may adversely impact individuals' autonomy and ability to make decisions regarding their safety and desired outcomes; thus, it cannot be assumed that individuals will all be able to actively seek help in response to IPV victimisation, regardless of their perceptions of the relationship. As such, it is imperative that a victim-centred approach to support is taken, providing individuals with appropriate and tailored education and services that enable them to be autonomous in their decision-making and help-seeking outcomes.

The findings discussed illustrate the utility and expansive nature of available support services for victims of IPV, but also highlight the disparity in individuals' perceptions and experiences. A combination of these experiences and barriers contribute to victims' perceived utility and ability of support services, and their likelihood of accessing them. As discussed, additional barriers are faced by minoritised ethnic and gender groups, presenting further issues to address with regards to IPV support.

Thesis Aims and Rationale

While previous research has investigated ethnic and gender group differences in IPV, to our knowledge there is a dearth in comparative research across ethnic groups investigating correlates and risk factors for IPV attitudes, victimisation and perpetration; particularly in a UK-based sample. Conversely, a multitude of previous studies have sought to investigate gender group differences in these same factors; yet, there is still a disparity in awareness and service response to victims of IPV from minoritised gender groups, highlighting that this is still very much an issue of contention. Gauging a holistic understanding of ethnic and gender group differences across proxies and risk factors for IPV attitudes, victimisation and perpetration is imperative to understand the full scope of IPV and identify the needs of a range of individuals, communities and cultures.

This study aims to explore IPV attitudes, victimisation and perpetration across ethnic and gender groups, to challenge cultural and gender stereotypes associated with IPV victimisation and perpetration, and enhance awareness of IPV among minoritised ethnic groups, as well as male and non-binary individuals too. Moreover, investigating help-seeking perceptions and experiences among these groups will aid in further identifying areas in which victims feel their needs are being addressed, and issues which they feel need to be addressed to provide applicable, tailored and effective support. Understanding the barriers and help-seeking experiences across different groups will also aid in identifying how support systems and resources could be more inclusive, to meet the needs of all victims and survivors. However, despite the importance of exploring and understanding IPV across gender groups, it remains the case that IPV is fundamentally a gendered crime, embedded within social gender inequalities and disproportionately impacting women (Women's Aid, 2024). While this programme of research seeks to focus on the wider picture of IPV across gender groups, it does not intend to diminish or minimise the gendered nature of this violence, or the

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

disproportionate burden it places on women. The research within this thesis presents an exploratory programme, seeking to investigate attitudes towards IPV, victimisation and perpetration experiences, and help-seeking behaviours through a series of primary and secondary, quantitative and qualitative studies.

Overview of the Thesis

Chapter One detailed IPV prevalence, significant emerging theories, and risk factors for IPV attitudes, victimisation and perpetration, which have demonstrated the predictive nature of these factors on IPV to some extent. Within this, two key theories are denoted as the ones to be utilised within this programme of research to highlight risk factors for importance: the Nested Ecological Approach (Heise, 1998), and the Integrated Feminist Theory (Johnson, 2006). Furthermore, risk factors that the literature has shown to be linked to IPV are discussed within these frameworks, and those that are pertinent to this programme of research are highlighted. Differences across ethnic and gender groups are also discussed, positing the need for further research into these variations.

Chapter Two presents a brief outline of IPV help-seeking options available to victims and survivors. This chapter discusses the utility and widespread nature of support services, while also identifying the areas in which there are deficits; be they in uptake, accessibility, or applicability to the victims who require support. Ethnic and gender group differences in help-seeking perceptions and behaviours are also noted, and a discussion of significant barriers to help-seeking highlights gaps in awareness and practice where these differences are not addressed.

Chapter Three presents the first empirical study in this programme of research. Utilising the Understanding Society Longitudinal Household Panel Survey data from the University of Essex, differences across ethnic groups in responses to questions that represent

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

proxies and correlates of IPV (noted in previous literature) are explored at two different time points; one pre-COVID, and one mid-COVID. The relationships between the correlates and a measure of conflict included as part of the survey at both individual time points are also investigated. Lastly, responses to the measures across the two different time points were compared, to investigate the impact of COVID on IPV correlate and proxy outcomes.

Chapter Four presents the second empirical study in the programme of research, in which validated measures representing the proxies and risk factors for IPV found to be significant in Chapter Three and the literature are utilised to explore ethnic and gender group differences in risk factors for IPV attitudes. The relationships between the risk factors and measures of IPV victimisation and perpetration attitudes are examined to determine whether they are correlated with, and predictive of, IPV attitudes in this sample. In addition, differences across ethnic and gender groups in responses to these measures are investigated. Lastly, thematic analyses of a series of qualitative responses asking participants about their attitudes towards IPV are conducted.

Chapter Five details the first set of findings from the final primary study in this programme of research. Combining the significant measures from previous studies in the thesis, and several further measures representing risk factors that the literature has shown to be significant, this study seeks to investigate the relationships between the risk factors and IPV victimisation and perpetration in this sample, and to compare responses to the risk factors and IPV victimisation and perpetration across ethnic and gender groups. Furthermore, differences across ethnic and gender groups in a brief quantitative measure of IPV support service experiences are investigated to obtain an initial understanding of ethnic and gender group differences in help-seeking in the population.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Chapter Six presents a further investigation into IPV-related help-seeking perceptions and experiences. Utilising responses to qualitative questions from the final primary study in this programme of research, this chapter seeks to develop a more nuanced understanding of participants' perceptions and experiences of IPV help-seeking. Moreover, the second question in this study aims to explore factors contributing to, and impacting, disclosure of IPV in support service and healthcare settings, to understand how participants could be made to feel comfortable enough to disclose their experiences should the need arise. The qualitative written-answer responses are analysed using thematic analysis to highlight key themes in each question.

Lastly, the discussion presents an overview of the aims, methods and findings within this programme of research, before discussing potential implications for theory, policy and practice related to IPV as a result. Limitations and future directions for research are also highlighted.

Chapter Three: Understanding Society through Predictive, Precipitating and Protective Factors of Intimate Partner Violence

This chapter is the first empirical study in this programme of research. Utilising the Understanding Society Household Panel Survey longitudinal dataset from the University of Essex, this secondary data analysis chapter investigates ethnic group differences in correlates and a proxy of IPV measured as part of this dataset, through two different time points; one pre-COVID, and one mid-COVID. Relationships between the correlates, and 'quarrelling' (the dataset's closest variable to measure relationship conflict) were also investigated at each of the time points. Lastly, comparisons in responses are made between the two time points in each of the variables. This chapter illustrates a broad snapshot of ethnic group differences in an IPV proxy and correlates, providing a basis for the subsequent primary research studies.

Minoritised ethnic groups (who, for the purpose of this study, will be defined as non-White British (Gov UK, 2020a)) make up approximately 19.5% of the population in England and Wales (Gov UK, 2020b), demonstrating the cultural diversity present in the UK. Research has shown that higher rates of IPV may be present among individuals from minoritised ethnic groups (Kim & Ferrarresso, 2022), and that different challenges and social experiences may affect IPV outcomes; for example, negative effects on consequential physical and mental health (Lacey et al., 2012). In addition, research has shown that those who are at higher risk of experiencing IPV (such as people from minoritised ethnic groups), are also more likely to “hold perceptions, attitudes, beliefs and knowledge” that condone IPV (Nabors & Jasinski, 2009, p.59).

Based on the literature discussed in Chapter One of this thesis, it is evident that experiences and outcomes of IPV across ethnic groups should not be generalised into a

single, cross-cultural explanation. However, to our knowledge there is little research that highlights and acknowledges these differences in a UK-based sample. As a result, there seemingly remain aspects of similarities and variance in IPV and its correlates about which relatively little is known (Catalá-Miñana et al., 2014), in turn affecting the perceptions of IPV in the UK, and impacting experiences of IPV for minoritised ethnic populations (Femi-Ajao et al., 2020) also. Thus, there is a clear need to further investigate the similarities and differences in proxies, correlates and predictors of IPV, to aid in “provid[ing] important contexts for developing more sensitive and comprehensive theories... to [avoid] generalis[ing] carelessly from one context to another” (Johnson & Ferraro, 2004, p. 948).

Additionally, the emergence of the COVID pandemic, as discussed in Chapter One, highlights the need to understand experiences on both a community and individual level, to bring light to the issues and barriers that need to be addressed to facilitate support for IPV moving forward. Accordingly, this chapter will aim to explore this through quantitative analyses using a secondary dataset, to determine variance in proxies and correlates that the literature has indicated are linked to IPV. This will provide invaluable data to help shape subsequent empirical studies in this programme of research.

Present Study

This secondary analysis study uses data from Understanding Society, a longitudinal research panel study by the University of Essex that looks at UK households each year, providing evidence on life changes and stability. The use of these datasets facilitates access to a large and varied population, enabling the exploration of potential correlates of IPV, and data comparisons across time points. For the purpose of this study, the data from two *full* Main Survey studies were analysed to look at pre- (2019 – wave 9) and mid-COVID (2021 – wave 11) pandemic comparisons. The Main Survey of the Understanding Society projects

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

asks participants about family life, education, employment, health and civic participation among other things, and collects participants' responses every year; each year of data collection is referred to as a wave. Each year participants are asked a core set of questions, and further subsets of questionnaires are asked every few years at less frequent intervals. Waves nine and 11 were selected for this study, as this covers the periods just before and during COVID to facilitate comparisons between responses at these times; Wave 11 was also the most recent wave of data available at the time of extraction. The Understanding Society datasets have been utilised in a number of key studies related to relationship happiness, mental health and the impact of external life stressors (Chandola et al., 2020; Perelli-Harris et al., 2019; Proto & Quintana-Domeque, 2021); all of which are correlates that research has shown to be associated with IPV (Roberts et al., 2011; Spencer et al., 2019; Vázquez et al., 2014). Thus, these should be beneficial in providing recent baseline data on factors of interest in this programme of research, across a range of ethnic groups in a UK-based sample.

This exploratory study will examine the interaction of potential IPV correlates noted in the literature from Chapter One and 'quarrelling' (a measure of conflict in the study), as well as variance in responses to these measures across ethnic groups. Furthermore, responses to the measures at pre- and mid-COVID pandemic time points will be compared, to determine the impact of the COVID pandemic on participants' experiences. The specific aims of the current exploratory study are to determine whether:

1. Part One – Correlates, quarrelling and support service access vary in prevalence across ethnic groups in wave nine (pre-COVID time point)
2. Part Two – The variables identified are correlated with, and predictive of, 'quarrelling' in wave nine (pre-COVID time point)
3. Part Three – Correlates, quarrelling and support service access vary in prevalence across ethnic groups in wave 11 (mid-COVID time point)

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

4. Part Four – The variables identified are correlated with, and predictive of, ‘quarrelling’ in wave 11 (mid-COVID time point)
5. Part Five - There are differences in responses to the correlates, ‘quarrelling’ and support service access between pre- and mid-COVID time points (waves nine and 11).

Method

Participants

As this was a secondary data analysis, participants were not actively recruited. The participants with missing responses to the key variables, and cases which did not fit our requirements for the study (described below) were removed from the dataset, along with the variables which were not pertinent to the research aims. Although initial pilot analyses included participants from all ethnic groups, subsequent analyses only included participants from the six booster ethnic groups that Understanding Society recruits from in order to obtain a more balanced sample and facilitate meaningful analyses; namely ‘British/ English/ Scottish/ Welsh/ Northern Irish (White)’, ‘Indian (Asian or Asian British)’, ‘Pakistani (Asian or Asian British)’, ‘Bangladeshi (Asian or Asian British)’, ‘Caribbean (Black or Black British)’ and ‘African (Black or Black British)’. Therefore, for the combined data files used (detailed below), this left a total of 35200 participants across six ethnic groups who had responded to at least a proportion of the questions in the study. However, after removing the ‘missing’ responses to the ethnic group variable from both waves (wave nine – $n = 3204$ (9.1%); wave 11 – $n = 6495$ (18.5%)), the participant numbers differed slightly (see Table 1 for participant numbers in each ethnic group). Similarly, the numbers of participants in each ‘sex’ group out of the 35200 differed in each wave after removing the ‘missing’ responses (wave nine – $n = 3204$ (9.1%); wave 11 – $n = 6495$ (18.5%)). These can be seen in Table 2.

Table 1

Waves Nine and 11 – Participant Demographics by Ethnic Group

Ethnic Group	Wave Nine		Wave 11	
	<i>n</i>	%	<i>n</i>	%
British/ English/ Scottish/ Welsh/ Northern Irish (White)	26969	84.3%	24499	85.3%
Indian (Asian or Asian British)	1463	4.6%	1300	4.5%
Pakistani (Asian or Asian British)	1389	4.3%	1143	4.0%
Bangladeshi (Asian or Asian British)	752	2.4%	655	2.3%
Caribbean (Black or Black British)	632	2.0%	535	1.9%
African (Black or Black British)	791	2.5%	573	2.0%

Table 2*Waves Nine and 11 – Participant Demographics by ‘Sex’ Group*

Sex	Wave Nine		Wave 11	
	<i>n</i>	%	<i>n</i>	%
Male	14350	44.8%	12814	44.6%
Female	17646	55.2%	15890	55.4%
Refused	0	0%	1	.0%

Materials

Datasets were obtained from the Understanding Society Longitudinal Study website, through the UK Data Service. These comprised of responses to various questions (see Appendix A for the Understanding Society questionnaire items used) across waves nine and 11 of the longitudinal study, in particular using the ‘chmain’ (Child Maintenance) and ‘indresp’ (Individual Responses) data files. The datasets included a range of scales and individual questions to measure the correlates, and each of the scales/ questions included were the same across the two waves.

The first correlate of IPV included was the general health questionnaire (GHQ) scale; a self-report instrument used to evaluate psychological distress (Gnambs & Staufenbiel, 2018; wave nine; $\alpha = .912$, wave 11; $\alpha = .911$), measured with a four-point Likert scale. This scale includes questions such as “Have you recently felt you couldn’t overcome your difficulties? 1 – not at all, 2 – no more than usual, 3 – rather more than usual or 4 – much more than usual?”.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

The 'subjective current financial situation' question was used to determine participants' current financial situations and identify financial strain. This asked "how well would you say you yourself are managing financially these days? Would you say you are...", measured using a five-point Likert scale from "1 - living comfortably" to "5 - finding it very difficult".

The 'relationship with ex-partner' correlate identified how 'friendly' participants' relationships with their ex-partners are. This was measured with one scale question; "How would you describe your relationship with [him/her/them] these days? Is it...", using a six-point Likert scale from "1 - very friendly" to "6 - spontaneous: never see them".

'Degree of happiness with (current) relationship' identified participants' relationship satisfaction with their current partners. This was measured with a single question; "The responses below represent different degrees of happiness in your relationship. The middle point, "happy", represents the degree of happiness of most relationships. Please select the number which best describes the degree of happiness, all things considered, of your relationship", using a seven-point Likert scale from "1 - extremely unhappy" to "7 - perfect".

The 'job satisfaction' correlate identified participants' satisfaction with their current job roles. This was measured with a single scale question; "On a scale of one to seven where one means "completely dissatisfied" and seven means "completely satisfied", how dissatisfied or satisfied are you with your present job overall?", measured using a seven-point Likert scale as with the question above (1 – completely dissatisfied to 7 – completely satisfied).

The 'quarrelling' variable aimed to identify participants' quarrelling habits with their partner. This was measured with a single scale question; "How often do you and your partner quarrel?", using a six-point Likert scale from "1 - all of the time" to "6 - never".

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Lastly, the ‘accessed support services’ variable identified whether participants have accessed support services for issues as a result of the dissolution of a relationship. This was measured using a dichotomous yes/ no response question; “have you sought help from any support services for issues you may have as a result of ending this relationship?” (1 – yes, or 2 – no).

The data were then downloaded and analysed in SPSS (v27). Multivariate Kruskal-Wallis tests, ANOVAs, Tukey’s post-hoc and chi-squared tests were used to investigate ethnic group differences in measures of the correlates, quarrelling and support service access respectively, in both time points. Pearson’s correlations and linear regressions were also conducted to investigate the relationships between the correlate measures and quarrelling in the sample. Lastly, paired samples t-tests and a McNemar’s test were used to compare responses to measures of the correlates, quarrelling and support service access across pre- and mid-COVID time points.

Ethics

Ethical approval was obtained from the University of Kent Ethics Committee (Ethics ID: 202016069057706830). The University of Essex Ethics Committee had approved all data collection linkages (see Appendix B for the ethical approval statement); as this was accounted for and protective measures were taken to ensure the safety of the data, informed consent did not need to be obtained for the study (Jol & Stommel, 2016). Responses to the questionnaires were already anonymised at the point of receipt (once downloaded from the UK Data service) as participants were categorised using a cross-wave person identifier. Confidentiality was maintained by storing the datasets on a password-protected University computer, as well as an encrypted flash drive. Only trends in the data were reported; thus, individual responses could not be identified.

Procedure

The datasets available through the Understanding Society website were reviewed, and two were selected; wave nine of the Main Survey (data collection period: January 2017 - May 2019) and wave 11 of the Main Survey (data collection period: January 2019 - May 2021). By utilising data from two different time points, this enabled us to gauge a more comprehensive understanding of how participants' responses to the survey questions changed during the pandemic. In order to do this, participants were matched across the two time-points using their Understanding Society participant identifier.

The project was registered with the UK Data Service, and the two datasets utilised in the study were downloaded (University of Essex, Institute for Social and Economic Research, 2022). Due to the nature of the study, only the End User Licence access level was needed, as the datasets were not required to disclose identifiable information; this enabled the immediate download of the datasets after the terms and conditions of the End User Licence were accepted. The proxies and correlates pertinent to the study were identified, and the remaining variables from each of the datasets were removed. Once each dataset contained only the relevant variables for the study, the four chosen datasets (i_indresp [wave nine individual responses dataset], k_indresp [wave 11 individual responses dataset], i_chmain [wave nine child maintenance dataset] & k_chmain [wave 11 child maintenance dataset]) from the two waves were merged to create one data file with both wave nine and wave 11 responses in; this was done by matching the data based on the participant identifier.

Finalised Data File

The finalised data file comprised of data from four sets (i_indresp, k_indresp, i_chmain and k_chmain) across two different time points; wave nine and wave 11 of the Understanding Society Main Survey (University of Essex, Institute for Social and Economic

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Research, 2022). Subsequently, participant responses coded as ‘missing’, ‘inapplicable’, and ‘refusal’ responses were marked as missing variables, as well as all cases who had responded ‘I don’t know’ to the questions utilised in the study. The response ‘I don’t know’ was not a measurable point of the scales utilised, and was instead used as a response to indicate that the participant did not understand, or preferred not to respond to, the question, thus not providing any measurable data for the analyses. Therefore, only participants who had unequivocally responded to the relevant questions were included in the analyses to ensure our data were meaningful (Stivers, 2019).

One measure distributed to participants within the Main Survey was the GHQ (General Health Questionnaire); whilst preparing the data for analysis, two total GHQ scores were computed by summing the scores for each individual question in the GHQ scale in each wave, to prepare for analysis. Consequently, the lowest possible total GHQ score was 12 and the highest possible total GHQ score was 48, with higher scores indicating poorer health conditions (Gao et al., 2004).

We established a larger number of missing cases for some questions in the composite data file, predominantly due to the conditions of some of the questions included in the analyses. For example, the ‘relationship with ex-partner’ and ‘support service access’ questions were initially part of the Child Maintenance data file, and participants were only asked these questions if they are:

- a) The biological/ adoptive parent of a child under 16 or aged 16-19 in full-time education, whose other biological/ adoptive parent is not currently resident in the household
- b) AND IF the child’s non-resident biological/ adoptive parent is alive

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

- c) AND IF the number of non-resident biological/ adoptive parents is not unknown

Conditionalities were also present with some other questions; as a result, some questions yielded a lower response rate. For example, questions regarding participants' happiness with their relationship and quarrelling were only asked if the participants were married or living with their partner. Similarly, questions regarding participants' job satisfaction were only asked if the participant had worked in the last week or did not work in the last week but has a job; thus, not all participants responded to each of these. After the datasets had been downloaded and prepared as above, analyses were conducted using SPSS v27.

Results

Wave Nine Analyses

Part One – Identifying the Effect of Ethnic Group on the IPV Correlates, Quarrelling and Support Service Access in Wave Nine

Analyses were first conducted to identify the effect of ethnic group membership on the correlates of IPV, quarrelling and support service access. Assumptions for ANOVAs were tested; all outcome variables (bar support service access) were continuous, the predictor variable had more than two categorical groups (six), and there was an independence of observations. Boxplots indicated significant outliers for GHQ, job satisfaction and quarrelling, and Kolmogorov-Smirnov tests also demonstrated a significant departure from normality for all outcome variables. Thus, non-parametric tests were required, and multivariate Kruskal-Wallis and Chi-Squared tests were conducted.

Wave nine ethnic group was entered as the grouping variable to examine its association with the correlates and quarrelling. Higher scores for each variable indicated

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

more psychological distress, more financial difficulties/ strain, increased relationship and job satisfaction, and less reported quarrelling respectively. The analysis yielded statistically significant differences for the following correlates, and quarrelling, by ethnicity; GHQ; $\chi^2(5) = 41.44, p < .001$, subjective financial situation; $\chi^2(5) = 902.46, p < .001$, degree of happiness in current relationship; $\chi^2(5) = 34.18, p < .001$, job satisfaction; $\chi^2(5) = 29.02, p < .001$, and quarrelling; $\chi^2(5) = 17.60, p < .01$. Conversely, there was not a significant relationship between ethnic group and relationship with ex-partner; thus, no further statistical analyses were conducted with this variable.

To investigate which differences between ethnic groups in the correlates and quarrelling are significant, a series of one-way ANOVAs and post-hoc tests were conducted. The results confirmed statistically significant differences across ethnic groups in the correlates and quarrelling variable (GHQ, subjective financial situation, degree of happiness with current relationship, job satisfaction and quarrelling) (see Table 3 in the appendices).

Post-hoc comparisons indicated significant differences between African ($M = 21.29, SD = 5.47$) and all other remaining ethnic groups in the analysis, in GHQ; White British ($M = 22.85, SD = 4.91, p < .001$), Indian ($M = 22.51, SD = 5.18, p = .001$), Pakistani ($M = 22.42, SD = 5.02, p < .001$), Bangladeshi ($M = 22.41, SD = 5.03, p < .01$), and Caribbean ($M = 22.10, SD = 5.18, p < .01$). In each comparison, participants who identified as African reported statistically significantly less psychological distress. Furthermore, White British participants reported the most psychological distress across all ethnic groups in wave nine.

Comparisons also indicated significant differences in subjective financial situation between White British ($M = 1.96, SD = .85$) participants, and the remaining ethnic groups in the study; Indian ($M = 2.11, SD = .91, p < .001$), Pakistani ($M = 2.42, SD = 1.01, p < .001$), Bangladeshi ($M = 2.41, SD = 1.06, p < .001$), Caribbean ($M = 2.48, SD = .87, p < .001$), and

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

African ($M = 2.63$, $SD = .97$, $p < .001$) ethnic groups. In addition, findings showed significant differences between Indian ($M = 2.11$, $SD = .91$), and Pakistani ($M = 2.42$, $SD = 1.01$, $p < .001$), Bangladeshi ($M = 2.41$, $SD = 1.06$, $p < .001$), Caribbean ($M = 2.48$, $SD = .87$, $p < .001$), and African ($M = 2.63$, $SD = .97$, $p < .001$), participants. Moreover, significant differences were found between Pakistani ($M = 2.42$, $SD = 1.01$) and Caribbean ($M = 2.48$, $SD = .87$, $p < .001$), Pakistani ($M = 2.42$, $SD = 1.01$) and African ($M = 2.63$, $SD = .97$, $p < .001$), and Bangladeshi ($M = 2.41$, $SD = 1.06$) and Caribbean ($M = 2.48$, $SD = .87$, $p < .01$) participants. In this analysis, White British participants reported the least financial strain compared to all other groups, and Indian participants reported statistically significantly less financial strain than Pakistani, Bangladeshi, Caribbean and African participants. Lastly, both Pakistani and Bangladeshi participants reported significantly less financial strain than African participants.

Comparisons also indicated that degree of happiness with current relationship scores between Caribbean participants ($M = 4.72$, $SD = 1.25$) and White British ($M = 4.96$, $SD = 1.24$, $p < .001$), Indian ($M = 4.85$, $SD = 1.30$, $p < .05$), Pakistani ($M = 4.86$, $SD = 1.32$, $p < .05$) and African ($M = 4.99$, $SD = 1.25$, $p < .05$) participants were significantly different. In all comparisons, Caribbean participants reported the least happiness in their current relationships, and African participants reported the most satisfaction.

In a similar vein, significant differences were found between Caribbean participants ($M = 5.10$, $SD = 1.52$) and the remaining ethnic groups in the study in job satisfaction; White British ($M = 5.38$, $SD = 1.34$, $p < .001$), Indian ($M = 5.50$, $SD = 1.31$, $p < .001$), Pakistani ($M = 5.37$, $SD = 1.35$, $p < .001$), Bangladeshi ($M = 5.47$, $SD = 1.37$, $p < .05$) and African ($M = 5.32$, $SD = 1.34$, $p < .01$). Caribbean participants reported statistically significantly less job satisfaction than all other ethnic groups in the study, and Indian participants reported the most out of all groups.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Lastly, significant differences in quarrelling were identified between White British ($M = 4.54, SD = .82$) participants, and both Indian ($M = 4.42, SD = .98, p < .05$) and Caribbean ($M = 4.37, SD = .90, p < .01$) participants. In addition, significant differences were also found between Caribbean participants ($M = 4.37, SD = .90$), and both Pakistani ($M = 4.52, SD = 1.05, p < .05$) and Bangladeshi ($M = 4.52, SD = 1.11, p < .05$) participants. Given that higher scores in this case indicate less quarrelling, White British participants reported quarrelling with their partners less than Indian and Caribbean participants, and Caribbean participants also reported quarrelling with their partners more than the Pakistani and Bangladeshi participants.

The remaining mean scores between other ethnic groups were not statistically significant and were therefore not reported.

As the 'support service access' variable was not suitable for the multivariate Kruskal-Wallis and ANOVA tests, a chi-square analysis was conducted to determine the effect of ethnic group on support service access in wave nine ($n = 239; 0.7%$). This demonstrated a statistically non-significant association between ethnic groups and support service access; $\chi^2(5) = 6.81, p = .24$, suggesting that ethnic groups did not differ in their experiences of accessing relationship support services. As such, no further analyses were conducted.

Part Two – Investigating the Relationships between the Correlates and Quarrelling

Analyses were conducted to identify whether, and to what extent, there was a relationship between the correlates of IPV and the measure of quarrelling in this UK sample. Significant correlations and their directions can be found in Table 4. The findings demonstrate that the less psychological distress, the better the financial situation, and the more satisfied participants are with their current relationships and their job roles, the less quarrelling is reported (represented by *higher* quarrelling scores). As such, quarrelling

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

increased when participants reported more psychological distress, worsening financial situations, and dissatisfaction with their relationships and job roles. The analysis also demonstrated a non-significant negative correlation between relationship with ex-partner and quarrelling; as such, no further analyses were conducted with this variable.

Table 4

Pearson's Correlation Table

Correlates	Quarrelling	
	<i>df</i>	<i>r</i>
GHQ (psychological distress)	18838	-.20 *
Subjective Financial Situation	18914	-.13*
Degree of Happiness with Relationship	18833	.38 *
Job Satisfaction	11674	.08 *

Note. * $p < .001$

Correlates were entered into a linear regression with quarrelling as the outcome variable: this model significantly explained 17.7% of the variance in quarrelling; $F(4, 11570) = 624.79, p < .001$. These findings demonstrated that scales and questions used to measure the correlates in this study significantly predict quarrelling in this sample. When looking further into predictors, the following correlates were found to be individually predictive of quarrelling; GHQ, subjective financial situation, and degree of happiness with current relationship. Moreover, degree of happiness with their current relationship was found to be the best individual predictor of quarrelling ($\beta = .38, p < .001$). Individual predictors can be seen in Table 5.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Table 5

Individual Predictors of Quarrelling in Wave Nine

Correlates	Quarrelling	
	<i>t</i>	<i>β</i>
GHQ (psychological distress)	-9.98	-.09 *
Subjective Financial Situation	-6.02	-.05 *
Degree of Happiness with Relationship	43.08	.38 *

Note. GHQ = General Health Questionnaire.

* $p < .001$

Wave 11 Analyses

Part Three – Identifying the Effect of Ethnic Group on the IPV Correlates, Quarrelling, and Support Service Access in Wave 11

In a similar vein, analyses in part three were conducted to determine the effect of ethnic group membership on the correlates of IPV, quarrelling and support service access. Once again, assumptions were tested, with the same outcome as part one. As such, multivariate Kruskal-Wallis and chi-squared tests were conducted.

Wave 11 ethnic group was entered as the grouping variable to examine its association with the correlates and quarrelling. Higher scores for each variable indicated more psychological distress, more financial difficulties/ strain, increased relationship and job satisfaction, and less reported quarrelling. The analysis yielded statistically significant differences for the following correlates, and quarrelling, by ethnicity; GHQ; $\chi^2(5) = 35.07, p < .001$, subjective financial situation; $\chi^2(5) = 742.94, p < .001$, degree of happiness in current relationship; $\chi^2(5) = 64.17, p < .001$, job satisfaction; $\chi^2(5) = 11.44, p < .05$, and quarrelling; $\chi^2(5) = 31.59, p < .001$. Conversely, there was not a significant relationship between ethnic group and relationship with ex-partner; thus, no further statistical analyses were conducted with this variable.

To investigate which differences between ethnic groups in the correlates and quarrelling are significant, a series of one-way ANOVAs and post-hoc tests were conducted. The results confirmed statistically significant differences across ethnic groups in the correlates and quarrelling variables (GHQ, subjective financial situation, degree of happiness with current relationship, job satisfaction and quarrelling (see Table 6 in the appendices).

Post-hoc comparisons indicated significant differences between African ($M = 21.38, SD = 4.90$) and all other remaining ethnic groups in the analysis, in GHQ; White British ($M =$

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

23.28, $SD = 5.02$, $p < .001$), Indian ($M = 22.79$, $SD = 4.71$, $p = .01$), Pakistani ($M = 23.45$, $SD = 5.36$, $p < .001$), Bangladeshi ($M = 23.91$, $SD = 6.14$, $p < .001$), and Caribbean ($M = 22.90$, $SD = 5.87$, $p < .05$). In each comparison, participants who identified as African reported statistically significantly less psychological distress. Furthermore, Bangladeshi participants reported the most psychological distress across all ethnic groups in wave 11.

Significant differences were also found between White British participants ($M = 1.94$, $SD = .84$) and all remaining ethnic groups in the study in subjective financial situation; Indian ($M = 2.09$, $SD = .82$, $p < .001$), Pakistani ($M = 2.36$, $SD = .93$, $p < .001$), Bangladeshi ($M = 2.58$, $SD = 1.04$, $p < .001$), Caribbean ($M = 2.22$, $SD = .78$, $p < .001$) and African ($M = 2.52$, $SD = .95$, $p < .001$) participants. Moreover, significant differences were also found between Indian participants ($M = 2.09$, $SD = .82$) and the remaining ethnic groups in subjective financial situation; Pakistani ($M = 2.36$, $SD = .93$, $p < .001$), Bangladeshi ($M = 2.58$, $SD = 1.04$, $p < .001$), Caribbean ($M = 2.22$, $SD = .78$, $p < .001$) and African ($M = 2.52$, $SD = .95$, $p < .001$) participants. Lastly, significant differences were also found between Pakistani ($M = 2.36$, $SD = .93$) and African ($M = 2.52$, $SD = .95$, $p < .001$) participants. White British participants reported the least financial strain compared to all other groups, and Indian participants reported statistically significantly less financial strain than Pakistani, Bangladeshi, Caribbean and African participants. Lastly, Pakistani participants reported significantly less financial strain than African participants.

Comparisons also indicated significant differences between White British ($M = 4.83$, $SD = 1.27$) participants, and three of the other ethnic groups in degree of happiness with current relationship; Indian ($M = 4.62$, $SD = 1.35$, $p < .001$), Pakistani ($M = 4.52$, $SD = 1.27$, $p < .01$) and Caribbean ($M = 4.41$, $SD = 1.37$, $p < .05$) participants. Caribbean participants reported the least relationship satisfaction out of the comparisons, and White British participants reported the most out of all groups.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

In terms of job satisfaction, statistically significant differences were only found between the Indian ($M = 5.59$, $SD = 1.28$) and Caribbean ($M = 5.33$, $SD = 1.36$, $p < .05$) ethnic groups. In this comparison, Indian participants reported more job satisfaction than Caribbean participants in the study.

Lastly, significant differences in quarrelling were identified between White British ($M = 4.56$, $SD = .79$) participants, and both Indian ($M = 4.41$, $SD = .95$, $p < .001$) and Pakistani ($M = 4.42$, $SD = 1.01$, $p < .01$) ethnic groups. In addition, differences between Indian ($M = 4.41$, $SD = .95$) and Bangladeshi ($M = 4.38$, $SD = 1.13$, $p < .05$) ethnic groups were also found. Again, given that higher scores in this case indicate less quarrelling, White British participants reported quarrelling with their partners less than Indian and Pakistani participants, and Indian participants also reported quarrelling with their partners less than Bangladeshi participants.

The remaining mean scores between other ethnic groups were not statistically significant and were therefore not reported.

As with wave nine, the 'support service access' variable was not suitable for the Multivariate Kruskal-Wallis and ANOVA tests; thus, a chi-square analysis was conducted to determine the effect of ethnic group on support service access in wave 11 ($n = 823$, 2.3%). This demonstrated a statistically non-significant association between ethnic group and support service access; $\chi^2(5) = 3.49$, $p = .63$, suggesting that ethnic groups did not differ in their experiences of accessing relationship support services. As such, no further analyses were conducted.

Part Four – Investigating the Relationships between the Correlates and Quarrelling

Again, analyses were conducted to identify whether, and to what extent, there was a relationship between the correlates of IPV and the measure of quarrelling in this UK sample.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Significant correlations and their directions can be found in Table 7. The findings demonstrated that the less psychological distress, the better the financial situation, and the more satisfied participants are with their current relationships and their job roles, the less quarrelling is reported (represented by *higher* quarrelling scores). As such, quarrelling increased when participants reported more psychological distress, worsening financial situations, and dissatisfaction with their relationships and job roles. The analysis also found a non-significant negative correlation between relationship with ex-partner and quarrelling; as such, no further analyses were conducted with this variable.

Table 7

Pearson's Correlation Table

Correlates	Quarrelling	
	<i>df</i>	<i>r</i>
GHQ (psychological distress)	17273	-.19 *
Subjective Financial Situation	17377	-.11*
Degree of Happiness with Relationship	16349	.37 *
Job Satisfaction	10430	.10 *

Note. * $p < .001$

Correlates were entered into a linear regression with quarrelling as the outcome variable, in which the model significantly explained 15.7% of the variance in quarrelling; $F(4, 9772) = 456.54, p < .001$. These findings demonstrated that scales and questions used to measure the correlates in this study significantly predict quarrelling in this sample. When looking further into predictors, the following correlates were found to be individually

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

predictive of quarrelling; GHQ, subjective financial situation, and degree of happiness with current relationship. Moreover, as with wave nine, degree of happiness with their current relationship was found to be the best individual predictor of quarrelling ($\beta = .35, p < .001$).

Individual predictors can be seen in Table 8.

Table 8

Individual Predictors of Quarrelling in Wave 11

Correlates	Quarrelling	
	<i>t</i>	β
GHQ (psychological distress)	-11.11	-.11 **
Subjective Financial Situation	-2.61	-.03 *
Degree of Happiness with Relationship	36.19	.35 **

Note. GHQ = General Health Questionnaire.

* $p < .01$,

** $p < .001$

Part Five – Identifying the Differences in Responses to the Correlates, Quarrelling and Support Service Access between Waves Nine and 11

Lastly, paired samples t-tests were conducted to compare responses to the correlates (GHQ, subjective financial situation, relationship with ex-partner, degree of happiness in current relationship, and job satisfaction), and the measure of quarrelling between pre- and mid-pandemic time points (using the data from waves nine and 11).

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

The analyses indicated a statistically significant difference between GHQ, subjective financial situation, degree of happiness with current relationship and job satisfaction scores between waves nine and 11. T-test results can be found in Table 9.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Table 9

Paired Samples T-Test Results; One (Wave Nine) and Two (Wave 11)

Pairs		<i>M (SD)</i>		T-Test	
1 (Wave Nine)	2 (Wave 11)	1	2	<i>df</i>	<i>t</i>
GHQ	GHQ	23.14 (5.47)	23.55 (5.59)	23590	-11.72 **
Subjective Financial Situation	Subjective Financial Situation	2.04 (.95)	2.03 (.93)	24957	2.29 *
Relationship with Ex-Partner	Relationship with Ex-Partner	4.15 (1.75)	4.33 (1.70)	123	-1.27
Degree of Happiness with Relationship	Degree of Happiness with Relationship	4.96 (1.20)	4.79 (1.22)	14398	17.01 **
Job Satisfaction	Job Satisfaction	5.38 (1.33)	5.44 (1.29)	12474	-4.41 **
Quarrelling	Quarrelling	4.57 (.83)	4.58 (.82)	15158	-1.12

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

On average, the wave 11 GHQ scores were .41 points higher than the wave nine scores (95% CI[-.48, -.35]), indicating participants' psychological distress was higher mid-COVID than pre-COVID ($d = -.08$).

Results also indicated that wave 11 subjective financial situation scores were .01 points lower than the wave nine scores (95% CI[.00, .02]), indicating that participants' on average experienced less financial strain mid-COVID than pre-COVID ($d = .01$).

Furthermore, results showed that wave 11 degree of happiness in current relationship scores were .17 points lower than the wave nine scores (95% CI[.15, .19]), indicating that participants' relationship satisfaction was on average worse mid-COVID than pre-COVID ($d = .14$).

Lastly, on average wave 11 job satisfaction scores were .06 points higher than the wave nine scores (95% CI[-.08, -.03]), indicating that participants were more satisfied with their job mid-COVID than pre-COVID. This suggests that the pandemic may have positively affected job satisfaction ($d = -.04$).

However, the results also highlighted a statistically non-significant difference in the relationship with ex-partner and quarrelling scores across the two different time points; waves nine and 11. As such, no further analyses were reported for these variables.

As 'support service access' was unsuitable for a paired samples t-test, an exact McNemar's test was conducted to determine the statistical difference between responses to the support service access question between waves nine ($n = 239$) and 11 ($n = 823$). The results demonstrate that there was a statistically significant difference in support service access between wave nine ($M = 1.72$, $SD = .45$) and wave 11 ($M = 1.81$, $SD = .39$); $p < .05$ (two-tailed), indicating that access to relationship support services increased between pre- and mid-COVID.

Discussion

The primary aims of this secondary data analysis were to identify, and analyse the relationships between, correlates which the literature has shown to be associated with IPV in a cross-cultural UK sample, using the Understanding Society Longitudinal Household Panel Survey. The results from these analyses revealed insights into the experiences of a range of participants across six ethnic groups in the UK.

Findings

GHQ Total

Analyses looked at the effect of ethnic group on GHQ, identifying whether ethnic groups scored differently in a measure of psychological distress at two different time points: waves nine and 11 of the Understanding Society study. The findings conceded a significant difference between ethnic groups in GHQ scores in both waves; thus, across ethnic groups psychological distress was experienced to different extents. Post-hoc analyses indicated that participants who identified as African reported statistically significantly less psychological distress than White British, Indian, Pakistani, Bangladeshi and Caribbean participants. Furthermore, findings showed that White British participants reported the most psychological distress across all ethnic group comparisons in wave nine. Similar findings were reflected in the wave 11 analyses, with results indicating that participants who identified as African reported statistically significantly less psychological distress than White British, Indian, Pakistani, Bangladeshi and Caribbean participants. Furthermore, Bangladeshi participants reported the most psychological distress across all significant ethnic group comparisons in wave 11.

These analyses are largely reflective of findings from previous studies into these correlates and proxies of IPV. For example, one study from the USA demonstrated that

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

African Americans reflected lower levels of psychological distress compared to other ethnic groups, such as ‘other Hispanics, Asians and Cubans’ (Bratter & Eschbach, 2005), which further confirmed other research that found that “African Americans experience less stress at the lower end of the socioeconomic continuum (Schulz et al., 2000; Ulbrich et al., 1989)” (Bratter & Eschbach, 2005, pp.639-640). Furthermore, in a study looking at financial worries and serious psychological distress (Weissman et al., 2020), White participants yielded the greatest proportion of serious psychological distress compared to participants who identified as Hispanic, non-Hispanic Black and other races and ethnicities. These findings reflect the outcome of the analyses above, demonstrating a disparity between these ethnic groups in psychological distress.

Despite this, it should be noted that the previous studies mentioned compared ethnic groups that were not included in the current study; although the current analyses provide comparisons between a different group of participants, the results do also reflect the findings of Bratter & Eschbach’s (2005) and Weissman et al.’s (2020) studies. However, this relationship is likely to be more nuanced and complex than it appears, with psychological distress having the potential to be impacted by a number of other factors. For example, it should also be noted that differences across ethnic groups may not be due to lesser experiences of psychological distress, but rather reflective of coping mechanisms employed by some ethnic groups that would yield these findings (Thomas et al., 2008).

With regards to other factors that may impact psychological distress, Heim et al. (2010) investigated racism, ethnic identification and perceived stress, and their links to psychological wellbeing in three minoritised ethnic community samples in the UK, including participants who identified as Pakistani and African. They identified that higher levels of racism were associated with decreased psychological wellbeing in Pakistani participants, which can be further supported by Hashem and Awad, (2021) who emphasise the

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

consequential role that discrimination can play in vulnerability to psychological distress.

These studies provide further evidence for ethnic group differences in psychological distress, and posit potential influences on these findings.

On the other hand, although the findings regarding discrimination provide some evidence to explain the high levels of psychological distress in particular ethnic groups, comparison with other ethnic groups demonstrates that this certainly does not account for all cultural variation. For example, research identifies that racial discrimination is “a common experience for Black people” (Hope et al., 2019, p.62) and that “racism [against Black people] is endemic and pervasive in the UK” (Joseph-Salisbury et al., 2021, p. 21); yet, the findings from the present study indicate that participants who identified as ‘African (Black or Black British)’ exhibited lower psychological distress than other ethnic groups in the analyses. Therefore, experiences of discrimination cannot solely account for variance in this correlate, as this would suggest that participants who identified as ‘African (Black or Black British)’ would sustain higher levels of psychological distress.

Despite this, research has also shown that African communities who have experienced systematic racism and sexism use resistance strategies to manage the stress associated with these experiences (Shorter-Gooden, 2004), which may account for the seemingly lower levels of psychological distress reported in this study. In turn, this indicates that the roles of race and ethnicity in psychological distress are far more nuanced and complex than the findings would suggest.

The literature findings clearly highlight the need to capture variation across ethnicities regarding studies of mental health, as “social class, acculturation, marital status and chronic illness cannot fully explain... differences in psychological distress” (Bratter & Eschbach, 2005, p. 620). Leading on from this, research also shows that strong ethnic identities act as a

protective factor for psychological well-being (Forrest-Bank & Cuellar, 2018), which is beneficial to note in the assessment and management of IPV for both victims and perpetrators (Anderson & Van Ee, 2018; Bernado & Estrellado, 2017; Nessel et al., 2021). Psychological distress and disorders have been shown to be risk factors for “both IPV victimisation and perpetration” (Spencer et al., 2019, p.1), highlighting the necessity of screening and identifying psychological distress in victims and perpetrators of IPV.

With regards to the analyses comparing pre- and mid-pandemic GHQ scores, the findings indicated that there was a significant difference between responses to GHQ in Wave waves nine and 11, highlighting that the wave 11 scores were, on average, higher than the wave nine scores. This would suggest that participants’ psychological distress levels were higher mid-Pandemic compared to pre-pandemic, in line with wider literature. Research has shown that the population’s mental health was negatively impacted by the emerging public health issues as a result of COVID, including increased psychological crises (Zhang et al., 2020), and that higher reported levels of psychological distress, anxiety and depression could be explained by the mandated lockdown conditions and regulations, and by intolerance to uncertainty (Glowacz & Schmits, 2020). As such, we would anticipate levels of psychological distress to increase from pre-COVID to mid-COVID, in line with our findings. It would also be beneficial to investigate changes in reported psychological distress between mid- and post-pandemic timepoints, to see if psychological distress would reduce back to pre-pandemic rates once again.

Subjective Financial Situation

Additionally, the analyses looked at whether participants’ subjective current financial situation varied across ethnic groups at two different time points: waves nine and 11. The findings demonstrated a significant difference across ethnic groups in subjective current

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

financial situation ratings in both waves; thus, positing that participants' financial situation may vary to some extent based on their ethnic group membership. Results also demonstrated that in wave nine, White British participants expressed the least experiences of financial strain compared to all other ethnic groups in the study. Moreover, Indian participants' financial strain was reported to be statistically significantly lower than Pakistani, Bangladeshi, Caribbean and African participants, and both Pakistani and Bangladeshi participants reported significantly less financial strain than African participants also. Similar findings were also replicated at the wave 11 time point, with White British participants reporting the least financial strain out of the ethnic groups analysed. Significant interactions between the individual ethnic groups also reflected the findings from the wave nine analyses, although Bangladeshi participants reported the most financial strain of the ethnic groups analysed at this time point.

Studies have noted that the median wealth of households differs across ethnic groups (Tai et al., 2020), with life stressors such as the COVID-19 pandemic instigating economic stress disproportionately in minoritised ethnic groups (Vargas & Sanchez, 2020). In addition, cross-sectional relationships between financial difficulty, "poorer mental health... and non-white ethnicity" (Richardson, et al., 2017, p. 344) have also been emphasised. This provides further evidence for the differences in financial situations across ethnic groups, and demonstrates the links between these life stressors and mental health (Tani et al., 2020). Life stressors, such as difficult financial situations, are also often noted in literature as antecedents to IPV perpetration (Byun, 2012). Thus, it is imperative that differences in experiences (Lovallo, 2013) and coping mechanisms (Son et al., 2020) are identified in order to tailor support for victims.

Findings from the current study also showed a statistically significant difference in responses to subjective current financial situation between waves nine and 11, showing that

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

wave 11 scores were lower than the wave nine scores. This demonstrates that on average, participants experienced less financial strain mid-COVID, compared to pre-COVID. While research into the effect of COVID on financial strain highlights the impact that COVID has had on people's income and ability to cope with the financial climate (Goyal et al., 2021), studies have also shown that financial strain through COVID was impacted by a range of other factors. For example, financial strain was found to be reduced for those who had a significant other (Pearson & McCoy, 2024), yet particularly impacted college students who already tend to experience financial challenges (Lawley et al., 2022). These extraneous factors may, therefore, have contributed to the slight decrease in reported financial strain between the pre- and mid-pandemic time points.

Relationship with Ex-Partner

The analyses also looked at whether participants' relationships with their ex-partners varied across ethnic groups at the two different time points, demonstrating a non-significant difference across ethnic groups in both waves nine and 11. In addition, the analyses showed that there was a statistically non-significant difference between relationship with ex-partner scores at wave nine and wave 11. These findings indicate that the pandemic may not have had an effect on participants' relationships with their ex-partners.

Much of the literature which identifies relationship experiences across ethnic groups focuses on relationships with *current* partners, which also highlights the dearth of research conducted to look at ex-partner relationships. However, these results could also be affected by cultural scripts which denounce divorce and the dissolution of relationships (Chatterji et al., 2022), whilst also stigmatising the discussion of these issues to protect the family and their reputation (Vishwanath & Palakonda, 2011). Furthermore, this variable was measured using one Likert scale self-report question, which does not provide us with the nuance to

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

speculate on these responses. Thus, further research with a more robust scale and qualitative element into the relationships between ethnic group and relationship with ex-partner would be beneficial, to provide us with a more robust and nuanced understanding of this relationship.

Support Service Access

This study also looked at whether participants had accessed relationship support services after the dissolution of a relationship varied across ethnic groups in wave nine and also in wave 11. Due to the dichotomous nature of the ‘support service accessed’ variable, a chi-square analysis was required to analyse this relationship. However, the findings demonstrated a non-significant association between ethnic group and support services accessed in both waves.

First, it should be noted that the support service access variable was simply a dichotomous, yes/no response question, which yields minimal data to interpret. Thus, it would be beneficial to utilise a more extensive quantitative measure to explore this further, again while perhaps including a qualitative element to better understand people’s experiences. It would also be beneficial to establish gender group differences in accessing relationship support services, as this would be invaluable in establishing whether this would make a difference to relationship help-seeking behaviours.

In addition, findings from the literature may also explain the results above, with notable barriers such as “shame, embarrassment, time constraints by health care providers, ... language barriers and cultural prohibitions” (Simmons et al., 2011, p. 1229), limiting people’s ability to access support services (Montalvo-Liendo, 2008). Moreover, the support services in question do not solely pertain to IPV and include other relationship support charities such as ‘National Family Mediation’ and ‘Marriage Care’; thus, this would require

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

the willingness of both members of the relationship to access support, yet research has shown that males tend to be less willing to access support services (Douglas & Hines, 2011). Studies also demonstrate that there may be reluctance to access, and a stigma associated with, seeking support for relationship and family issues (Ragusa, 2012), especially across minoritised ethnic groups (Kim, 2019; Nije-Carr et al., 2020). These findings provide potential explanations for the outcomes of this study, highlighting the complexity of factors that also have the potential to impact the disclosure of these experiences. As a result, future research would benefit from analysing the specific support services accessed to further clarify this relationship, as well as further investigating the underlying processes which may affect people's decisions to access support services.

In addition, a McNemar's test was conducted to identify differences in responses to the 'support services accessed' question across time points, demonstrating a statistically significant difference between responses across waves nine and 11. The results indicate that more participants reported accessing support services mid-COVID than pre-COVID. These findings can be further evidenced in literature, as research has shown that, for example, there was an increase in reporting via (IPV) victim service providers (Kaukinen, 2020) through COVID, which provides some insight into a potential increased demand. Despite this, the factors which may affect people's help-seeking behaviour remain complex and nuanced, and the relationship support services in question are not solely IPV related services as previously mentioned. Future research would benefit from investigating these factors utilising qualitative analyses to understand the contexts behind help-seeking; this will be done in Chapter Six of this programme of research.

Degree of Happiness with Relationship

The analyses also identified the differences in participants' relationship satisfaction across ethnic groups at the two time points. The findings conceded a statistically significant difference in degree of happiness in current relationship across ethnic groups in both waves nine and 11, highlighting that participants' relationship satisfaction may vary based on ethnic group membership to some extent. In wave nine, Caribbean participants reported the least happiness of all the significant comparisons in their relationship, and these findings were statistically significantly lower than White British, Indian, Pakistani and African participants. Out of all the ethnic groups, African participants reported the most satisfaction with their current relationships, and these scores were statistically significantly higher than Caribbean participants' scores. In wave 11 the findings demonstrated that White British participants reported the most happiness in their current relationship, and these scores were statistically significantly higher than participants in the Indian, Pakistani and Caribbean ethnic groups. Similarly to wave nine, Caribbean participants once again reported the least happiness in their current relationship out of the statistically significant ethnic group comparisons. Despite these differences, however, participants across the six different ethnic groups' mean scores all indicated that people were 'happy' with their relationships, thus demonstrating the need for further analyses into these differences and the reasons behind them.

These further analyses would be beneficial, as research has demonstrated that unhappiness in a relationship is a risk factor for the perpetration of IPV (Panuzio & DiLillo, 2010), as well as inevitably being a consequential factor of IPV (Karakurt et al., 2014). However, there is little research, to our knowledge, that looks at the differences between ethnic groups in relationship satisfaction; therefore, these findings provide a preliminary insight into the potential relationships between these variables.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Analyses were also conducted to look at relationship satisfaction across the two different time points, investigating whether, and to what extent, these scores varied. The findings indicated statistically significant difference in responses to degree of happiness in current relationship between waves nine and 11. The findings show that scores were, on average, lower in wave 11 than in wave nine, indicating that participants' satisfaction in their relationships decreased through the COVID pandemic. The literature appears to indicate a general reduction in relationship satisfaction as a result of the pandemic (Balzarini et al., 2022) for both men and women (Schmid et al., 2020); thus, our findings are in support of wider research.

Job Satisfaction

Next, the analyses looked at whether participants' satisfaction with their job roles varied across ethnic groups at the two different time points. The findings showed a statistically significant difference across ethnic groups in job satisfaction in both wave nine and wave 11, therefore suggesting that satisfaction with job roles may vary, to some extent, as a result of ethnic group membership. In wave nine analyses demonstrated that Caribbean participants reported statistically significantly less job satisfaction than all other ethnic groups in the analysis (White British, Indian, Pakistani, Bangladeshi and African ethnic groups), while Indian participants reported the most job satisfaction of all the ethnic groups in the statistically significant comparisons. However, in wave 11 there was only one significant difference between ethnic groups, demonstrating that Indian participants were (again, as with wave nine) statistically significantly more satisfied with their jobs than Caribbean participants.

In literature, occupational factors such as job satisfaction have been shown to be risk and consequential factors of IPV (Asadi et al., 2018; Slep et al., 2015) to different extents

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

across different countries (and therefore different ethnic and cultural groups), thus providing further support for these findings. Although the research has shown there are differences in job satisfaction and occupational factors across different ethnic groups, the single-question scale methodology utilised to measure job satisfaction does not allow for investigation of the underlying factors and nuances associated with this relationship; for example, whether job satisfaction is affected by colleagues, the workplace, or the job itself.

Research has also shown that life stressors, in this case job insecurity, can have a negative impact on intimate partner relationships (Williams & Bailey, 2021); an association which can be mediated by a number of factors such as mental health (Spencer et al., 2019) and the centrality of traumatic events (Webermann et al., 2020), which refers to the extent to which trauma experiences are seen as “central to one’s identity and sense of self (Berntsen & Rubin, 2006)” (George et al., 2016, p.85). Thus, the literature demonstrates the importance of further investigation into the factors behind these relationships in order to further comprehend potential precipitating (Moreira & Pinto da Costa, 2020) and protective factors (Gerino et al., 2018) of IPV.

Findings from this analysis also demonstrated a statistically significant difference in responses to the job satisfaction question between waves nine and 11. They showed that on average, job satisfaction scores were higher in wave 11 than wave nine, indicating that participants were more satisfied with their jobs mid-pandemic compared to pre-pandemic. While some literature indicates that factors such as an increased workload, occupational burnout (Alrawashdeh et al., 2021) and work environment (Bulinska-Stangrecka & Bagienska, 2021) as a result of the pandemic have contributed to job dissatisfaction, research has also indicated that job dissatisfaction was largely impacted by job insecurity and instability (Nemteanu et al., 2021). Therefore, for those whose jobs remained secure and stable throughout the pandemic, we would anticipate that job satisfaction would remain

stable. In addition, it may be that for those that retained jobs during an unstable occupational and economic market, job satisfaction also increased as a result – particularly given the increase in more flexible work from home arrangements (Makridis & Schloetzer, 2022).

Quarrelling

Lastly, the analyses looked at whether participants' quarrelling with their partners varied across ethnic groups at the two different time points. The findings conceded a statistically significant difference across ethnic groups in quarrelling in both waves. These results suggest that participants' quarrelling with their partners may vary, to some extent, based on ethnic group membership. In wave nine, White British participants reported the highest score in the quarrelling variable which indicates *less* quarrelling, demonstrating that Indian and Caribbean participants reported statistically significantly more quarrelling than their White British counterparts. Furthermore, Caribbean participants also reported statistically significantly more quarrelling experiences (indicated by a lower score on the quarrelling variable) than both Pakistani and Bangladeshi participants. Across all the statistically significant ethnic group comparisons, Caribbean participants reported the most quarrelling. Similarly in wave 11, White British participants yielded the highest quarrelling score, indicating the *least* quarrelling experiences. At the wave 11 time point, White British participants reported statistically significantly less quarrelling than both Indian and Pakistani participants, while Bangladeshi participants reported statistically significantly more quarrelling than Indian participants, as well as yielding the lowest quarrelling score (therefore indicating the most quarrelling experiences) across all the statistically significant ethnic group comparisons in the analyses. Research has posited that these differences may be as a result of different conflict styles, impacted by concerns around saving face (Courtney, 2009). As such, this may explain why White British participants reported less quarrelling with their

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

partners, as research shows that Western cultures may be less endorsing of face saving attitudes and cultural logic (Leung & Cohen, 2011).

The comparative analyses across the wave nine and wave 11 time points also demonstrated a statistically non-significant difference in responses to the quarrelling question. These findings indicate that the pandemic may not have had an effect on participants' quarrelling with their partners. Based on the aforementioned literature this relationship was unexpected, and indicates that the factors affecting quarrelling may be more complex, while also suggesting that the 'quarrelling' variable may not be an accurate measure for relationship conflict. Thus, future research should focus on utilising a more robust scale to measure relationship conflict, and to investigate this relationship further. Relative to this programme of research, and given the fact that the quarrelling variable is the closest measure of relationship conflict that we have in this secondary dataset, further analyses investigating the relationships between the variables of interest and quarrelling were also conducted. This was done with the aim of obtaining a more comprehensive understanding of the potential relationships between the correlates of IPV investigated in this study, and quarrelling; a proxy measure of relationship conflict.

Relationship Between Quarrelling and Variables of Interest

As mentioned, the quarrelling variable was, to our knowledge, the measure that most closely resembled relationship conflict within Understanding Society, which research has shown to be a correlate of IPV (Clark et al., 2019). When analysing the data, it was also queried with the team whether they utilised any measures of conflict or IPV in their questionnaires, to which they responded that they did not; therefore, the quarrelling variable was utilised in this investigation of IPV proxies. As such, correlations and regressions were

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

conducted to identify the relationships between the correlates and quarrelling at both wave nine and 11 time points, as well as their predictive nature on quarrelling.

The findings indicate that GHQ, subjective financial situation, degree of happiness with current relationship and job satisfaction were correlated with quarrelling, and were also predictive of quarrelling in models in both wave nine and 11. These findings indicate that increased psychological distress, financial strain, relationship dissatisfaction and job dissatisfaction grouped together lead to increased reports of quarrelling among participants and their partners. Findings from the regressions also indicated that GHQ, subjective financial situation, and degree of happiness with current relationship were all individual predictors of quarrelling in the sample. However, job satisfaction was not found to predict quarrelling in this analysis. Furthermore, 'relationship with ex-partner' was not included in these analyses, as correlations demonstrated that there was no significant relationship between relationship with ex-partner and quarrelling (with current partner) in either of the waves.

These results provide support for findings highlighted in literature; for example, research has shown that couples experiencing financial distress are more likely to engage in conflict and quarrelling (Wisler, 2020). Furthermore, increased familial quarrelling has been linked to increased psychological distress (Powell et al., 2022), and poor relationship quality has been shown to be linked to low relationship satisfaction (Cepukiene, 2021). Despite this, these findings are reflective of general quarrelling and not of IPV per se; thus, future studies in this programme of research should investigate whether these variables are also predictive of IPV attitudes, victimisation and perpetration more explicitly.

Study Strengths and Limitations

The findings from this secondary data analysis provide us with an insight into the differences across communities and ethnic groups in the UK in a number of factors that may contribute (as correlates) to the perceptions, victimisation, and perpetration of IPV. Fundamentally, these findings provide an indication of how these factors may be linked, the extent to which they relate to quarrelling (a proxy of relationship conflict), how the findings vary across ethnic groups and what the analyses are missing; thus, providing crucial, relevant data to inform future studies, measures and analyses in this programme of research. The Understanding Society datasets have been invaluable to this project, as the large and varied participant sample has allowed, to some extent, for the generalisation of the findings in the UK. Equally, the methodology and utilisation of secondary datasets also facilitates the replication of the analyses and findings in future research.

In contrast, there are some limitations with this study that future research should endeavour to rectify. Although these analyses have provided invaluable information, each of these variables were based on singular questions (or a singular measure in the case of the GHQ). Therefore, despite the utility of these analyses and their ability to establish base level relationships between factors, the need to gauge a deeper understanding of the complexities and nuances of the proxies and risk factors for IPV is evident. This provides further support for the importance of a triangulated approach to this sensitive research (Noble & Heale, 2019), utilising both quantitative and qualitative methods to further determine relationships between factors, and the context in which they are pertinent. As a result, these analyses will help to inform the basis of, and questionnaire for, the study in Chapter Four of this programme of research, which will endeavour to further explore cultural variance in risk factors for IPV attitudes based on the literature and findings from this study. This will also be beneficial in sourcing opinions of people from a range of backgrounds and cultures, who will

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

be able to speak with more authority on the ways in which their ethnic group identity and experiences impact, or are impacted by, IPV.

Furthermore, the measurement and use of the ethnic group variable presents a limitation to the study. Due to the study consisting of an opportunity sample, the datasets did not yield an even distribution of participants in each ethnic group. As a result, analyses were conducted with the six booster ethnic groups that the Understanding Society team recruit from, in order to obtain more of a balanced participant sample, and to facilitate more meaningful analyses of comparisons and relationships between the variables of interest. Therefore, the results in the analyses that highlight the similarities/ differences across ethnic groups should be interpreted with caution, and further research should be conducted with a more even spread of participants in each level of the ethnic group variable. Throughout this programme of research, analyses will focus on these six ‘booster’ ethnic groups as detailed in Chapter Three, to facilitate valid cross-cultural comparisons.

Additionally, despite ethnic group as a nominal variable being useful for quantitative research, there are issues with aggregating data (Nugraheni & Hastings, 2021) into categorical ethnic groups, as this does not account for differences *within* cultures and ethnic groups. Resultantly, the data obtained are not as nuanced, and do not account for the social and cultural complexities of ethnic group association (Zerquera et al., 2020). Therefore, despite it being useful as a categorical tool for quantitative research, it would also be beneficial to obtain qualitative data which allows participants to detail and quantify their experiences within the various dimensions of ethnic identity (Keefe, 1992), particularly when looking at the effects of ethnic group on IPV risk factors and prevalence.

Summary and Future Directions

This study has been beneficial in gaining an initial understanding of correlates and proxies for IPV, and establishing baseline similarities and differences across various ethnic

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

groups in a UK-based sample in responses to these. This has also been beneficial in beginning to identify the impact of the COVID-19 pandemic (a substantial life stressor) on our variables of interest, and the way in which this subsequently affects IPV attitudes, victimisation and perpetration. The findings from these analyses will help to inform the measures utilised in Chapter Four (and subsequent chapters).

**Chapter Four: Investigating the Predictive and Precipitating Factors of Attitudes
Towards Intimate Partner Violence**

Applying findings from the literature and Chapter Three (the Understanding Society secondary data analysis), this chapter sought to provide an overview of IPV attitudes in a UK sample, using a questionnaire that includes validated scales measuring relevant risk factors. The relationships between these risk factors and IPV attitudes are first investigated, and then responses are compared across ethnic and gender groups. Qualitative data from the open-ended written-answer questions in the questionnaire also add context and nuance around participants' attitudes towards IPV.

While most societies and individuals proscribe intimate partner violence (Uthman et al., 2009), attitudes towards IPV can be shaped by a number of factors and have a direct impact on victimisation and perpetration (Eriksson & Mazerolle, 2014; Speizer, 2009). Research shows that attitudes that deem IPV as “acceptable and culturally normative are among the most significant factors associated with the likelihood of perpetration and social responses to perpetration” (Tran et al., 2016, p. 2). These attitudes are particularly prominent in communities who adhere to honour culture, as research has shown that honour culture may influence the acceptance of IPV, approval of IPV perpetrators, and disapproval of help-seeking by victims (Dietrich & Schuett, 2013). In addition to the overall culture, familial experiences can also impact IPV; for example, studies have cited a model of ‘intergenerational transmission of violence’, noting that youth exposure to violence operates as a risk factor for IPV (in this case, teen dating violence specifically), with attitudes that are accepting of violence affecting this relationship (Clare et al., 2021). These findings have been mirrored across the literature, in which familial violence exposure has been shown to be associated with IPV attitudes, in accordance with social learning approaches to IPV (Copp et al., 2016).

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Research has noted the significant role of patriarchal and gender-inequitable attitudes towards IPV as drivers to subsequent perpetration (Sikweyiya et al., 2020). Sikweyiya et al.'s (2020) study focuses on the impact of these attitudes and beliefs in a population from the Central Region of Ghana; however, these findings have been replicated across other countries and groups. For example, Yang et al. (2020) compared attitudes towards IPV in a sample of Chinese and Spanish participants, and found that “culture, gender, and age affected attitudes directly and indirectly through gender inequality attitudes” (p. 101). Furthermore, Hayes and Boyd, (2016) evaluated the influence of individual and national-level factors on IPV attitudes across 41 nations, and found that nations that exhibited higher levels of gender inequality were more likely to have positive attitudes towards IPV; i.e. justifying the use of abuse by a husband if their wife was arguing with them (in this particular case). Across the literature, studies consistently demonstrate the role of patriarchal and gender inequitable attitudes in IPV.

Research also posits that previous exposure to inter-parental violence may also impact “tolerant attitudes towards IPV” (Han & Choi, 2021, p.1). For example, Nabors and Jasinski, (2009) found that childhood victimisation experiences were a risk factor for future IPV across all models in their study. Moreover, they found that there was also a “positive relationship between attitudes accepting of gender role stereotypes and gendered violence, and later IPV perpetration” (p.73). Given that this study was conducted with a sample of college students in the USA (i.e., not a widely-perceived honour culture), this may explain why these findings were not as significant as those from studies with a more culturally-diverse participant sample. In accordance with this, Zark and Satyen's, (2022) systematic review examining cross-cultural differences in IPV attitudes indicated that there was “considerable evidence that student attitudes toward IPV differ across cultures” (p. 1007), highlighting that

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

participants in the 'ethnic majority' group in the USA exhibited attitudes less accepting of IPV than individuals from other countries and minoritised ethnic groups.

The findings from the studies above highlight risk factors underpinning attitudes towards IPV, which are then further impacted by ethnic and gender group identity. Results from the Understanding Society secondary study (see Chapter Three) indicated that there were ethnic group differences in some correlates of IPV; i.e. psychological distress, life stressors such as financial situations, relationship satisfaction and job satisfaction, and quarrelling. Furthermore, findings also highlighted that each of these variables were correlated with the 'quarrelling' variable (the closest measure of relationship conflict explored in the Understanding Society dataset). The Understanding Society study was useful in beginning to explore correlates of IPV, and the differences in responses to these across ethnic groups in the longitudinal dataset. However, Understanding Society was not investigating IPV and its risk factors/ correlates specifically; thus, the subsequent studies in this programme of research will seek to explore this more explicitly.

Present Study

The present study sought to investigate the relationship between risk factors for IPV attitudes in a UK-based sample and a measure of IPV attitudes using an online survey design. This included risk factors identified from the literature and findings in the current, and previous chapters of this programme of research; i.e., stress, family relationships (cohesion, expressiveness and conflict), honour beliefs, dignity, face and honour norms, social roles, education experience, religious impact, reputation and support service attitudes. In addition, differences across ethnic and gender groups in responses to these risk factors and IPV attitudes were examined. Although differences across gender groups were not investigated as part of the Understanding Society secondary data analysis, the gendered nature of IPV

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

(Women's Aid, 2022) and the impact of patriarchal and gender inequality beliefs on IPV (Sikweyiya et al., 2020) demonstrate the importance of their inclusion in the analyses. Studies also suggest that a triangulated approach to research using quantitative and qualitative methods is effective when researching sensitive topics, as it provides a more nuanced understanding of the issues (Noble & Heale, 2019) and aids in interpreting findings and future research requirements (Fischbein et al., 2018). Therefore, attitudes towards IPV were explored through additional qualitative questions. The specific aims of the current study were to determine whether:

1. Part One – The risk factors identified are correlated with, and predictive of, IPV attitudes in this UK sample, using these measures,
2. Part Two – Risk factors for IPV attitudes vary in prevalence across ethnic groups,
3. Part Three - Risk factors for IPV attitudes vary in prevalence across gender groups.

Method

Participants

A priori analyses using G*Power determined the need for 250 participants. The same ethnic groups as in Chapter Three were included in the analysis; resultantly, the main study consisted of 272 participants across six ethnic groups who had responded to at least one scale in the study: English, Welsh, Scottish, Northern Irish or British (White) ($n = 229$; 84.2%), Indian (Asian or Asian British) ($n = 16$; 5.9%), Pakistani (Asian or Asian British) ($n = 4$; 1.5%), Bangladeshi (Asian or Asian British) ($n = 4$; 1.5%), African (Black, African, Caribbean or Black British) ($n = 11$; 4%) or Caribbean (Black, African, Caribbean, or Black British) ($n = 8$; 2.9%). Of the 272 participants, 87 were male (32%), 178 were female (65.4%), five were non-binary (1.8%), one identified as 'other' (0.4%), and one preferred not

to say (0.4%). While the analyses below present an initial investigation into ethnic and gender group differences in the risk factors for, and measures of, IPV attitudes, the unavoidably unbalanced sample sizes in each group will impact the ability to make meaningful comparisons. Thus, findings should be interpreted with caution, and subsequent studies in this programme of research will aim to balance sample sizes more stringently where possible.

Materials and Procedure

To measure the first risk factor, perceptions and experiences of stress, the 10-item Perceived Stress Scale (Cohen, 1994; $\alpha = .87$) was used. This scale included items such as a “In the last month, how often have you felt nervous and ‘stressed’?” using a five-point Likert scale (1 – never, to 5 – very often).

The 19-item Brief Family Relationships Scale (Fok et al., 2014) was used to measure participants’ relationships with their families through Cohesion ($\alpha = .941$), Expressiveness ($\alpha = .87$) and Conflict ($\alpha = .88$). This scale included items such as “In our family we really help and support each other”, “In our family we can talk openly in our home”, and “In our family we argue a lot” to measure these dimensions respectively, using a five-point Likert scale (1 = strongly disagree to 5 = strongly agree - adapted to match the other Likert-scale scoring in this questionnaire).

The 17-item English translation of the ‘Escala Cultura del Honor’ (Lopez-Zafra et al., 2019; $\alpha = .88$) was used to measure people’s honour beliefs. This scale included items such as “My blood boils when someone insults me” using a five-point Likert scale (1 = strongly disagree to 5 = strongly agree).

The 16-item ‘Dignity, Face and Honour Norms Scale’ (Yao et al., 2017) measured people’s perceptions of social norms in their cultures through three dimensions; dignity

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

norms ($\alpha = .85$), face norms ($\alpha = .84$) and honour norms ($\alpha = .88$). This measure included items such as “In your culture, people should be true to themselves regardless of what others think”, “In your culture people should be very humble to maintain good relationships”, and “in your culture, people are concerned about defending their families’ reputation” for each dimension, measured using a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree).

The 13-item Social Roles Questionnaire (Baber & Tucker, 2006; $\alpha = .88$) measured people’s perceptions of social and gender roles, including items such as “Men are more sexual than women”. An additional question pertaining to gender roles was added at the end of this questionnaire, “men and women have set roles in society” to further investigate their perceptions of gender roles, forming a finalised 14-question scale using a five-point Likert scale (1 – strongly disagree to 5 – strongly agree).

The 23-item Intimate Partner Violence Attitude Scale (Smith et al., 2005) was measured using a five-point Likert scale (1 = strongly disagree to 5 = strongly agree). This scale includes items such as “as long as my partner doesn’t hurt me, ‘threats’ are excused”, “I would be flattered if my partner told me not to talk to someone of the opposite sex”, “I think my partner should give me a detailed account of what they did during the day” and “it is appropriate to insult my partner in front of others” to measure agreement with attitudes towards IPV victimisation (first two examples) and perpetration (last two examples) respectively. For the purpose of this study relevant items were totalled to form two composite outcome variables; IPV Victimisation Attitudes ($\alpha = .86$), and IPV Perpetration Attitudes ($\alpha = .94$), categorised based on whether the statements referred to IPV victimisation or perpetration respectively.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Additional Likert scale questions to analyse education experiences ($\alpha = .752$), religious impact (i.e. how religion impacts participants' lives) ($\alpha = .82$), personal reputation ($\alpha = .61$) and support service attitudes ($\alpha = .74$) were also included. These questions were measured using a five-point Likert scale (1 = strongly disagree, to 5 = strongly agree), and comprised of items such as "Education was accessible to me", "My religious beliefs affect the decisions I make", "My personal reputation is important to me" and "Relationship support services are effective in helping to resolve relationship issues" respectively. As the personal reputation total had low reliability ($\alpha = .48$), the reverse-coded question was removed which increased the reliability marginally; $\alpha = .61$. As the reliability was still low, these results were interpreted with caution.

Additionally, the questionnaire included qualitative questions to further investigate IPV attitudes. Attitudes were measured using a series of written-answer questions, such as "Who are the victims of intimate partner violence?", to add context and nuance to participants' responses to the measures above. All participants completed each of the measures in the study.

The study was distributed via social media (LinkedIn, Facebook, Twitter, Instagram and Reddit), and Prolific through Qualtrics. Participants were informed that the study was looking at perceptions of social issues, cultural norms and intimate partner relationships, and details of the study aims, rationale and participant criteria were provided in the information sheet prior to obtaining consent. Once the data had been collected, SPSS (v28) was utilised to analyse the quantitative data, and MAXQDA (2022) was utilised to analyse the qualitative data.

Ethics

Ethical approval was obtained from the University of Kent Psychology Ethics Committee (Ethics ID: 202116170152337082). Participants were asked to create a unique identification code for anonymity, so that responses could be withdrawn if requested. Confidentiality was maintained by storing the data on password-protected computers and encrypted flash drives, with only the researcher and supervisors able to access this.

As some of the survey questions were sensitive and potentially upsetting, disclaimers were included in the information sheet and throughout the questionnaire, in addition to warnings that state participants should not take part if they are in unsafe environments or if answering these questions could put them in danger. Links to mental health, IPV and honour abuse charities were also provided in the debrief sheet, and participants were reminded of their right to withdraw at any time in both the information and debrief sheets.

Quantitative Results

Part One – Investigating the Relationships between the Risk Factors and IPV Attitudes

Analyses were conducted to identify whether, and to what extent, there was a relationship between the risk factors for IPV attitudes, and IPV attitudes themselves using the IPVAS in this UK sample. Significant correlations and their directions can be found in Table 10. The findings demonstrated that the more religious impact, conflict in family relationships, honour beliefs endorsement, personal reputation importance, honour norms endorsement and gender role beliefs that participants in this sample exhibited, the more they endorsed statements of IPV victimisation agreement (signified by higher IPV victimisation attitudes scores). In addition, the more religious impact, conflict in family relationships, honour beliefs endorsement, honour norms endorsement and gender role beliefs participants exhibited, the

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

more they endorsed statements of IPV perpetration agreement (again, signified by higher IPV perpetration attitudes scores).

Table 10

Pearson's Correlation Table

Risk Factors	IPV Victimisation Attitudes		IPV Perpetration Attitudes	
	<i>df</i>	<i>r</i>	<i>df</i>	<i>r</i>
Religious Impact	134	.33 ***	161	.28 ***
Conflict	156	.22 **	198	.21 **
Honour Beliefs	150	.46 ***	192	.43 ***
Personal Reputation	157	.19 *		
Honour Norms	155	.29 ***	196	.21 **
Social Roles	148	.68 ***	191	.67 ***

Note. IPV = Intimate Partner Violence.

*** $p < .001$, ** $p < .01$, * $p < .05$.

Risk factors were entered into two linear regressions. The first with IPV victimisation attitudes as the outcome, with the model significantly explaining 46.8% of the variance in victimisation attitudes; $F(6, 119) = 17.48, p < .001$. The second linear regression entered IPV perpetration attitudes as the outcome. This model was significant in explaining 52% of the variance in perpetration attitudes; $F(5, 150) = 32.47, p < .001$. These findings demonstrated

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

that the scales used to measure the risk factors in the study significant predict IPV victimisation and perpetration attitudes in this sample. When looking into the individual predictors, social roles (measuring 'traditional' gender role attitudes) was found to be the best, and only, individual predictor of IPV victimisation attitudes ($\beta = .53, p < .001$). For IPV perpetration attitudes, honour beliefs were also found to be an individual predictor ($\beta = .18, p < .05$); however, social roles was also the best predictor of IPV perpetration attitudes in the sample ($\beta = .60, p < .001$).

Part Two – Identifying the Effect of Ethnic Group on the Risk Factors for IPV

Attitudes

Analyses were conducted to identify the effect of ethnic group membership on the risk factors, and IPV attitudes. Assumptions for ANOVAs were tested; all outcome variables were continuous, measured at interval or ratio level, the predictor variable had more than two categorical groups (six), and there was an independence of observations. Boxplots indicated significant outliers for the perceived stress, cohesion, honour beliefs, dignity norms, IPV victimisation attitudes, IPV perpetration attitudes, education experience and personal reputation variables. These were retained in the dataset; thus, non-parametric statistical tests were utilised to analyse the data. Shapiro-Wilk tests highlighted a significant departure from normality for all of the outcome variables bar perceived stress, once again indicating the need for non-parametric Kruskal-Wallis Tests.

As the Shapiro-Wilk tests indicated a non-significant departure for perceived stress, an ANOVA was appropriate for this analysis. Successively, a Levene's test found that the variances for perceived stress were equal; $F(5, 239) = 1.49, p = .19$, meeting the assumption of homogeneity of variance and demonstrating that an ANOVA is appropriate for this analysis.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

A one-way ANOVA was conducted to examine the association between ethnic group and perceived stress. Results demonstrated a statistically non-significant difference in perceived stress across ethnic groups; $F(5, 239) = .99, p = .42$. This demonstrated that different ethnic groups did not report different stress levels in this sample. As a result, no further predictive analyses were conducted.

A multivariate Kruskal-Wallis was conducted entering ethnicity as the grouping variable, to examine its association with risk factors and IPV attitudes. Higher scores for each variable indicated more conflict, higher endorsement of honour beliefs, dignity norms, face norms and honour norms respectively, and increased religious impact. The analysis yielded statistically significant differences for the following risk factors, by ethnicity: conflict; $\chi^2(5) = 18.17, p < .01$, honour beliefs; $\chi^2(5) = 14.85, p < .05$, dignity norms; $\chi^2(5) = 15.88, p < .01$, face norms; $\chi^2(5) = 25.06, p < .001$, honour norms; $\chi^2(5) = 46.81, p < .001$ and religious impact: $\chi^2(5) = 15.79, p < .01$. There was not a significant relationship between ethnic group and cohesion, expressiveness, social roles, IPV victimisation attitudes, IPV perpetration attitudes, education experience, personal reputation and support service attitudes; thus, no further statistical analyses were conducted with these variables.

To investigate which differences between ethnic groups in the risk factors are significant, a series of one-way ANOVAs and post-hoc tests were conducted. The results confirmed statistically significant differences across ethnic groups for the following risk factors; conflict, dignity norms, face norms, honour norms and religious impact (see Table 11 in the appendices), although the analysis demonstrated a non-significant relationship in honour beliefs based on ethnic group membership.

Post-hoc comparisons indicated significant differences between White British ($M = 23.14, SD = 3.42$) and Indian ($M = 17.73, SD = 7.05, p < .001$), White British ($M = 23.14, SD$

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

= 3.42) and Bangladeshi ($M = 16.25$, $SD = 9.25$, $p < .01$), Indian ($M = 17.73$, $SD = 7.05$) and Caribbean ($M = 25.71$, $SD = 2.63$, $p < .001$), and Bangladeshi ($M = 16.25$, $SD = 9.25$) and Caribbean ($M = 25.71$, $SD = 2.63$, $p < .01$) participants in dignity norms. In both cases, White British participants exhibited higher dignity norms scores, and Caribbean participants also exhibited higher dignity norms scores in each of the comparisons respectively.

For face norms, significant differences were found between White British ($M = 20.63$, $SD = 3.89$) and Indian ($M = 25.33$, $SD = 4.89$, $p < .001$), as well as Indian ($M = 25.33$, $SD = 4.89$) and Caribbean ($M = 19.17$, $SD = 3.19$, $p < .05$) participants. In both comparisons, Indian participants exhibited higher mean face norms scores than their counterparts.

For honour norms significant differences were found between White British ($M = 12.66$, $SD = 3.49$) and Indian ($M = 18.00$, $SD = 1.81$, $p < .001$), White British ($M = 12.66$, $SD = 3.49$) and African ($M = 16.20$, $SD = 3.52$, $p < .05$), and Indian ($M = 18.00$, $SD = 1.81$) and Caribbean ($M = 12.20$, $SD = 3.35$, $p < .05$) participants. In both comparisons, White British participants exhibited lower honour norms scores than Indian and African participants, as did Caribbean participants when compared to Indian participants.

However, it should be noted that post-hoc tests were not performed for the religious impact variable, as the 'Bangladeshi' participant group had fewer than two participants respond to this scale. Moreover, post-hoc analyses revealed no statistically significant differences between individual ethnic groups in conflict in the sample; although, differences between White British ($M = 13.38$, $SD = 5.15$) and Indian ($M = 17.19$, $SD = 4.23$) participants were marginal ($p = .05$). The remaining mean scores between other ethnic groups were not statistically significant and were therefore not reported.

Part Three – Identifying the Effect of Gender Group on the Risk Factors for IPV

Attitudes

A one-way ANOVA was conducted to examine the association between gender and perceived stress. The ‘prefer not to say’ response to gender group was marked as missing in SPSS; therefore, this case was excluded from gender group comparison analyses. Results demonstrated a statistically non-significant difference in perceived stress across gender groups; $F(3, 240) = .49, p = .69$. This demonstrates that different gender groups did not report different stress levels in this sample. As a result, no further predictive analyses were conducted.

Gender was entered as the grouping variable to examine its association with risk factors, and IPV victimisation and perpetration attitudes. Higher scores for each variable indicated higher endorsement of honour beliefs, honour norms and ‘traditional’ gender role beliefs, and endorsement of IPV victimisation and perpetration attitude statements respectively. The analysis yielded statistically significant differences for the following risk factors and IPV attitudes by gender; honour beliefs; $\chi^2(2) = 41.14, p < .001$, honour norms; $\chi^2(2) = 27.67, p < .001$, social roles; $\chi^2(2) = 23.76, p < .001$, IPV victimisation attitudes; $\chi^2(2) = 25.90, p < .001$ and IPV perpetration attitudes; $\chi^2(2) = 19.44, p < .001$. Conversely, there was not a significant relationship between gender and education experience, religious impact, cohesion, expressiveness, conflict, personal reputation, dignity norms, face norms, and support service attitudes; thus, no further statistical analyses were conducted with these risk factors.

To investigate which differences between gender groups in the risk factors and IPV attitudes variables are significant, a series of one-way ANOVAs and post-hoc tests were conducted. The results confirmed statistically significant differences across gender groups in

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

the risk factors and IPV attitudes (honour beliefs, honour norms, social roles, IPV victimisation attitudes and IPV perpetration attitudes) – see Table 12 in the appendices. However, it should be noted that due to participant numbers in the ‘other’ gender group, descriptive and inferential statistics could not be reported.

Post-hoc comparisons indicated significant differences between male ($M = 54.80$, $SD = 10.49$) and female ($M = 44.95$, $SD = 9.36$, $p < .001$) participants in honour beliefs, with male participants exhibiting higher endorsements of honour beliefs. In honour norms, significant differences were found between the male ($M = 14.88$, $SD = 3.49$) and female ($M = 12.69$, $SD = 3.50$, $p < .001$), male ($M = 14.88$, $SD = 3.49$) and non-binary ($M = 8.40$, $SD = 3.78$, $p < .001$), and female ($M = 12.69$, $SD = 3.50$) and non-binary ($M = 8.40$, $SD = 3.78$, $p < .05$) participants. In both comparisons, male participants exhibited higher endorsement of honour norms, while non-binary participants exhibited the lowest endorsement of honour norms in both comparisons.

In social roles, significant differences were found between male ($M = 36.77$, $SD = 9.50$) and female ($M = 30.33$, $SD = 7.44$, $p < .001$), and male ($M = 36.77$, $SD = 9.50$) and non-binary ($M = 25.40$, $SD = 4.62$, $p < .01$) participants. In both comparisons, male participants exhibited higher endorsement of ‘traditional’ gender role beliefs comparatively.

Analysis of IPV victimisation attitudes indicated significant differences between male ($M = 19.60$, $SD = 5.77$) and female ($M = 15.41$, $SD = 4.42$, $p < .001$), and male ($M = 19.60$, $SD = 5.77$) and non-binary ($M = 11.00$, $SD = .00$, $p < .05$) participants. As before, male participants exhibited higher scores in both comparisons, demonstrating more agreement with attitudes towards statements of IPV victimisation. Similarly, differences between male ($M = 31.70$, $SD = 10.56$) and female ($M = 26.78$, $SD = 6.98$, $p < .001$), and male ($M = 31.70$, $SD = 10.56$) and non-binary ($M = 21.00$, $SD = .00$, $p < .05$) participants were found for IPV

perpetration attitudes, indicating that Male participants exhibited more agreement with statements of IPV perpetration than their counterparts.

Qualitative Results

Question One – “What Would You Define as Intimate Partner Violence?”

The first question asked how participants would define IPV. Once all the responses had been coded, the following code system chart (see Figure 3) was generated using MAXQDA to summarise the complete set of codes within the question. Figure 3 provides a bar chart encapsulating each of the codes generated through the thematic analysis of the dataset; these codes are ordered from most prevalent to least in the dataset. A word frequency map was also created in MAXQDA (see Figure 4), to highlight the most frequent words in the dataset. This frequency map was generated automatically, extracting key words from participants' responses to the question. In this image, word size indicates higher frequency in the dataset. Lastly, Figure 5 presents a thematic map; detailing the themes and sub-themes extracted from each of the questions.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Figure 3

Question One Code System – MAXQDA Output

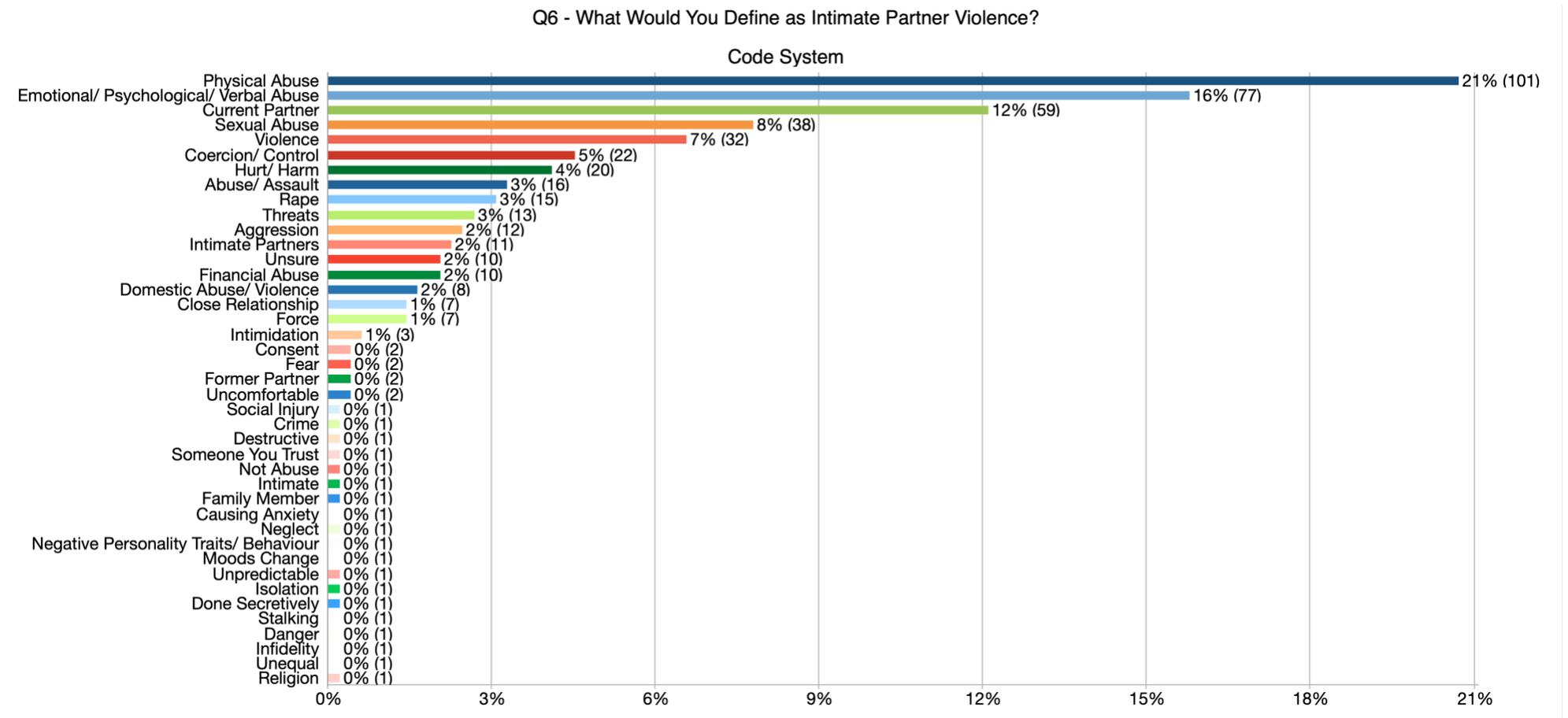
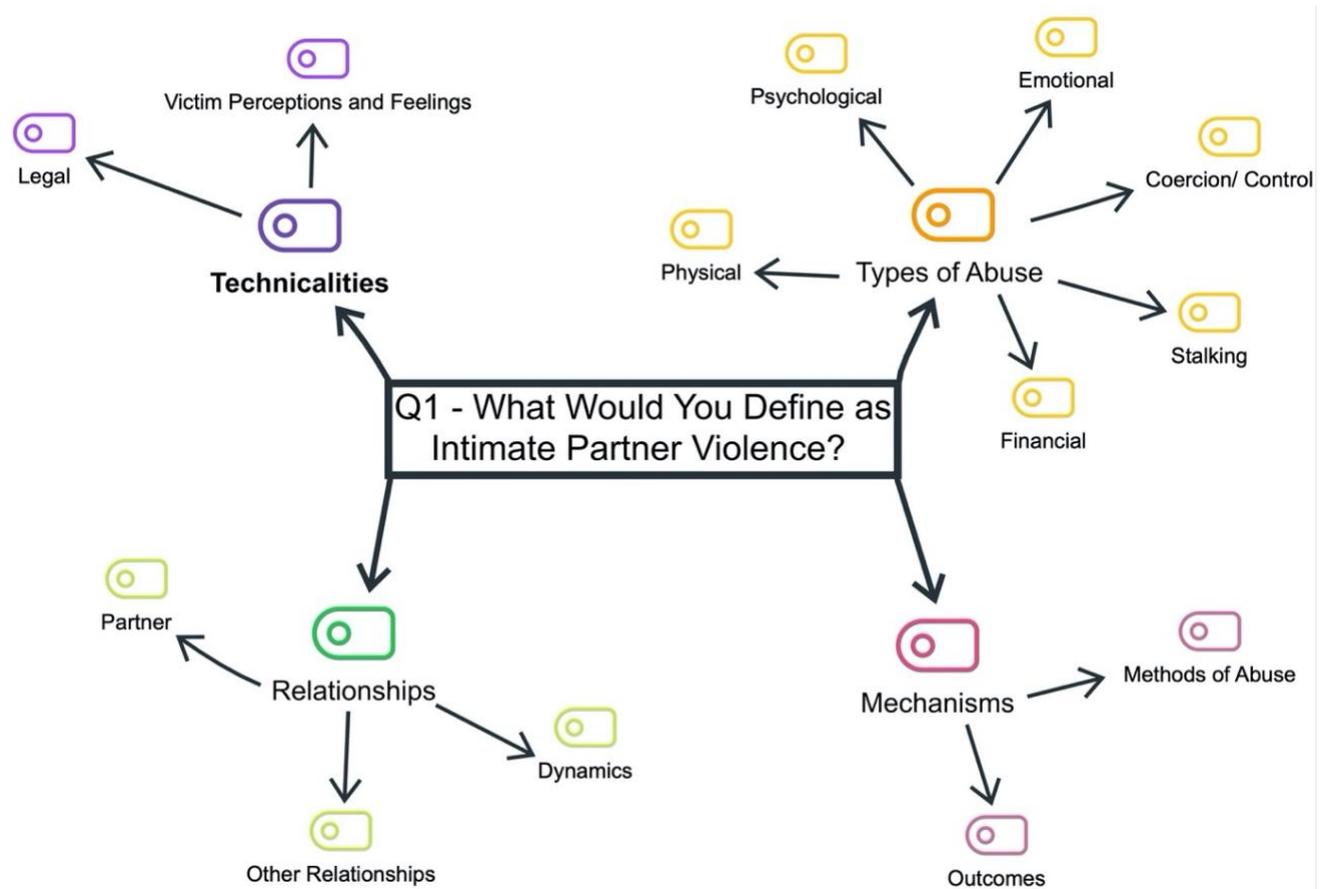


Figure 5

Question One Thematic Map



The map provides an overview of the themes that were extracted from participants’ responses to the question ‘what would you define as IPV?’. Responses tended to fall into four main categories to define IPV: **types of abuse, relationships, mechanisms** and **technicalities**.

Types of Abuse

Participants detailed a range of abuse types and classifications to contribute to a definition of IPV. Initially, some participants highlighted the similarities and potential overlap between the term IPV and **domestic violence/ abuse**:

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

“I would define it as domestic abuse”

“Intimate partner violence can also be called domestic violence”

In response to this question, participants most commonly listed different types of abuse and associated offences, which fell into a number of key categories. **Physical abuse** and **sexual abuse** were prominent sub-themes, alongside sub-themes that emerged under the umbrella term of **emotional and/or psychological abuse** such as **verbal abuse** and **coercion/ control**. Lastly, **financial abuse** and **stalking** were also mentioned as abuse types that could be used to define IPV.

“Emotional or physical abuse of a partner in a clandestine or isolated manner”.

“Any kind of physical abuse (hitting, punching, pushing). Emotional abuse such as gaslighting, control, coercion, not allowing each other to have equal voices”.

Relationships

Another main focus extracted regarding participants’ definitions of IPV pertained to the relationships between individuals that would fall under this classification. As expected, most frequently participants highlighted that IPV needs to be violence occurring with **current partners, former partners** or **intimate partners**: implying the need for the relationship to be of a romantic nature to fall into this classification:

“Violent or controlling behaviour between individuals who are (or have been) in a romantic relationship”.

“I would consider it to be engaging in emotional or physical abuse in romantic relationships”.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Comparatively, other responses indicated alternative relationships that could be impacted under the term IPV, such as **family members** and, more generally speaking, simply **close relationships**:

“Any violence or threats of violence between two people that have a close relationship. Not just a ‘couple’”.

“Causing physical injury or emotional abuse of a close family member”.

Moreover, some participants focused more on the **dynamics** of the relationship rather than the relationship title itself, noting how these dynamics may be indicative of, or have an impact on, IPV. For example, participants cited trust, intimacy and inequality as dynamics which may define IPV:

“Being hurt by someone you trust”.

“Not allowing each other to have equal voices”.

Mechanisms

In addition, participants also discussed the **mechanisms** of IPV; i.e. processes which occur to facilitate the perpetration of IPV, and the effects that these have. Predominantly the specific **methods of abuse** were discussed in response to this question, which tended to fall under the different ‘abuse type’ categories mentioned (i.e., physical, sexual, emotional, psychological and financial abuse):

“Sexual coercion, intimidation, violent aggressive sex if one sided, assault, rape”.

“Any violence against a partner is intimate partner violence. This includes all forms of physical violence or coercion, mental abuse or manipulation, gaslighting, lying, and controlling one[‘s] partner”.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Participants also highlighted mechanisms of IPV in terms of **outcomes**, focusing on the sociological and psychological impacts of IPV such as mental health, isolation, neglect and danger, all of which were suggested as contributing to definitions of IPV:

“[IPV is] anything that makes me feel afraid or in danger”.

“Intimidation, physical, emotional abuse causing... anxiety”.

Technicalities

Lastly, **technicalities** of IPV definitions were raised in response to this question. In particular, participants highlighted **legal** classifications that may have an impact on IPV definitions, such as the issue of consent:

“Any act of physical violence against your partner without their explicit permission (said permission given without coercion or forced in any way)”.

“Violent sexual acts which are in the grey area of consent, or escalate from a point of consent”.

Some participants also noted technicalities with regards to **victims’ perceptions and feelings**, suggesting that IPV may be defined by individuals feeling uncomfortable with what’s happening in the relationship, facilitated by the secretive and covert nature of the offence:

“Anything you are not comfortable with”.

While the themes above arose from the participants’ responses, demonstrating a general understanding of IPV, it should also be noted that a range of participants had not heard of the term IPV or were **unsure** how to define it. Some participants also provided suggestions and/or guesses as to what the term entails in cases where they were unsure:

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

“Have not heard this term before. Guess – rape, sexual assault”.

“I find it hard to define it”.

Question Two – “Who Are the Victims of Intimate Partner Violence?”

The second question asked participants who they perceived the victims of IPV to be. As with question one, figures to demonstrate the codes extracted from participants’ responses (Figure 6), frequently used words by participants within their responses (Figure 7) and a thematic map to highlight the themes and subthemes extracted from participants’ responses (Figure 8) are presented below.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Figure 6

Question Two Code System – MAXQDA Output

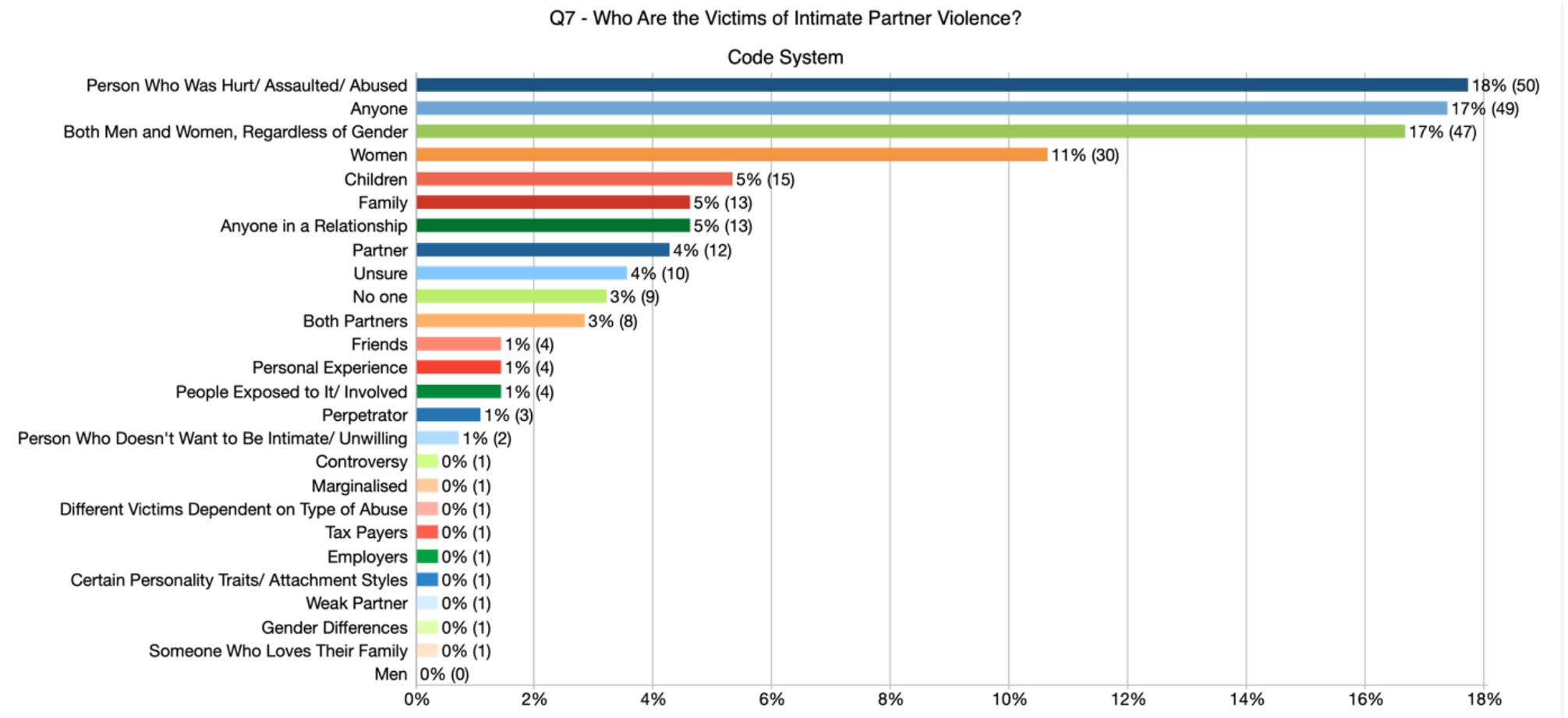


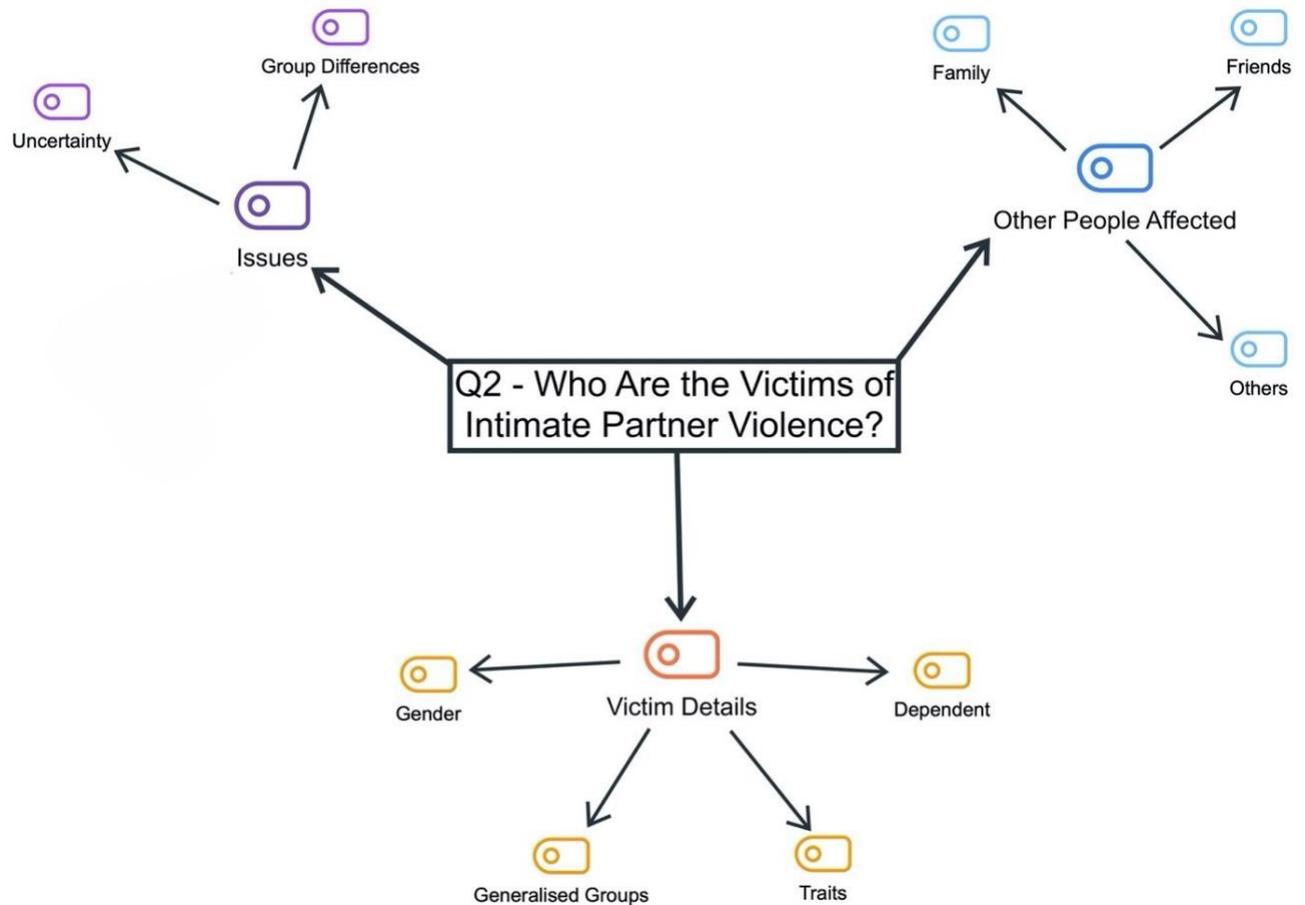
Figure 7

Question Two – Word Frequency Map



Figure 8

Question Two Thematic Map



The map provides an overview of the themes that were extracted from participants' responses to the question 'who are the victims of IPV?'. Participants' answers can be categorised into three main themes; **Victim Details**, **Other People Affected**, and **Issues**.

Victim Details

The main focus of participants' responses was on the victim details: largely in terms of demographic details. The role of **gender** in IPV victimisation was raised throughout, with participants highlighting the gendered impact of IPV; thus, 'women' as victims were noted systematically. Conversely, participants also cited that victims of IPV could be both men and

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

women, and that IPV occurs regardless of sex, gender or sexuality. It should be noted, however, that **no** participants cited men as being the primary or **only** victims of IPV:

“Anyone can be, although statistically it is more likely for victims to be women”.

“Mostly women partners but men and non-binary people can be. Members of the LGBTQ+ can be”.

While some participants named specific demographics of victims, other participants noted the widespread nature of IPV victimisation, citing **generalised groups** as being at risk of IPV victimisation: i.e., people who have been hurt in relationships, both partners in a relationship, people exposed to violence and people with certain **traits** and attachment styles:

“It can be anyone who is in a relationship with a perpetrator. I don’t think there is a specific victim profile”.

“Anyone who has entered into a romantic or sexual relationship with another person could be a victim”.

Lastly, it was also highlighted that victims of IPV may vary **dependent** on the situation: i.e., that there are different victims depending on the types of abuse and experiences of IPV:

“Physically mostly women. I would say emotional abuse probably affects men and women in equal measures.”

Other People Affected

Participants also noted the potential for victimisation of other people outside of the direct intimate relationship. A number of participants suggested that **family** members of the people in IPV relationships may also be considered victims themselves:

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

“The partner who is being abused and possibly others if they have been threatened. Also possibly their children”.

“Anyone in the family can be a victim not just the victim. Children are often the hidden victims as they witness the abuse”.

Alongside family members, participants also highlighted the impact of IPV on **friends** of victims, in turn leading to their victimisation also:

“The partner first, then friends and family and people who care”.

Outside of the victim themselves and close people around them, participants also suggested that **other** individuals and institutions may be affected by IPV, such as the perpetrator themselves, employers and tax payers:

“Everyone, including the perpetrator”.

“The individual receiving the violence, sometimes the person carrying out this violence”.

Issues

The last theme that was extracted was **issues** with defining victims. For example, **group differences** and intersectionality may have an impact on IPV victimisation, with certain groups more at risk:

“I think it’s probably often people who are already marginalised and might find it harder to find support, and have less power – so sadly, I would say probably a lot of homeless people, trans people, people living in poverty, disabled or mentally ill people. I suspect more women than men are the victims”.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Leading on from this, **issues** around **uncertainty** of who IPV victims are and how to classify definitions were also a prevalent issue within the participant group. **Controversy** regarding individuals being classified as IPV victims was also noted as a point to consider:

“No idea, never experienced [it]”.

“Arguably, and maybe controversial, but often both [genders]”.

Question Three – “How Would You Say People in Your Family View Intimate Partner Violence?”

The final question asked participants how they perceived their families to view IPV, to understand potential underlying personal, social and cultural factors that may underpin perceptions of, and attitudes towards, IPV. As before, Figures 9, 10 and 11 present the list of codes, the word frequency cloud and the thematic map generated from participants’ responses.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Figure 9

Question Three Code System – MAXQDA Output

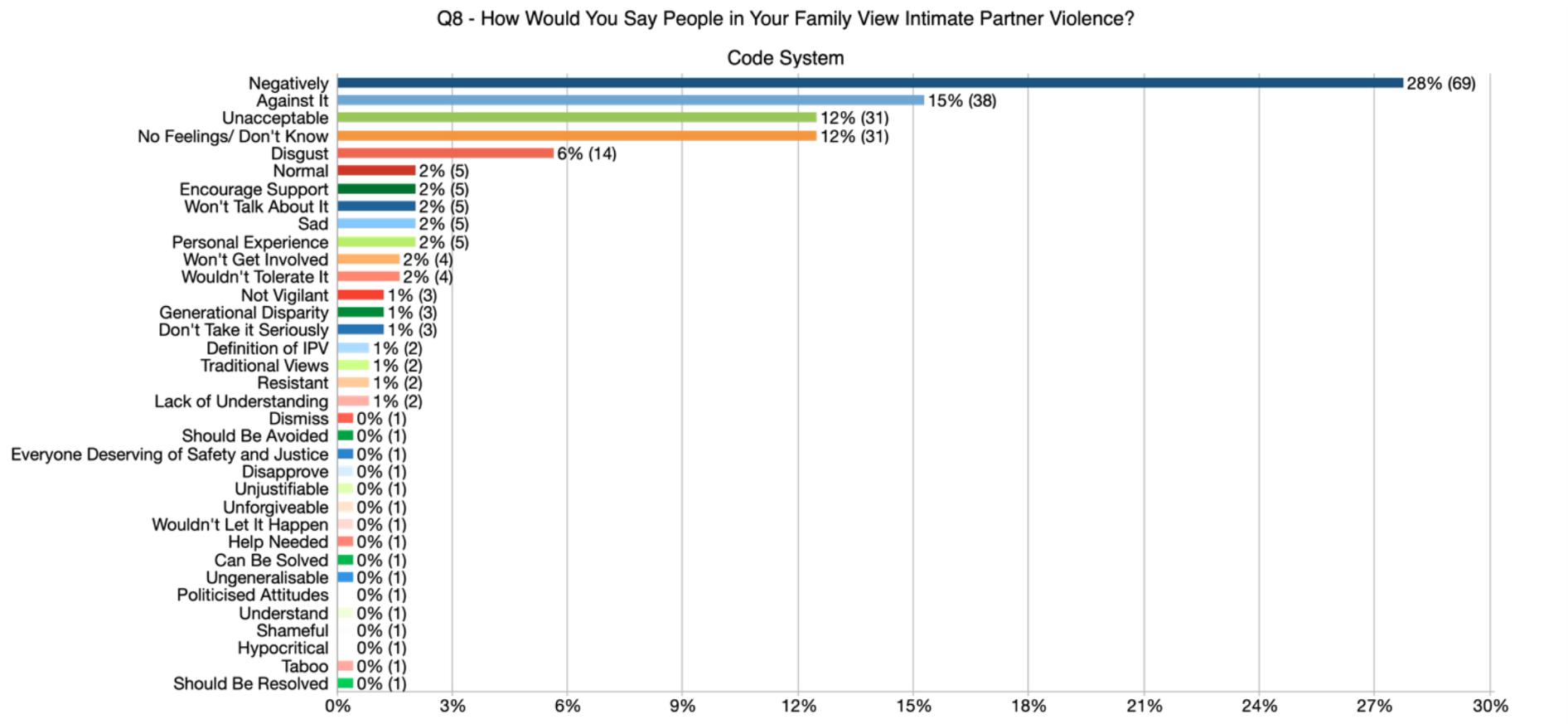


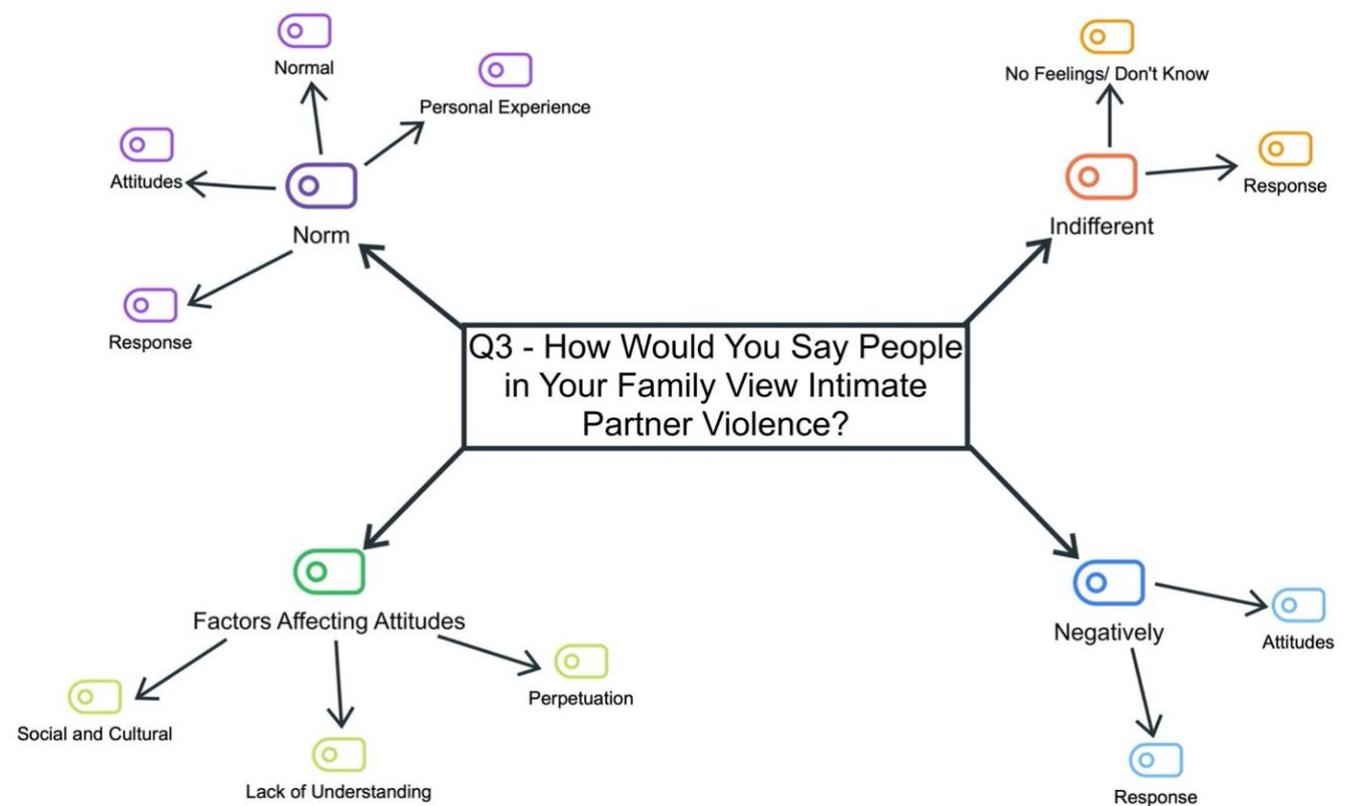
Figure 10

Question Three – Word Frequency Map



Figure 11

Question Three Thematic Map



The map provides an overview of the themes that were extracted from participants’ responses to the question ‘how would you say people in your family view intimate partner violence?’. In response, participants’ answers can be categorised into four main themes: **Norm, Negatively, Indifferent, and Factors Affecting Attitudes.**

Negatively

The first theme extracted regarding participants’ families’ perceptions of IPV was **negatively**, and was the most frequent response from participants in this sample. In particular, participants discussed the negative **attitudes** their families possessed towards IPV,

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

viewing it as unjustifiable, unforgiveable and unacceptable, and even with sadness and disgust:

“My family view intimate partner violence very negatively and would not tolerate it”.

“Some take it more seriously than others but I would say the general consensus is that it is viewed as mostly negative”.

In response to the negative attitudes towards, and perceptions of, IPV, participants also highlighted their families' **responses** to incidences of IPV. For example, some participants reported that their families would/ have encourage[d] support seeking, noting that help with the situation would be needed.

“They would be horrified and encourage immediate intervention in the form of support services, or protection in the case of physical violence”.

“Wrong, and where possible the person should remove themselves from the situation or ask for help”.

Indifferent

While the majority of participants reported their families' negative views towards IPV, there were also a number of participants who noted that their families were **indifferent** towards IPV. This may be due to the fact that they **don't know** what constitutes IPV or how it presents in relationship, or that they simply **don't have any feelings** towards IPV more generally.

“I wouldn't know, it's never spoken about”.

“I never faced such a thing. So no comments”.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Responses to situations of IPV when families were unsure of its definition or the behaviours in IPV relationships, or feel indifferent to it, were also extracted as a sub-theme:

“Probably wouldn’t prefer to get involved, they would say it’s between the two partners themselves and so they should sort it out rather than the family”.

“If they don’t see it, it didn’t happen”.

Norm

The next theme that was extracted from the responses to this question highlighted that some participants’ families perceived IPV within relationships to be the **norm**. For example, some participants discussed family **attitudes** which **normalise** the use and prevalence of IPV within romantic relationships. Moreover, other participants highlighted attitudes which do not perceive IPV to be serious, or only validate the severity of physical IPV rather than other IPV behaviours:

“Probably would say that there is an ‘appropriate’ level of violence to maintain a relationship”.

“My family are ‘old souls’ and often make jokes about men being superior to women, so I think they would maybe say the women probably deserved it or that the man is a ‘pussy’”.

For participants who noted that their families perceived IPV to be the ‘norm’, this subsequently had an impact on their **responses** to cases of IPV. In particular, participants mentioned that normalising IPV in relationships led to a lack of vigilance in cases of partner violence with other people in relationships, and dismissal when issues were raised.

“I’m sure that they would see it as bad, but they perhaps wouldn’t be so vigilant towards it unless it were more serious”.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

“Flippantly, if they don’t see it, it didn’t really happen

Leading on from this, some participants spoke about their own **personal experiences** of violence/ their families’ experiences growing up, which was the norm for several of these participants. However, while for some this led to a perpetuation of normalisation, for a number of others this yielded a negative perception of IPV within the family:

“They see it very negatively, as my father abused my mother emotionally until they divorced”.

“My sister is the only one who understood what I went through in my 20s. My mum and dad [are] Catholic [and] did not want to know”.

Factors Affecting Attitudes

Factors affecting participants’ families’ **attitudes** towards IPV and relationships was also extracted as a theme. When grouping these factors in the thematic analysis process, the first ones raised were **social and cultural** factors such as traditional views, generational disparity in perceptions and beliefs and the taboo nature of subjects relating to IPV:

“I think older generations don’t take mental abuse as seriously as physical abuse”.

“Taboo. Although originally in our culture, slapping often has a time and place (though is never an ideal course of action), my parents (and thus the view I was brought up with) [are] a lot more modern. I would chalk it up to us being immigrants in a very liberal national (by comparison), but I feel domestic violence of any kind is increasingly frowned upon (to varying extents) worldwide”.

Moreover, participants noted that often there was a **lack of understanding** of IPV among their families, in terms of definitions and understanding of different behaviours and

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

offences under the umbrella term. Inevitably, this had a significant impact on their attitudes towards IPV and subsequent responses:

“Viewed as wrong. Might not have good understanding of some aspects of coercive and controlling behaviour”.

“It is wrong and never acceptable. Though I think they might not realise everything that constitutes IPV aside from physical violence”.

Lastly, as a result there are a number of factors that affect the **perpetuation** of violence through attitudes towards IPV. For example, some participants noted that their families don't take IPV seriously, or may even be hypocritical when it comes to addressing IPV:

“[they perceive IPV] very negatively and [think] that the victim should receive help which is hypocritical as my family are abusive and see their own behaviour as justified”.

“Some take it more seriously than others”.

Discussion

Chapter Four presents a preliminary study investigating attitudes towards IPV. The aim of the study was to identify if the risk factors in this study were predictive of IPV victimisation and perpetration attitudes and investigate whether, and to what extent, there were differences across ethnic and gender groups in responses to these risk factors. The study also aimed to further investigate attitudes towards IPV through thematic analyses of responses to open-ended questions.

Quantitative Findings

Relationships between the Risk Factors and IPV Attitudes

The findings from the correlations and regressions found that conflict, honour beliefs, honour norms, social roles, religious impact and personal reputation were correlated with, and predictive of, IPV victimisation attitudes as a grouped model. Similarly, conflict, honour beliefs, honour norms, social roles, and religious impact were correlated with, and predictive of, IPV perpetration attitudes as a grouped model. Moreover, social roles (measuring ‘traditional’ gender role beliefs) was found to be the best individual predictor in both regressions.

Studies have demonstrated that gender role beliefs influence attitudes towards IPV cases and subsequent decision-making (Stanziani et al., 2019), and further posit that gender role ideologies may interact with attitudes towards intimate partner aggression (Fitzpatrick et al., 2004). In addition, leading on from the research investigating honour culture discussed in Chapter One, research has also demonstrated that increased endorsement of, and adherence to, honour beliefs and norms (in which personal reputation and religious impact are also embedded) is related to a greater acceptance of IPV and increased approval of the IPV perpetrator (Dietrich & Schuett, 2013). With regards to conflict, studies have also shown the relationship between this risk factor and attitudes towards IPV. For example, Copp et al. (2019) posit that consequences, and reinforcement, of behaviour within the family (in this case, in children) aid in determining the ‘socially scripted methods’ of dealing with conflict; in turn, these may impact “whether individuals adopt attitudes that support the use of violence” (p.1362). In addition, Antle et al. (2020) found that exposure to, and experiences of, domestic violence (including higher levels of conflict) impacted the acceptance of violence in romantic relationships. The results from the current study validate and replicate

the findings from the literature, demonstrating these as risk factors for IPV victimisation and perpetration attitudes in this UK sample.

Ethnic Group Differences in the Risk Factors, and IPV Victimisation and Perpetration Attitudes

Analyses established that there were statistically significant differences for responses to measures of the following risk factors across ethnic groups; conflict, honour beliefs, dignity, face and honour norms, and religious impact. These findings support research investigating these risk factors in the context of ethnic group differences, and IPV attitudes.

Conflict. Findings from this study indicated statistically significant differences across ethnic groups in reported family conflict, in keeping with the wider literature. Research systematically reflects the role of familial violence, whether “child maltreatment [or] witnessing inter-parental violence and aggression” (Kaufman-Parks et al., 2017, p. 1933) as a predictor of IPV. Between cultures, there are varying emphases placed on different family values, such as the endorsement of family closeness and interdependence alongside hierarchical roles within the family, which research has shown to be related to low levels of conflict and increased support in family settings (Moilanen & Raffaelli, 2010). Linking back to Social Learning Theory (Bandura, 1977), research shows that adult romantic relationships may be adversely impacted by witnessing IPV in childhood (Antle et al., 2020). As such, in families and communities where lower levels of conflict occur, e.g. due to hierarchical interdependence and family closeness, it would be anticipated that this would be reflected in less familial and relationship conflict also, which may in turn explain differences in conflict across ethnic groups. As such, the findings from the current study support existing research regarding ethnic group differences in conflict.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Despite significant findings as a model, post-hoc tests indicated that there were not statistically significant differences in the mean scores of conflict between any individual ethnic groups in the analyses. Given the participant numbers, this is likely to be reflective of uneven sample sizes in each, as the 'White British' ethnic group category is far larger than the other five in the analysis; particularly as the results from the Kruskal-Wallis and ANOVA tests did indicate differences across ethnic groups in conflict overall. As such, future research should endeavour to recruit more balanced participant samples, to further investigate these ethnic group differences.

Honour Beliefs. In accordance with the literature, endorsement of honour beliefs was also found to be significantly different across ethnic groups. As discussed in Chapter One, honour beliefs are driven by cultural and social norms, and are particularly prevalent in societies that “promote a cultural logic of honour, e.g., Latin American, Middle Eastern, North African [and] South Asian regions” (Uskul et al., 2022, p.2). Cultural logic is defined as “a cognitive structure that helps beliefs, values and practices in a given cultural context fit together into a coherent whole which is then used to make sense of the social world and respond appropriately to situations” (p. 2). To explain this further, research has described honour as a person’s value based on self-perceptions and perceptions of others in society, and posited that it is a “form of collectivism based on social image and reputation” (Cihangir, 2012, p.320). As such, ethnic group differences in endorsement of honour beliefs are expected, and this research supports the findings from this study. However, leading on from the Kruskal-Wallis test, results from the ANOVA indicated statistically non-significant differences in honour beliefs between ethnic groups. Given the relationship highlighted in the Kruskal-Wallis test, and the vast range of studies in the literature which systematically highlight this relationship, we can concede that this subsequent non-significant result is likely

due to the unequal participant numbers in each ethnic group, as with conflict above. Thus, this relationship will be investigated further in Chapter Five of this programme of research.

Dignity, Face and Honour Norms. Results also indicated statistically significant differences between ethnic groups in endorsement of dignity, face and honour norms. Post-hoc tests demonstrated differences between White British and Indian, White British and Bangladeshi, Indian and Caribbean, and Bangladeshi and Caribbean participants in dignity norms, with White British and Caribbean participants exhibiting higher dignity scores than Indian and Bangladeshi counterparts. With regards to face norms, again significant differences were found between White British and Indian participants, and also Indian and Caribbean participants, with Indian participants exhibiting more endorsement in both comparisons. Lastly, significant differences were found between White British and Indian, White British and African, and Indian and Caribbean participants in honour norms, with White British participants exhibiting less endorsement of honour norms than Indian and African participants, and Caribbean participants also exhibiting less endorsement of honour norms than Indian participants.

In line with these findings, research has suggested that different cultures are organised by different logics; such as the cultural logic of honour mentioned previously. In addition to the cultural logic of honour, Leung and Cohen, (2011) proposed that the cultural logic of dignity and the cultural logic of face are two further constructs that may contribute to explanations of behaviours and beliefs in different groups. Within Leung and Coehn's, (2011) study, they propose that different cultures and groups perceive these 'types' of individuals in varying ways, and that different cultures will conform to varying cultural logics. For example, they purport that the logic of dignity tends to be the prevalent logic within American and Western cultures, whereas the logic of honour is more prevalent in the

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

cultures mentioned in the paragraph above. These findings provide support for the ethnic group results in this study.

Religious Impact. As “religion and religiosity have been found to be influential in shaping people’s attitudes towards IPV” (Yang, 2021, p.104), and given the variance in religious identification and religiosity across cultures, differences across ethnic groups in religious impact were anticipated. The results from this study demonstrating significant ethnic group differences in the scale measuring religious impact also validate findings in the literature. For example, studies have shown that, generally speaking, there are racial differences across measures of various religious constructs (Levin et al., 1994) and that religion is particularly salient and important in the social and historical contexts of minoritised ethnic groups (Nguyen, 2020). More specifically, the literature has also highlighted that IPV attitudes may be reflective, at least in part, of “cultural and religious restrictions” that may be imposed on individuals and communities (Antai & Antai, 2008, p.1), also highlighting religiosity as a risk factor for IPV attitudes.

However, while the Kruskal-Wallis and ANOVA indicated significant differences across ethnic groups in religious impact, post-hoc analyses were unable to be conducted due to small sample sizes of participants in some of the ethnic groups. Therefore, we were unable to break this down further to identify the exact differences between each of the ethnic groups for this risk factor. Again, in future studies, larger and more balanced participant samples should be obtained to facilitate these analyses.

Non-Significant Findings. While ethnic group differences in the risk factors were found, results also demonstrated statistically non-significant differences across ethnic groups in perceived stress, education experience, cohesion, expressiveness, personal reputation, support service attitudes, social roles (measuring ‘traditional’ gender role beliefs), and IPV

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

attitudes. As the literature informed the risk factors investigated in this study, these findings were not expected. However, the education experience, personal reputation and support service attitudes total variables were not validated measures, and were created for the purpose of analysis in this study. While the findings may indeed be indicative of a lack of ethnic group differences in these variables, they may also be a reflection on the questions asked within this study. For example, as discussed above, personal reputation is a key component of honour beliefs and cultures, as well as the three cultural logics depicted. As a result, we would anticipate that there would be ethnic group differences in these responses, and it is therefore likely that the questions created for this study were not reflective of the true constructs we attempted to measure. Thus, future research would benefit from investigating these relationships further with validated measures, to obtain a more comprehensive understanding of these relationships.

In a similar vein, research systematically highlights the disparity between ethnic and cultural groups and gender role beliefs (Abrams et al., 2016; Van de Vijver, 2007), particularly with regards to variance in endorsement of 'traditional' gender role beliefs and perceptions of gender inequality (Abreu et al., 2000; Kane, 2000). As such, these results are also unexpected, and our findings may again be reflective of the unequal participant groups in this study. To investigate this further, these relationships will be further investigated in the next chapter of this programme of research.

Moreover, studies have shown similar findings regarding attitudes towards IPV; for example, in a systematic review of 18 articles investigating cultural differences in attitudes towards IPV in a student population, Zark and Satyen, (2022) found "considerable evidence that student attitudes toward IPV differ across cultures" (p. 1007). In addition, attitudes towards IPV in terms of 'tolerance' were compared between US and Chinese participant groups (Li et al., 2020), with Chinese participants demonstrating more tolerance for IPV than

the US counterparts in the sample. In this study, attitudes towards gender roles were found to be the primary influence on IPV tolerance, in line with our study's regression findings. As the research consistently demonstrates ethnic group differences in IPV attitudes, this also suggests that our findings may be as a result of methodological issues in this study; for example, as a result of the adapted scoring of the IPV attitudes scale for the current study, or again due to the unequal participants numbers in each ethnic group, highlighting the need for further research.

Gender Group Differences in the Risk Factors, and IPV Victimization and Perpetration Attitudes

Moreover, statistically significant differences in responses to these risk factors, and IPV attitudes, across gender groups; honour beliefs, honour norms, social roles, IPV victimisation attitudes and IPV perpetration attitudes, were found. These findings support research investigating these risk factors in the context of gender group differences, and IPV attitudes.

Honour Beliefs. The analyses highlighted a statistically significant difference in endorsement of honour beliefs across gender groups. As honour culture pertains to upholding reputation, status, and both personal and familial standing within communities, “in many patriarchal cultures, honour is a gendered notion with women being repositories of honour and men inherently being its regulators and safeguards” (Huda & Kamal, 2020, p. 228). As such, differences across gender groups in honour belief endorsement were anticipated. Post-hoc tests indicated that there were significant differences in honour belief scores (representing endorsement of honour beliefs) between the male and female gender groups, with male participants exhibiting higher scores demonstrating higher endorsement of honour

beliefs. Our findings, therefore, validate research depicting gender differences in honour belief endorsement in this UK sample.

Honour Norms. In a similar vein, significant differences were found in endorsement of honour norms between gender groups, with post-hoc tests highlighting that male participants exhibited higher endorsement of honour norms than female participants. In addition, male and female participants exhibited higher endorsements of honour norms than non-binary participants in each comparison respectively. As above, this is reflective of findings from the literature with regards to honour norms; for example, Frey et al. (2021) also found a significant difference across gender in endorsement of honour norms, finding boys more likely to endorse honour norms than girls in their sample. In line with the literature on honour beliefs and the culture of honour, Frey et al. (2021) posit that these differences may be a reflection of the “male role in upholding honour through retaliation (Leung & Cohen, 2011)” (p. 262) linking these findings back to honour beliefs and personal reputation as discussed previously. In addition, the finding of non-binary participants endorsing honour norms the least out of both comparisons is also to be expected, given the gendered nature and underpinnings of honour norms and the inherent notion of a contravention to a binary construction of gender (Tejada, 2016) that often reflects individuals who identify as non-binary. Our findings provide support for this research regarding gender group differences in endorsement of honour norms.

Social Roles. The analyses also indicated a statistically significant difference between gender groups in endorsement of ‘traditional’ gender role beliefs. Post-hoc tests indicated that male participants exhibited higher social roles total scores than female and non-binary participants, thus reflecting greater endorsement of ‘traditional’ gender role beliefs. Research proposing the use of the Social Roles Questionnaire (Baber & Tucker, 2006) (utilised in this study) in measuring attitudes towards gender indicates that “women are more likely than men

to endorse egalitarian and gender-transcendent beliefs” (Baber & Tucker, 2006, p. 459), which the findings from this study are in support of. Moreover, research regarding non-binary individuals’ self-concepts has highlighted the inadequacy of labelling and practices as binary, suggesting that “treating gender/ sex as multidimensional” (Schudson & Morgenroth, 2022, p.1) is a more effective way of perceiving gender. Given that the nature of gender role beliefs contained within the Social Roles Questionnaire is binary, it is anticipated that non-binary participants are likely to endorse ‘traditional’ gender roles the least out of the sample. Therefore, findings from the current study provide support for the wider literature.

IPV Victimisation and Perpetration Attitudes. Lastly, the analyses highlighted significant differences across gender groups in both IPV victimisation and IPV perpetration attitudes; higher scores on which indicate agreement with, and endorsement of, IPV victimisation and perpetration-related attitudes respectively. Post-hoc analyses indicated significant differences between male and female, and male and non-binary participants in IPV victimisation attitudes, with male participants exhibiting higher scores than their counterparts in both comparisons. Similarly, significant differences between male and female, and male and non-binary participants in IPV perpetration attitudes were also found, again with male participants exhibiting higher scores in both comparisons. These findings demonstrate that male participants across the comparisons reported agreement with/ acceptance of statements pertaining to both IPV victimisation and perpetration.

While research historically demonstrates the role of gender in IPV victimisation and perpetration (discussed in Chapter Five), studies have also shown that there are gender differences in attitudes towards IPV. Simon et al. (2021) investigated tolerance and acceptance of IPV (in the context of physical violence under specific circumstances) and found that, dependent on the circumstance (e.g. question order and context), “acceptance of IPV was significantly higher among participants who were male” (p. 115). Furthermore,

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Stanziani et al. (2019) investigated gender role beliefs and how these influence decision-making in the context of IPV cases; in doing so, they found that female participants' attitudes towards IPV-related crimes were more adverse which, if utilising the current IPV attitudes scale to measure, would be reflected in lower IPV victimisation and perpetration attitudes scores. As such, the findings from this chapter support findings from these studies. However, results from the literature also highlight the importance of contextual factors such as past experiences and the genders of the perpetrator and victim, as in Stanziani et al.'s (2019) study, "violence perpetrated against a female was seen as more serious" (p. 218). As such, it is important to note the range of factors that may contribute to IPV victimisation and perpetration attitudes, and that context is key when investigating these relationships. The qualitative analyses from this study discussed below provide further understanding of, and context around, IPV attitudes in line with this.

Non-Significant Findings. A non-significant difference across gender groups was found in the remaining risk factors; perceived stress, cohesion, expressiveness, conflict, dignity and face norms, education experience, religious impact, personal reputation and support service attitude risk factors. As mentioned, the education experience, reputation and support service attitudes total variables were not validated measures within this study, and were created for the purpose of this analysis; therefore, while the findings may indicate a lack of difference in responses across gender groups in this sample (which, were unavoidably unbalanced), this may also be a demonstration that the questions are not effectively reflecting gender nuances and differentials across the constructs.

Findings also indicated statistically non-significant differences across gender groups in measures of dignity and face norms in the sample, in line with further literature. As previously mentioned, research has demonstrated gender differences in endorsement of honour norms, positing that this may be reflective of assigned gender roles in upholding

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

honour (Frey et al., 2021); however, no significant results were found regarding gender differences in dignity and face norms in the same study. Moreover, Smith et al. (2020) found in multivariate analyses for research into dignity, face and honour norms across a range of ethnic and cultural groups, that individual-level cultural logics were not significantly related to gender, further noting the dearth in gender differences in dignity and face norms. Findings from the current study, therefore, validate the results from the wider literature.

Findings also indicated statistically non-significant differences across gender groups in cohesion, expressiveness and conflict. Previous research has demonstrated gender differences in each of these dimensions, with studies showing males to exhibit greater average levels of family cohesion compared to females (Soloski & Berryhill, 2016), (adolescent) females exhibiting greater expressiveness than (adolescent) males (Bronstein et al., 1996) and differences in conflict styles, outcomes and reactions between males and females (Dutton et al., 1994; Konrad, 2016). However, to our knowledge, there is little research examining gender differences in these dimensions using the Brief Family Relationships Scale (BFRS: Fok et al., 2014) - thus, this study preliminarily examined the differences in this measure of these dimensions in this UK sample. As previous research highlights differences in the dimensions encapsulated within the Brief Family Relationships scales across gender groups but not in the scale dimensions themselves, this may suggest that either there are no gender differences in this UK population, or that the non-significant findings are, again, reflective of the unavoidably unbalanced participant sample in the current study. In a similar vein, non-significant differences across gender groups were found in perceived stress. As wider research has suggested gender differences in true mean differences of responses to this scale (Lavoie & Douglas, 2012), it is again plausible that the non-significant findings in this analysis are reflective, therefore, of the participant sample in this study.

Qualitative Findings

Findings from the qualitative analyses encapsulated three different focal (questions) points from which themes and sub-themes were extracted independently. The first question asked participants “what would you define as intimate partner violence?”, extracting four themes in response; technicalities, relationships, types of abuse, and mechanisms. The majority of participants noted different types of abuse that they believed would be classified as IPV in response to this question. Historically, the perception of IPV has been focused on physical aspects; although there has been a shift in focus to coercion and control which is central to conceptualising IPV (Hamberger et al., 2017). This notion is likely impacted by the inclusion of emotional, controlling, coercive and economic abuse (alongside physical and sexual abuse) in the recent Domestic Abuse Act, (2021), as well as the criminalisation of controlling and coercive behaviour in UK legislation (Home Office, 2015). It is also important to note that several participants mentioned stalking as a type of IPV; while stalking, in legislation, is separate to IPV, research demonstrates the co-occurrence of stalking and IPV perpetration (McEwan et al., 2017) and the systematic prevalence of stalking behaviours with current and ex-partners (Logan, 2020; McMahon et al., 2019).

The second theme extracted was ‘relationships’, as participants detailed that IPV behaviours could be perpetrated against current and former intimate partners, as well as other individuals such as family, children, and friends. Research demonstrates that victims of IPV are at an increased risk of serious harm soon after the dissolution of the marriage or relationship (Katz & Rich, 2015), highlighting the prevalence and severity of IPV in both current and past relationships. Moreover, research purports the wider impact that IPV can have on family and friends (Buttell & Ferreira, 2020; Sigurvinsdottir et al., 2016), and specifically children (Romano et al., 2019) outside of the relationship; our findings provide support for the literature, highlighting multiple victims of IPV. Moreover, research notes that

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

childhood experience of IPV may be a risk factor for future victimisation and perpetration (Kimber et al., 2018); as such, taking the victimisation of children within IPV relationships into consideration is imperative in providing support and intervention to reduce future victimisation and perpetration.

Participants also noted mechanisms of IPV in their response, which were grouped into two sub-themes; methods of abuse, and outcomes. Methods of abuse was closely linked to the 'abuse types' theme within this question, with participants detailing how perpetrators of IPV may victimise their partners physically, psychologically, emotionally, sexually and financially (predominantly). Responses which detailed methods of abuse were consistent with legal definitions and classifications of abuse within the Domestic Abuse Act, (2021), demonstrating a comprehensive understanding of IPV on the whole. Participants also cited outcomes of IPV as a mechanism that contributes to a rounded definition, indicating that behaviours which make them feel afraid, in danger, or have a negative social/psychological impact (among other things) may be defined as IPV. The factors raised by participants align with research from Edhammer et al. (2024), who demonstrate that fear of the perpetrator and health problems are two (of several) vulnerability factors that impact IPV victimisation; the presence of which were also found to be associated with elevated risk for re-victimisation of IPV.

Lastly, participants addressed the technicalities that may affect definitions of IPV. For example, legal aspects of consent were noted as a concern as well as victims' perceptions of, and feelings towards, IPV, such as feeling uncomfortable and isolated. Research has shown that the issues around consent and its 'necessity' may be considered 'grey areas' in intimate relationships, (Rich et al., 2022). In this study, physical behaviours that were presented to participants which lacked consent were categorised as IPV; however, IPV behaviours comprising of the distribution of explicit images through pressured requests, and receiving

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

unwanted explicit images were not categorised as IPV; these findings highlight the impact of consent and victims' perceptions of behaviours on classifications of IPV, in line with the results from the current study. It is also important to note that in the current study, some participants were unsure of what was meant by the term IPV, and what behaviours would constitute this. These findings demonstrate the need for further accessible education regarding IPV, to ensure that people are equipped with the knowledge to identify and seek support should the need arise and they be able to.

The second question asked participants "who are the victims of intimate partner violence?", and responses were grouped into three key themes; victim details, other people affected and issues. The majority of participants' responses focused on victim details, most notably discussing the gender of victim. Many participants highlighted that victims can be any gender/ sex, however in line with the Integrated Feminist Theory of IPV (Johnson, 1995; Johnson, 2006), empirical literature and victim statistics, it was highlighted that women are most often the victims of IPV, solidifying the gendered nature of the offence (Ferraro, 2012). Importantly, while participants systematically noted the potential for males to be victims of IPV, no participants in the sample cited *only* men as victims; whereas, many responses only listed women as the most prevalent victims.

However, some issues were raised in response to this question; largely pertaining to uncertainty and controversy in classifying IPV and identifying victims. As before, this highlights the need for further education regarding IPV victim classifications, to empower individuals to identify potential cases of IPV. In addition, one response in particular made note of the increased risk of IPV victimisation among marginalised groups and communities (Hall et al., 2022), which alludes to the need for tailored intervention (Scheer et al., 2020) to ensure the needs of different individuals and groups are effectively addressed.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

The final question asked participants “How would you say people in your family view intimate partner violence?”, to further understand the social and familial attitudes towards IPV within the sample. Responses were grouped into four main themes; norm, negatively, indifferent, and factors affecting attitudes. Most participants highlighted that IPV within their families was perceived negatively; unacceptable, abhorrent and unforgiveable. In response, participants noted that their families would encourage intervention, help-seeking and protection, highlighting awareness of the severity of the issue.

Conversely, other participants highlighted that IPV was perceived to be the norm for their families. Within these responses, attitudes towards IPV which normalise the use of violence in relationships were highlighted: i.e., patriarchal beliefs about male superiority, victim blaming attitudes such as the “women deserving it”, a lack of awareness of psychological abuse in older generations, and the belief that an appropriate level of violence is normal to maintain a relationship. In line with this, participants also noted that these families would be flippant, oblivious and inattentive to IPV in response to these behaviours. As found in this paper and programme of research, ‘traditional’ gender role beliefs and IPV attitudes which promote acceptance of victimisation and perpetration are risk factors for subsequent IPV and contribute to the perpetuation of violence. Thus, these findings support the notion that “a substantial reduction of [IPV] cannot be achieved without addressing societal attitudes leading to tolerance or justification of violence” (Gracia, 2014, p.380). Furthermore, while some participants demonstrated that for their families IPV was the norm and they have personal experiences with it, many participants who detailed their personal experiences of IPV demonstrated that their families were subsequently understanding of, and responded negatively towards, IPV as a result. However, the wider literature suggests that exposure to IPV may contribute to the internalisation and subsequent acceptance of IPV later on (Copp et al., 2016) – since the qualitative analyses allude to alternative perspectives,

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

further research into the impact of IPV exposure on IPV attitudes would be beneficial to investigate these relationships more stringently.

The third response theme to this question highlighted that some participants' families felt indifferent towards IPV; either because they do not know or they do not understand what constitutes it. As a result, responses to cases of IPV for these families largely highlighted that IPV was not discussed and was even ignored, particularly if the behaviour wasn't deemed to be 'serious' enough to respond to. Moreover, cultural and social factors such as religion and reputation (in the sense of partners being responsible for addressing IPV without telling or involving other family) were also cited as having an impact on attitudes towards IPV. These findings are consistent with the quantitative results in the current chapter, highlighting these as risk factors for IPV attitudes.

The final theme extracted was factors affecting attitudes of IPV. As mentioned in the theme above, responses which mentioned factors affecting attitudes towards IPV often focused on social and cultural issues such as traditional views, the taboo nature of IPV and relationships in general, and generational disparity in views. Moreover, a lack of understanding of IPV as a whole, and also of different aspects of IPV behaviours were instrumental in affecting attitudes towards IPV. Once again, these findings provide further evidence of the quantitative results within this study, indicating the role of social and cultural factors (e.g. honour culture, honour norms and social roles) as risks for IPV attitudes.

Summary

While this study has yielded significant findings pertaining to IPV attitudes, there are also methodological flaws which future research should seek to address. As mentioned, there were uneven numbers of participants across ethnic and gender groups due to issues with recruitment via social media and Prolific, such as opportunity sampling through social media,

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

and a miscategorisation of ethnic groups within the Prolific system which meant that the system did not adhere to the screening criteria. As such, these issues may have impacted the results and limited the potential for meaningful comparisons; for example, post hoc tests were unavailable for some risk factors as there were not enough participants in some groups to compare them. Thus, these findings are not generalisable and should be interpreted with caution, and future research should endeavour to balance participant samples to facilitate a more comprehensive comparison and increase external validity.

In addition, the current findings also provided scope for future research. For example, while the qualitative analyses in this study focused on IPV attitudes as a whole group, it was out of the scope of this programme of research to compare qualitative responses between ethnic and gender groups. By doing so in future research, a more comprehensive and nuanced understanding of IPV attitudes among and between ethnic and gender groups could be obtained, with subsequent scope for understanding IPV mechanisms and tailoring interventions and support. Furthermore, as some participants highlighted that help-seeking would be encouraged in the context of IPV relationships, it would be beneficial to investigate perceptions of help-seeking and awareness of available services; Chapter Six in this programme of research will begin to investigate this. Moreover, the research may also benefit from a more nuanced approach to ethnic group categorisation – for example, considering differences across countries and regions, and also across generations. Investigating ethnic group differences in this way may demonstrate larger variation, and provide additional context behind participants' responses.

This study has provided an overview of risk factors for IPV attitudes, demonstrating those predictive of IPV-endorsing attitudes in this UK sample. Most importantly, this study highlights ethnic and gender group differences in measures of these risk factors, and as there is dearth in research examining ethnic differences, in particular in UK based samples, this is a

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

much-needed addition to the literature. The addition of the qualitative responses also added nuance to participants' IPV attitudes and highlight the need for tailored support services; this will be discussed further in Chapter Six. Taking findings from this current study and the literature, Chapter Five will focus more specifically on IPV victimisation and perpetration, within which ethnic and gender group differences will be investigated.

Chapter Five: Breaking the Silence – Investigating Cultural and Gender Differences in Risk Factors for Intimate Partner Violence Victimization and Perpetration

This empirical chapter seeks to provide an overview of ethnic and gender group differences in IPV victimisation and perpetration and respective risk factors in a UK-based sample, as well as an initial investigation into IPV help-seeking experiences. Taking findings from the previous chapters in this thesis and from literature, this study pulls together the significant validated measures relating to risk factors for IPV; identifying the relationships between these risk factors and IPV victimisation and perpetration in this sample. Moreover, comparisons in responses to measures of the risk factors and help-seeking experiences across ethnic and gender groups are also provided.

As shown throughout this programme of research, IPV is a global issue; while research has shown that prevalence across countries and regions varies (Sardinha et al., 2022), the disproportionate nature in which people from minoritised ethnic backgrounds are affected by IPV is evident (Maldonado et al., 2020). Findings thus far in this programme of research have highlighted ethnic and gender group differences in correlates and proxies of IPV, and risk factors for attitudes towards IPV victimisation and perpetration. Moreover, findings from the literature have highlighted specific risk factors for IPV (in line with the Nested Ecological Approach to (Dutton, 1995; Heise, 1998), and Integrated Feminist Theory of (Johnson, 1995; 2006), IPV as discussed in Chapter One), that contribute specifically to victimisation and perpetration through personal, micro-, macro-, and exosystemic levels. Given the exploration of ethnic and gender group differences found in the proxies of IPV and risk factors for endorsement of IPV victimisation and perpetration attitudes studied in Chapters Three and Four of this thesis, it is important to also investigate these differences in risk factors for IPV victimisation and perpetration more specifically. This study will provide

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

a preliminary investigation into risk factors for IPV and both reported IPV victimisation *and* perpetration by individuals in the community.

Present Study

This study sought to first investigate the relationships between the risk factors that the literature has shown to be linked to IPV victimisation and perpetration using an online survey design (i.e. religiosity, ACEs, social roles, honour beliefs, anger, self-control, anxiety, Machiavellianism, narcissism, psychopathy, sadism, and IPV support service experiences) and measures of IPV victimisation and perpetration specifically. In addition, differences across ethnic and gender groups in responses to these risk factors and IPV victimisation and perpetration were examined. Furthermore, preliminary investigations into participants' experiences of accessing IPV support services were undertaken, to begin understanding and contextualising IPV-related help-seeking. The specific aims of the current exploratory study are to determine whether:

1. Part One - The risk factors identified are correlated with, and predictive of, IPV victimisation and perpetration in this UK sample, using these measures
2. Part Two – Risk factors for IPV vary in prevalence across ethnic groups
3. Part Three – Risk factors for IPV vary in prevalence across gender groups
4. Part Four – Support service access varies across ethnic and gender groups
5. Part Five – There is a relationship between support service access and IPV victimisation/ perpetration

The full questionnaire was distributed to participants via Qualtrics, and recruitment took place through social media platforms (Linkedin, Facebook, Twitter, Instagram and Reddit), and Prolific.

Method

Participants

A priori analyses using G*Power indicated the need for 120 participants for meaningful comparisons. For consistency, the same six ethnic groups were studied as with the previous chapters in this programme of research; British/ English/ Scottish/ Welsh/ Northern Irish (White)', 'Indian (Asian or Asian British)', 'Pakistani (Asian or Asian British)', 'Bangladeshi (Asian or Asian British)', 'Caribbean (Black or Black British)' and 'African (Black or Black British)'. Initially, 901 participants from social media and 206 participants from Prolific responded to the questionnaire, creating a participant sample of 1107. However, 647 cases were removed from the dataset due to bot responses and missing data, leaving 460 responses across the six ethnic groups; English/ Welsh/ Scottish/ Northern Irish or British (White) ($n = 216$; 47%), Indian ($n = 64$; 13.9%), Pakistani ($n = 50$; 10.9%), Bangladeshi ($n = 32$; 7%), Caribbean ($n = 44$; 9.6%), and African ($n = 54$; 11.7%). Of the 460, 208 participants were male (45.2%), 244 were female (53%), three were non-binary (0.7%), three were transgender (0.7%), and two preferred not to say (0.4%).

Materials and Procedure

The first IPV risk factor examined religiosity, using the 12-item 'Multidimensional Measure of Religious Involvement' (Levin et al., 1995; $\alpha = .89$); initially developed for an African American participant group but later also tested with a European American population (Lilly et al., 2014). The items pertain to religious identification and experiences, and the initial scale included Likert-type, frequency and dichotomous yes/no response questions. For the current study, the frequency response questions were changed to Likert-type questions; e.g., for the "how often do you read religious books or other religious materials" question, this was changed from a frequency response to a Likert scale response

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

(i.e., 1 (never) to 5 (very often)) for comparative purposes. A further change was made to the wording of one question which originally asked, “how important is it for black parents to take their children to religious services?”, altering it to “how important is it for parents of your ethnicity to take their children to religious services?” to account for the range of ethnic groups participating in this study.

The Revised Inventory of Adverse Childhood Experiences (ACEs: Finkelhor et al., 2015; $\alpha = .81$), consisting of 14 dichotomous yes (1)/ no (2) response questions was used to identify participants’ adverse childhood experiences, including items such as “Prior to your 18th birthday, did an adult person at least 5 years older than you **ever** touch or fondle you or have you touch their body in a sexual way? **OR** attempt or actually have oral, anal, or vaginal intercourse with you?”. For analyses, ACEs were coded by totalling the number of items that participants had responded ‘yes’ to, to formulate an ‘ACEs Total’ variable.

The 13-item Social Roles Questionnaire (Baber & Tucker, 2006; $\alpha = .82$) was used to identify participants’ ‘traditional’ gender role beliefs. This scale included items such as “some types of work are just not appropriate for women”, measured using a five-point Likert scale (1 – strongly disagree to 5 – strongly agree).

As with Chapter Four, the 17-item English translation of the ‘Escala Cultura del Honor’ (Lopez-Zafra et al., 2019; $\alpha = .86$) was used to measure participants’ honour beliefs. This scale includes Likert response items such as “It is important that women are honest and faithful” (1 – strongly disagree to 5 – strongly agree).

The 7-item Anger Sub-Scale of the Buss-Perry Aggression Questionnaire (BPAQ: Buss & Perry, 1992; $\alpha = .79$) measured participants’ feelings of anger, with questions such as “I sometimes feel ready to explode” using a Likert scale (1 – very unlike me, to 5 – very like me). In addition, the adapted 15-item version of the Shortened Brief Self-Control Scale

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

(BSCS: Tangney et al., 2004; $\alpha = .87$) was used to measure participants' perceptions of their self-control through items such as "I say inappropriate things", using a Likert scale (1 – not at all like me, to 5 – very much like me).

The Generalised Anxiety Disorder 2-Item (GAD2: Kroenke et al., 2007; $r(431) = .70$, $p < .001$) scale (a shortened version of the original GAD7 scale), was used to measure participants' experiences of Generalised Anxiety. This scale included the Likert scale items "feeling nervous, anxious or on edge" and "not being able to stop or control worrying" (0 – not at all, to 3 – nearly every day).

The 27-item Short Dark Triad Scale (SD3: Jones & Paulhus, 2013) was used to measure Machiavellianism ($\alpha = .83$), Narcissism ($\alpha = .71$), and Psychopathy ($\alpha = .83$), including items such as "whatever it takes, you must get the important people on your side", "I like to get acquainted with important people" and "I'll say anything to get what I want" to measure each of the dimensions respectively, using a Likert scale (1 – strongly disagree, to 5 – strongly agree). Narcissism was initially below the threshold for reliability ($\alpha = .68$) in this sample; however, removing the reverse-coded question 15 "I feel embarrassed if someone compliments me" brought the reliability of the adapted scale to $\alpha = .71$.

The 12-item Comprehensive Assessment of Sadistic Tendencies scale (CAST: Buckels, 2023; $\alpha = .95$) was used to measure participants' sadistic personality tendencies including items such as "I enjoy physically hurting people", using a Likert scale (1 – strongly disagree, to 5 – strongly agree).

The final measure was the Experiences of Cyber and In-Person Intimate Partner Aggression Scale (ECIPIPAS: Marganski & Melander, 2015). Originally a 39-item Victimization scale, the scale was adapted to a 78 question scale measuring both IPV Victimization ($\alpha = .98$) and Perpetration ($\alpha = .98$), including items such as "I insisted on sex

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

(intercourse, anal or oral) or used words to guilt my partner into having sex when they did not want to” and “My partner insisted on sex (intercourse, anal or oral) or used words to guilt me into having sex when I did not want to” to measure IPV victimisation and perpetration respectively. For this study, responses were transformed into a variety Likert scale to indicate no (0), few (1-5 times) and many (6+ times) experiences of each IPV factor. This scale was adapted and utilised in this way to reflect the layout of the widely used Revised Conflict Tactics Scale (CTS2: Straus et al., 1996) (i.e. including one victimisation and one perpetration question for each statement); however, this was used in place of the CTS2 as the ECIPIPAS included a more extensive range of online and offline IPV behaviours.

Additional quantitative questions were also created for the purpose of this study. This included a categorical question asking participants if they have ever accessed an IPV support service, followed by a list of services for participants to indicate whether they have used them. Subsequently, a series of five Likert-scale questions (from 1 – strongly disagree to 5 - strongly agree) were asked to investigate participants’ experiences of IPV support services ($\alpha = .90$), with questions such as “I felt heard by the IPV support service”.

Once distributed via social media and Prolific, SPSS (v28) was utilised to analyse the quantitative data. All participants completed the questionnaire, including the measures that reflect self-reported IPV victimisation *and* perpetration.

Ethics

Ethical approval was obtained from the University of Kent Psychology Ethics Committee (Ethics ID: 202316835403338489). As with the previous chapters, the same measures were taken to ensure anonymity and confidentiality and provide links to support for participants.

Results

Part One – Investigating the Relationships between the Risk Factors and IPV

Victimisation and Perpetration

Analyses were first conducted to identify whether, and to what extent, there was a relationship between the risk factors for IPV, and IPV victimisation and perpetration using the adapted ECIIPAS in this UK sample. Significant correlations and their directions can be found in Table 13. The findings demonstrate that religiosity, honour beliefs, traditional gender role beliefs, anger, anxiety, Machiavellian, narcissistic, psychopathic and sadistic tendencies participants were positively correlated with IPV victimisation and perpetration. In addition, adverse childhood experiences and self-control were negatively correlated with IPV victimisation and perpetration also.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Table 13

Pearson's Correlation Table

Risk Factors	IPV Victimization		IPV Perpetration	
	<i>df</i>	<i>r</i>	<i>df</i>	<i>r</i>
Religiosity	357	.30 *	366	.31 *
ACEs	307	-.39 *	314	-.36 *
Social Roles	354	.37 *	362	.41 *
Honour Beliefs	342	.19 *	350	.20 *
Anger	370	.43 *	379	.44 *
Self-Control	357	.46 *	362	.47 *
Anxiety	375	.26 *	384	.26 *
Machiavellianism	363	.27 *	372	.28 *
Narcissism	362	.36 *	372	.34 *
Psychopathy	358	.64 *	367	.64 *
Sadism	362	.62 *	371	.64 *

Note. IPV = Intimate Partner Violence. ACEs = Adverse Childhood Experiences.

* $p < .001$.

Risk factors were entered into two linear regressions. The first with IPV victimisation as the outcome, with the model significantly explaining 65.2% of the variance in victimisation; $F(11, 247) = 42.05, p < .001$. The second linear regression entered IPV perpetration as the outcome; this model was significant in explaining 64.2% of the variance in perpetration; $F(11, 254) = 41.49, p < .001$. These findings demonstrate that the scales used to measure the risk factors in this study significantly predict IPV victimisation and

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

perpetration in this sample. When looking further into predictors, the following risk factors were found to be individually predictive of IPV victimisation; religiosity, ACEs, honour beliefs, anger, Machiavellianism, psychopathy, and sadism. Religiosity, ACEs, social roles, honour beliefs, anger, Machiavellianism, psychopathy, and sadism were also individually predictive of IPV perpetration. Moreover, psychopathy was found to be the best individual predictor of both IPV victimisation ($\beta = .41, p < .001$) and perpetration ($\beta = .34, p < .001$) Individual predictors can be seen in Table 14.

Table 14

Individual Predictors of IPV Victimisation and Perpetration

Risk Factors	IPV Victimisation		IPV Perpetration	
	<i>t</i>	β	<i>t</i>	β
Religiosity	5.31	.24 ***	4.88	.21 ***
ACEs	-5.00	-.21 ***	-4.61	-1.95 ***
Social Roles	-	-	3.21	.16 **
Honour Beliefs	-2.78	-.15 **	-3.26	-.18 ***
Anger	2.33	.12 *	2.91	.15 **
Machiavellianism	-2.94	-.14 **	-2.03	-.10 *
Psychopathy	6.15	.41 ***	5.28	.34 ***
Sadism	3.60	.20 ***	3.61	.20 ***

Note. IPV = Intimate Partner Violence. ACEs = Adverse Childhood Experiences.

* $p < .05$, ** $p < .01$, *** $p < .001$.

Part Two – Identifying the Effect of Ethnic Group on the Risk Factors for IPV

Analyses were conducted to identify the effect of ethnic group membership on the risk factors for IPV, and IPV victimisation and perpetration. Assumptions for ANOVAs were tested; all outcome variables were measured at interval or ratio level, the predictor variable had more than two categorical groups (six), and there was an independence of observations. Boxplots indicated several outliers for the religiosity, social roles, anxiety and psychopathy variables, indicating the need for non-parametric tests. In addition, Kolmogorov-Smirnov tests demonstrated a significant departure from normality for ACEs, social roles and anxiety, thus Kruskal-Wallis Tests were conducted.

Ethnicity was entered as the grouping variable to examine its association with risk factors, IPV victimisation and perpetration, and IPV support service access. Higher scores for each variable indicate higher levels of religiosity and religious identification, higher endorsement of honour beliefs, more belief in gender roles, more experiences/ feelings of anger, less self-control, more narcissistic, psychopathic and sadistic traits, and higher reported IPV victimisation and perpetration respectively. The analysis yielded statistically significant differences for the following risk factors, and IPV victimisation and perpetration, by ethnicity; religiosity; $\chi^2(5) = 26.40, p < .001$, honour beliefs; $\chi^2(5) = 14.22, p < .05$, social roles; $\chi^2(5) = 29.86, p < .001$, anger; $\chi^2(5) = 19.02, p < .01$, self-control; $\chi^2(5) = 23.59, p < .001$, narcissism; $\chi^2(5) = 33.70, p < .001$, psychopathy; $\chi^2(5) = 47.31, p < .001$, sadism; $\chi^2(5) = 27.06, p < .001$, IPV victimisation; $\chi^2(5) = 57.47, p < .001$ and IPV perpetration; $\chi^2(5) = 51.14, p < .001$. There were no significant differences across ethnic groups on ACEs, anxiety, Machiavellianism, and IPV support service experience; thus, no further statistical analyses were conducted with these variables.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

To investigate which differences between ethnic groups in the risk factors are significant, a series of one-way ANOVAs and post-hoc tests were conducted. The results confirmed statistically significant differences across ethnic groups in the risk factors (religiosity, social roles, anger, self-control, narcissism, psychopathy, sadism, IPV victimisation and IPV perpetration) (see Table 15 in the appendices), although the analyses found no significant differences across groups on honour beliefs.

Post-hoc comparisons indicated significant differences between White British participants ($M = 63.48$, $SD = 21.44$), and all other remaining ethnic groups in the analyses in IPV victimisation; Indian ($M = 44.45$, $SD = 6.45$, $p < .001$), Pakistani ($M = 47.72$, $SD = 12.11$, $p < .001$), Bangladeshi ($M = 53.57$, $SD = 21.85$, $p < .05$), Caribbean ($M = 47.57$, $SD = 10.80$, $p < .001$) and African ($M = 50.27$, $SD = 16.40$, $p < .001$) participants. For each of these, White British respondents reported the highest IPV victimisation scores, indicating more IPV victimisation.

In a similar vein, significant differences were found between White British ($M = 62.28$, $SD = 21.11$) participants and Indian ($M = 44.83$, $SD = 7.95$, $p < .001$), Pakistani ($M = 46.72$, $SD = 11.20$, $p < .001$), Caribbean ($M = 45.60$, $SD = 8.50$, $p < .001$) and African ($M = 48.55$, $SD = 13.41$, $p < .001$) ethnic groups in IPV perpetration, with White British participants yielding the highest total scores, demonstrating more IPV perpetration.

Comparisons also indicated that religiosity scores between African ($M = 36.39$, $SD = 8.24$) participants and White British ($M = 30.92$, $SD = 9.82$, $p < .001$), Indian ($M = 27.98$, $SD = 8.25$, $p < .001$) and Caribbean ($M = 29.07$, $SD = 7.19$, $p < .001$) participants were significantly different, with African participants exhibiting the highest religiosity scores in each comparison.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

With regards to Social Roles, post-hoc analyses showed a significant difference between Bangladeshi ($M = 37.00$, $SD = 8.04$) and Caribbean ($M = 29.57$, $SD = 8.19$, $p < .05$) participants, with the Bangladeshi group exhibiting more 'traditional' gender role beliefs.

Significant differences in anger were found between Caribbean ($M = 17.50$, $SD = 5.66$) and White British ($M = 20.68$, $SD = 5.50$, $p < .01$), Pakistani ($M = 17.24$, $SD = 6.63$, $p < .01$) and Bangladeshi ($M = 21.14$, $SD = 6.97$, $p < .01$) ethnic groups, as well as the Indian ($M = 18.24$, $SD = 6.51$) and Bangladeshi ($M = 21.14$, $SD = 6.97$, $p < .05$) ethnic groups. In both cases, Bangladeshi participants exhibited the highest levels of anger, and Caribbean participants exhibited higher levels of anger than the Pakistani participants. White British participants reported significantly higher levels of anger than Caribbean participants.

For Self-Control, significant differences were found between the White British ($M = 42.35$, $SD = 9.72$) and African ($M = 34.91$, $SD = 11.94$, $p < .01$) ethnic groups. The findings demonstrated that the White British group exhibited higher self-control total scores which, due to the scoring of the scale questions (e.g. "I say inappropriate things" measured from 1 – not at all to 5 – very much), indicates *less* reported self-control.

The analyses of narcissism indicated significant differences between the White British ($M = 23.26$, $SD = 5.17$) category, and both Indian ($M = 20.33$, $SD = 6.15$, $p < .01$) and Pakistani ($M = 19.52$, $SD = 4.97$, $p < .01$) ethnic groups; in both cases, White British participants reported more narcissistic tendencies than Indian and Pakistani participants. Furthermore, significant differences were found between African ($M = 26.03$, $SD = 4.36$) participants and both Indian ($M = 20.33$, $SD = 6.15$, $p < .001$) and Pakistani ($M = 19.52$, $SD = 4.97$, $p < .001$) ethnic groups. In each case, the African participants reported more narcissistic tendencies overall.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Significant differences were identified between White British ($M = 23.74$, $SD = 7.06$) participants, and Indian ($M = 19.19$, $SD = 6.75$, $p < .001$), Pakistani ($M = 18.12$, $SD = 5.51$, $p < .001$), Caribbean ($M = 18.10$, $SD = 5.75$, $p < .001$) and African ($M = 19.73$, $SD = 7.11$, $p = .001$) ethnic groups on psychopathy. In each of these comparisons, the White British participants exhibited more psychopathic tendencies. This was also the same for sadism, with significant differences identified between the same ethnic groups: White British ($M = 26.28$, $SD = 11.15$) and Indian ($M = 22.21$, $SD = 9.62$, $p < .05$), Pakistani ($M = 20.12$, $SD = 8.42$, $p < .05$), Caribbean ($M = 20.43$, $SD = 9.87$, $p < .01$) and African ($M = 22.30$, $SD = 11.87$, $p < .05$) participants), and in each case the White British participants reported the most sadistic tendencies. The remaining mean scores between other ethnic groups were not statistically significantly different and were therefore not reported.

Part Three – Identifying the Effect of Gender Group on the Risk Factors for IPV

Gender was entered as the grouping variable to examine its association with risk factors, and IPV victimisation and perpetration, and IPV support service access. The ‘prefer not to say’ responses to gender group were marked as missing in SPSS; therefore, these two cases were excluded from gender group comparison analyses. Higher scores for each variable indicate a greater number of ACEs experienced, higher endorsement of honour beliefs, more belief in gender roles, more experiences/ feelings of anxiety, and more Machiavellian, psychopathic and sadistic traits respectively.

The analysis yielded statistically significant differences for the following risk factors and IPV support service experience by gender; ACEs; $\chi^2(3) = 10.96$, $p < .05$, honour beliefs; $\chi^2(3) = 13.00$, $p < .01$, social roles; $\chi^2(3) = 24.98$, $p < .001$, anxiety; $\chi^2(3) = 9.31$, $p < .05$, Machiavellianism; $\chi^2(3) = 11.33$, $p = .01$, psychopathy; $\chi^2(3) = 20.89$, $p < .001$, sadism; $\chi^2(3) = 40.76$, $p < .001$ and IPV support service experience; $\chi^2(2) = 13.94$, $p < .001$. There was not

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

a significant relationship between gender and religiosity, anger, self-control, narcissism, IPV victimisation and IPV perpetration; thus, no further statistical analyses were conducted with these variables.

To investigate which differences between gender groups in the risk factors are significant, a series of one-way ANOVAs and post-hoc tests were conducted. The results confirmed statistically significant differences across gender groups in the risk factors (ACEs, honour beliefs, social roles, anxiety, Machiavellianism, psychopathy, sadism, and IPV support service experience (see Table 16 in the appendices).

SPSS indicated that post-hoc tests could not be performed for ACEs, honour beliefs, social roles, Machiavellianism, psychopathy, sadism and IPV support service experience, as at least one gender group in each of these scales had fewer than two cases. However, post-hoc comparisons indicated that mean scores in the Anxiety Total variable were significantly different between Male ($M = 4.46$, $SD = 1.59$) and Female ($M = 4.27$, $SD = 1.03$) participants; $p < .05$, demonstrating that male participants reported more experiences of anxiety than female participants.

As there were only two gender groups in this analysis that had sufficient cases for a post-hoc tests, post-hoc analyses were not generated from the ANOVA. To determine the difference between the male and female groups in the remaining significant risk factors, an independent samples t-test was conducted. The results demonstrate that male participants reported more ACEs ($M = 25.05$, $SD = 3.45$) than female participants ($M = 24.22$, $SD = 3.60$), $t(340) = 2.17$, $p < .05$; $d = .23$. Furthermore, male participants were found to endorse honour beliefs ($M = 60.24$, $SD = 10.03$) more than female participants ($M = 57.04$, $SD = 10.68$); $t(374) = 2.99$, $p < .01$; $d = .31$, as well as endorse 'traditional' gender roles ($M = 37.06$, $SD = 6.89$) more than female participants ($M = 32.56$, $SD = 8.91$), $t(388) = 5.50$, $p < .001$; $d = .56$.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

The analyses also indicated that male participants reported more Machiavellian ($M = 29.91$, $SD = 6.31$, $t(399) = 3.18$, $p < .001$; $d = .32$), psychopathic ($M = 23.73$, $SD = 6.73$, $t(389) = 4.78$, $p < .001$; $d = .48$) and sadistic ($M = 28.45$, $SD = 11.43$, $t(395) = 6.08$, $p < .001$; $d = .61$) personality traits than female participants (Machiavellianism; $M = 27.80$, $SD = 6.92$, psychopathy; $M = 20.38$, $SD = 7.07$, and sadism; $M = 21.75$, $SD = 10.52$). Lastly, results showed that female participants had had significantly more positive experiences ($M = 18.96$, $SD = 4.34$) with IPV support services than the male participants ($M = 14.61$, $SD = 4.37$); $t(59) = -3.84$, $p < .001$; $d = -1.00$.

Part Four – Identifying the Variation across Ethnic and Gender Groups in Support Service Access

A chi-square analysis was conducted to determine the effect of ethnic group on support service access. The analysis found a statistically significant association between ethnic group and IPV support service access; $\chi^2(10) = 43.37$, $p < .001$ ($n = 426$; 92.6%), suggesting that ethnic groups differed in their experiences accessing IPV support services. Percentages indicated that White British participants had accessed IPV support services the most, and Caribbean participants the least. Despite the large difference in participant numbers in each ethnic group, the percentages seen in Table 17 allude to the disparity in IPV support service experiences across ethnic groups.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Table 17

Cross Tabs Count (Percentages) – IPV Support Service Access by Ethnic Group

Ethnic Group	<i>n</i>	IPV Support Service Access Percentage					
		Yes		No		Prefer Not to Say	
		<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
White British	195	63	32.64%	130	66.67%	2	1.03%
Indian	62	5	8.06%	56	90.32%	1	1.61%
Pakistani	46	3	6.52%	41	89.13%	2	4.34%
Bangladeshi	28	4	14.29%	23	82.14%	1	3.57%
Caribbean	43	2	4.65%	39	90.70%	2	4.65%
African	52	5	3.85%	45	86.54%	2	3.85%

Note. IPV = Intimate Partner Violence.

Participants were asked which support services they had accessed. Frequency analyses demonstrated that of the six specified support services, IPV-specific support services were accessed the most frequently across all ethnic groups ($n = 32, 7.0\%$), and the police were accessed the least across all ethnic groups ($n = 6, 1.3\%$) (see Table 18). The frequencies also varied widely across ethnic groups, with the White British group exhibiting the highest numbers of participants who had accessed each support service.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Table 18

Frequencies – IPV Support Services Accessed, by Ethnic Group

IPV Support Service	IPV Support Services Accessed by Ethnic Group (<i>n</i> and %)												Total (<i>n</i>)
	White British		Indian		Pakistani		Bangladeshi		Caribbean		African		
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	
IPV Specific Support Service	26	81.25%	2	6.25%	-	-	2	6.25%	-	-	2	6.25%	32
Relationship Support Service	26	92.86%	-	-	-	-	1	3.57%	1	3.57%	-	-	28
Psychological Support Service	25	83.33%	1	3.33%	-	-	1	3.33%	1	3.33%	1	3.33%	30
Secondary Healthcare Service	19	82.60%	2	8.70%	-	-	1	4.35%	-	-	1	4.35%	23
Primary Healthcare Service	10	71.43%	1	7.14%	1	7.14%	2	14.29%	-	-	-	-	14
Police	4	66.67%	1	16.67%	-	-	-	-	-	-	1	16.67%	6
Other	1	100%	-	-	-	-	-	-	-	-	-	-	1
Prefer Not to Say	-	-	-	-	1	100%	-	-	-	-	-	-	1

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

A chi-square analysis was also conducted to determine the effect of gender group on support service access, which showed a statistically non-significant association between gender group and IPV support service access; $\chi^2(8) = 6.63, p = .58$. This suggests that gender groups did not differ in their experiences of accessing IPV support services. As such, no further analyses were conducted.

Part Five – Investigating the Relationship Between Support Service Access, and Experiences of IPV Victimization and Perpetration

Lastly, an independent samples t-test was conducted to investigate the relationship between participants' support service access, and IPV victimisation and perpetration, entering IPV support service access as the grouping variable. Higher IPV victimisation and perpetration scores indicate more reported incidences of IPV victimisation and perpetration respectively. The results demonstrate that participants who had previously sought access to an IPV support service ($M = 81.15, SD = 18.82$) compared to those who had not previously accessed an IPV support service ($M = 51.36, SD = 15.66$) reported more IPV victimisation; $t(367) = 13.10, p < .05; d = 1.84$. Furthermore, the results show that participants who had previously sought access to an IPV support service ($M = 79.48, SD = 18.92$) compared to those who had not previously accessed an IPV support service ($M = 50.82, SD = 15.45$) reported more IPV perpetration; $t(377) = 12.77, p < .01; d = 1.79$. Group statistics for support services access by IPV victimisation and perpetration can be seen in Table 19.

Table 19

Independent Samples T-Test Group Statistics – IPV Victimization and Perpetration Scores by Support Service Access

Variable	Support Service Access	<i>n</i>	IPV Score Range	<i>M</i>	<i>SD</i>
IPV Victimization	1 = Yes	61	39-117	81.15	18.82
	2 = No	308	39-117	51.36	15.66
IPV Perpetration	1 = Yes	61	39-117	79.48	18.92
	2 = No	318	39-117	50.82	15.45

Discussion

The aim of Chapter Five was to identify if the risk factors used in this study were predictive of IPV victimisation and perpetration in a UK sample, and determine whether, and the extent to which, there were differences across ethnic and gender groups in responses to these risk factors. In addition, this study aimed to investigate whether there were differences between ethnic and gender groups in support service access, and determine whether there was a relationship between participants' access of IPV support services and their reported IPV victimisation and perpetration.

Relationships between the Risk Factors and IPV Victimization and Perpetration

The findings from the correlations and regressions in this study found that the scales measuring religiosity, honour beliefs, traditional gender role beliefs, anger, anxiety, Machiavellianism, narcissism, psychopathy, sadism, ACEs and self-control, were correlated with, and predictive of, IPV victimisation and perpetration as grouped models. Moreover, psychopathy was found to be the best individual predictor in both regressions. The results

therefore replicate findings from the literature (see Chapter One), demonstrating these as risk factors for IPV victimisation and perpetration in this UK sample.

In addition, the finding of psychopathy as the strongest predictor of both IPV victimisation and perpetration validates research demonstrating its importance as a risk factor in IPV risk assessments. The Ontario Domestic Assault Risk Assessment (ODARA: Hilton et al., 2004), one of the most prominent risk assessments of IPV, encompasses 13 questions (utilising information that is readily available to front-line police) that predict incidence, severity and time until recidivism of IPV. The ODARA was adapted as it was noted that IPV risk may be underestimated utilising the tool, due to a lack of information such as offenders' history of criminality and antisociality that is often not readily available frontline (Hilton et al., 2008). As such, Hilton et al. (2008) proposed that in settings where additional information is accessible (e.g., forensic and correctional settings), the inclusion of this additional information regarding criminality and antisociality provides a more optimal assessment of risk. In Hilton et al.'s (2008) study using 346 cases, the ODARA and the Hare Psychopathy Checklist (PCLR: Hare, 1990) predicted IPV recidivism independently; subsequently, a measure was created to combine these – the Domestic Violence Risk Appraisal Guide (DVRAG: Hilton et al., 2008). The findings from the current study further demonstrate the significance of psychopathy as the best predictor of IPV, in line with these adapted risk assessments.

Ethnic and Gender Group Differences in the Risk Factors for IPV, IPV Victimisation and Perpetration, and Support Service Experience

Statistically significant differences in responses to measures of the following risk factors across ethnic groups were also established; religiosity and religious identification, 'traditional' gender role beliefs, anger and self-control, narcissism, psychopathy and sadism,

and IPV victimisation and perpetration. Moreover, significant differences in adverse childhood experiences, endorsement of honour beliefs, social roles, anxiety levels, Machiavellianism, psychopathy and sadism, and IPV support service experience (measuring participants' experiences with support services they've accessed) across gender groups were also found. Our findings support existing research that has investigated the risk factors identified in the context of ethnic and gender group differences and IPV more broadly.

Religiosity

As religion is intertwined with social and cultural beliefs (Al Gharaibeh, 2016), when investigating different ethnic groups, differences in religious beliefs and religiosity are to be expected. Our results support existing research into religiosity in minoritised ethnic groups in the UK, that also showed differences in reported religiosity across ethnic groups (Jaspal et al., 2021). However, in that study, Pakistani participants were the highest in religiosity (compared to Indian, Black Caribbean and Black Africans participants) whereas in our study, African participants were the highest. Additionally, Chatters et al. (2009) conducted a representative study of African Americans, Black Caribbeans and non-Hispanic Whites within a US sample and found that African American participants indicated higher levels of religious participation, and they were more likely to be official members of their religious institutions and take part in worship and prayer (Chatters et al., 2009) than their counterparts. In addition, research has posited that religiosity was positively related to cultural life scripts in importance and valence (Tungjitcharoen & Bernsten, 2022) – therefore, in groups where cultural scripts are more uniform, a greater level of religiosity would be anticipated. Our findings validate these studies depicting ethnic group differences, and further allude to the social and cultural impacts on religiosity. In addition, given the social and cultural impacts on religiosity highlighted above, it may be that levels of religiosity could be affected by whether

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

or not the individuals from minoritised ethnic groups were born and socialised in the UK. It would be beneficial for future research to investigate the impact of length of time in the UK on religiosity across ethnic groups, to identify whether birth and socialisation in the UK may moderate this relationship.

However, results also demonstrated that there was not a significant difference across gender groups in religiosity. Evidence from previous literature regarding gender group differences in religiosity is conflicting, hence the analyses to further investigate this relationship. For example, previous research states that women tend to be ‘more religious’ than men and that this is a widely established phenomenon (Palmisano & Todesco, 2019). However, other research has suggested that this may be impacted by a number of factors. One example comes from Vardy et al. (2022), who conducted a cross-cultural systematic study with 14 societies to look at gender gaps in religiosity. They found that in their sample, women tended to exhibit greater mental commitment and “more frequent participation in rituals for their community’s moralistic god, and more frequent prayer” (p. 18) than men, while men were found to show more commitment towards local gods. These findings support the notion that there are gender differences in religiosity.

However, Vardy et al., (2022) note that these gender differences may depend on the scales used to measure religiosity, the different religious traditions that are examined, and a range of other socio-demographic factors, also demonstrating that there is a variation in findings across societies. The scale included in this study was an adapted form of the ‘Multidimensional Measure of Religious Involvement’ (Levin et al., 1995), which measured individuals’ religiosity through the dimensions of organisational religiosity, non-organisational religiosity and subjective religiosity. Although this scale was initially developed for use with an African American participant group, it was later also successfully

tested with a European American population (Lilly et al., 2014); hence its inclusion in the current study's analysis. Despite this, the non-significant findings in this analysis may be indicative of a religiosity measure that is not measuring all religious dimensions and beliefs endorsed by the participant sample, or may be reflective of cultures and ethnic groups which do not exhibit such a wide gender gap in religious identification.

ACEs

The presence of ACEs did not differ by ethnic group. This finding is contrary to previous research which provides evidence to suggest ethnic group differences in ACEs; for example, lower exposure to individual and total ACEs in White children compared to Latin and non-Latin Black children (Maguire-Jack et al., 2020). Furthermore, Mersky et al. (2021) also found ACEs to be more prevalent among minoritised ethnic groups compared to non-Hispanic Whites. Nevertheless, other factors may contribute to this relationship which could explain the non-significant finding in this study. For example, the nature of the ACEs questionnaire used is particularly overt, which may dissuade participants from disclosing their experiences – particularly with cultures which place importance on the maintenance of reputation and face in society (Merkin, 2017).

Yet, findings did indicate a significant difference across gender groups in ACEs, demonstrating that male participants reported significantly more ACEs than female participants. While previous research has also found gender differences in the prevalence of ACEs, studies tend to find that this relationship is in the opposite direction from the findings in this study. For example, in a US-based study looking at patients being treated for an opioid use disorder, females were found to endorse on average 4.5 categories of ACEs, whereas males on average endorsed 3.3, indicating that the prevalence of ACEs in females was significantly higher than males ($p < .001$) (Winstanley et al., 2020). In addition, Giano et al.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

(2020) and Mersky et al. (2021) independently looked at ACEs across a range of socio-demographic groups, with both studies finding that females reported significantly higher ACEs than males. Despite this, research has also depicted factors which alter the direction of these findings; for example, gender differentials in type of ACEs experienced have been shown (Jones et al., 2023), with ACEs pertaining to sexual assault and abuse found to be more prevalent among females (Dierkhising et al., 2019), and physical abuse more among males (Teague et al., 2008). These findings allude to the variance in characteristics and experiences between gender groups in ACEs, providing a rationale for the direction of our findings. Moving forward, it would be beneficial to separate the ACE categories (e.g. into physical, sexual, sociological etc.) to investigate gender differences in each sub-category and determine whether, and how, these differ across groups.

Social Roles ('Traditional' Gender Role Beliefs)

We also investigated whether ethnic groups endorsed 'traditional' gender roles to different extents and found differences between Bangladeshi and Caribbean participants, with Bangladeshi participants exhibiting more endorsement of 'traditional' gender role beliefs than Caribbean participants. Previous research carried out across different countries (Barker et al., 2011) "showed that men's beliefs and attitudes regarding gender equality... significantly var[y] from one region to another" (Fattah & Camellia, 2020, p.774), indicating the potential role of culture in the development and endorsement of these attitudes. In line with this, a research study looking specifically at Bangladeshi adolescents' attitudes towards gender roles found that unmarried boys were far less egalitarian than unmarried girls (58% vs. 19%). Although pertaining to gender rather than ethnic group differences, this study cites the "large gender differentials [that] exist in almost all spheres of life, stemming from conservative

norms and attitudes around gender” in Bangladesh (Streatfield et al., 2023, p.1), positing a rationale as to why there are ethnic group differences in these beliefs.

Moreover, as found with the sample in Chapter Four, the present study’s analyses also indicated a statistically significant difference between gender groups in responses to the social roles questionnaire in this UK sample. More specifically, male participants endorsed ‘traditional’ gender role beliefs more than their female counterparts. These findings are consistent with the literature regarding gender role belief differences, and further validate the findings from Chapter Four.

Honour Beliefs

There was no statistically significant difference in the endorsement of honour beliefs across ethnic groups. Given that honour beliefs are associated with cultural norms, scripts and practices, and that honour is often described as having importance in both cultural and religious settings (Withaeckx & Coene, 2014), it was anticipated that there would be a significant difference. The results suggest that there may be other factors contributing to this outcome; for example, participants may not have resonated with the honour beliefs/ questions measured in the ‘Escala Cultura del Honor’ (Lopez-Zafra et al., 2019). Moreover, there may have been an unwillingness to disclose honour beliefs perhaps due to social desirability bias, and the findings may also have been a reflection of the participant sample itself, which was unavoidably unbalanced across ethnic groups. Future research should investigate this relationship further with a range of different honour belief measures and perhaps a qualitative approach, to analyse the nuanced factors that underpin honour beliefs.

On the other hand, findings indicated a significant difference between gender groups in the honour beliefs total, illustrating that male participants endorsed honour beliefs significantly more than female participants. Given the gendered context of honour beliefs and

the patriarchal concepts underpinning them (Gill, 2013), gender differences in their endorsement were anticipated. Research has investigated perceptions of honour-related violence across a range of countries in support of this; for example, Caffaro et al. (2016) looked at perceptions of honour related violence in participants from Cameroon, Morocco and Italy, and found that there were differences in perceptions across ethnic groups and gender groups. More specifically, “Cameroonian women attributed more responsibility to the victim and less to the assailant to Cameroonian men, and Italian men attributed less responsibility to the assailant than Italian women” (p. 555) in an evaluation of an act of honour-related violence. In addition, Can & Edirne, (2011) found that in a sample of nursing students, significantly more male students than female students justify honour crimes. These findings are just some examples that demonstrate the position of honour violence “within the wider spectrum of gender violence” (Reddy, 2008, p.305) and gender differences, in support of this study’s findings.

Anger and Self-Control

Significant differences in levels of anger across several ethnic groups were found, with Bangladeshi participants exhibiting the highest levels of reported anger, followed by White British, Caribbean and Pakistani participants. Similarly, self-control was found to be significantly different between White British and African participants, with White British participants exhibiting higher self-control total scores which indicated *less* reported self-control. In support of our findings, studies have shown ethnic group differences in anger expression and regulation in adults and adolescents; Kim and Zane, (2004) found that Korean (vs. European) male ‘batterers’ reported more experiences of anger and less control of it, while Perry-Parish et al. (2017) found that there were ethnic group differences in a sample of adolescent Black and White girls in self- and peer-reported anger dysregulation and

inhibition; however, there were no differences in ethnicity for the male adolescents studied. Perry-Parry et al. (2017) postulate that this may be because these two ethnic groups may be “socialised to express their anger in different ways” (p. 494); while their study solely investigated two ethnic groups, this provides one explanation as to why reported anger may vary across ethnic groups, in line with our findings.

Moreover, research has posited that the expression of aggressive behaviours (in the context of this study, responses to measures of anger and lack of self-control were found to differ across several of the included ethnic groups) may vary cross-culturally as a result of societal values. For example, collectivistic cultures that value the maintenance of their reputation (Aluja et al., 2022; Severance et al., 2013) may exhibit greater self-control. Linking these findings back to IPV, studies have also discussed the role of self-control in offending across different cultures and ethnicities (Shekarkhar & Gibson, 2011; Wolfe, 2015), highlighting this as a pathway to factors that either predispose or protect against offending behaviour (Wills et al., 2007). While the current study is not explicitly examining pathways to offending, our findings that highlight that lower levels of self-control are correlated with increased reported IPV perpetration, demonstrate the importance of understanding how self-control differs across ethnic groups in the context of IPV.

Conversely, the findings indicated a statistically non-significant difference between gender groups in self-reported levels of both anger and self-control. Research has highlighted that stereotypically, women are perceived to be more ‘emotional’ than men; yet, when breaking down the perceived ‘general emotionality’ into distinct emotions, research suggests that anger (alongside contempt and annoyance) would be more “stereotypical examples of male emotions, indicating agency and power (Fischer, 1993)” (Fischer & Evers, 2009, p. 349). Moreover, studies systematically demonstrate that males exhibit lower levels of self-

control than females, even after excluding potentially biased items from scales designed to measure self-control (Gibson et al., 2010).

On the other hand, there is also a body of research which indicates that “gender differences in self-reported anger expression are minimal” (Bartz et al., 1996, p. 251). In addition, further research has demonstrated that while there are gender differences in self-control, these “persist over the short-term but not over the long term... [therefore] males and females experience similar developmental patterns of self-control” (Jo & Boufard, 2014, p. 356). In the present study, post-hoc tests were not conducted due to small participant numbers in some of the groups; therefore, while it is possible that the uneven distribution of participants across gender groups may contribute to the lack of significant gender differences within the sample, the findings from the literature also indicate that further factors may contribute to this non-significant relationship. As such, it would be beneficial for future research to investigate this further, to determine whether the results remain stable with a more robust participant group.

Anxiety

In line with the literature highlighting mental health as a risk factor of IPV, we also examined the relationship between ethnic group and reported levels of anxiety. While differences across ethnic groups have been ascertained in a number of mental health issues (Harris et al., 2005; Proto & Quintana-Domeque, 2021), this was not replicated herein. As such, these findings were unexpected, and it may be plausible that these were impacted either by limited differences in the participant sample itself, or methodological issues within the study. Due to the length of the full questionnaire in this study, to prevent demand characteristics and fatigue a short version of the GAD scale was included (GAD-2) as opposed to the full-length version of this scale (the GAD-7). While the GAD-2 is utilised to

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

measure experiences of anxiety, it is possible that the short version of this measure did not accurately reflect participants' experiences of anxiety. Thus, it would be advisable that future studies use the longer version, as this includes a larger number of reference points for participants to identify with and respond to, that may provide a better-rounded explanation of their experiences of anxiety. With this additional context, the results may differ.

Conversely, differences across gender groups were found in this study, with post-hoc tests indicating that male participants reported more experiences of anxiety. Previous research examining sex and gender differences in anxiety has illustrated that, across various populations, lifetime and previous-year prevalence of anxiety is higher among women (McLean et al., 2011; Wenjuan et al., 2020), with statistics that indicate lifetime and previous-year prevalence of anxiety disorders to be 1.5-2 times more likely to develop in females compared to males (Christiansen, 2015). Although our findings may be reflective of the experiences in the participant sample, given the findings in the literature, it is conceivable that once again the results may have been impacted by the use of the shorter anxiety questionnaire (GAD-2), thus providing anomalous results comparative to the wider population. However, it may also be that the loss of a large number of participants due to AI responses has affected external validity, therefore impacting these findings. As above, it would be beneficial for future studies to utilise the longer version of the generalised anxiety disorder questionnaire to further explore potential gender differences in reported levels of anxiety.

Dark Tetrad (SD4)

Results also indicated differences in the presence of narcissism, psychopathy and sadism by ethnic group. Post-hoc tests highlighted significant differences in narcissism where the White British group reported more narcissistic tendencies than Indian and Pakistani

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

participants. Similarly, African participants reported more narcissistic tendencies than Indian and Pakistani participants. For psychopathy and sadism, significant differences were found between White British participants, and Indian, Pakistani, Caribbean and African ethnic groups. In each of these comparisons, the White British participants exhibited more of the respective traits. With regards to the responses to the dark tetrad personality traits that were significantly different across ethnic groups (narcissism and psychopathy), while limited, the findings from this study reflect some findings from previous research. For example, Aluja et al., (2022) explored the dark triad traits in 18 countries and demonstrated that “between 6% and 16% of the variance in dark triad traits was accounted [for] by culture” (p.380). In line with these findings, research suggests the role of ‘normative pressure’ in stifling individuals’ likelihood of exhibiting psychopathic traits (particularly in face saving cultures such as Japan and Korea) given the noxious nature of these traits (Rogoza et al., 2021). This would account for cultural differences and may explain why the White British participants (reflective of a more individualistic culture which is less likely to be concerned about the risks of ‘losing face’ (Merkin, 2017)) exhibited the most psychopathic traits in the sample. In a similar vein, research has also discussed the links between individualist and collectivist values and narcissism (Foster et al., 2003), demonstrating that in comparison to five other world regions, the US participants were the most narcissistic. The study showed that this “coheres with the general tenet that individualistic nations emphasize self-focus whereas collectivistic countries foster other focus” (Fatfouta et al., 2021, p. 2). The findings from the current study support this notion.

Leading on from this, there was also a significant difference across gender groups in psychopathy, sadism and Machiavellianism scores. Results indicated that, for each of the three significant dark personality traits, males exhibited higher endorsement than females. These findings are in line with previous research; for example, Neumann et al. (2021) noted

that men reported statistically significant higher traits for each of the SD4 domains. While the present study partially reflects these findings, it was also indicated that there was not a statistically significant difference across gender groups in the narcissism domain of the SD4 with the current sample. Research has queried the measurement invariance across genders with regards to the SD4, however studies have shown that there is in fact measurement invariance across gender groups (Blotner et al., 2023), highlighting that each of the subscales (for the four domains of the SD4) reflect the latent traits equally between men and women (Neumann et al., 2021). As a result of these measurement invariance findings, it is likely that the findings regarding narcissism from this study may be reflective of the lack of gender group differences in the population rather than as a result of a lack of gender differences in measurement of latent narcissistic traits.

IPV Victimisation and Perpetration

In addition to the investigation of differences in risk factors for IPV, ethnic and gender group differences in reported IPV victimisation and perpetration were also investigated, with the findings showing significant differences across ethnic groups in both constructs. As discussed in the introduction, IPV rates among minoritised ethnic groups tend to be disparate and comparatively higher than White British ethnic groups (McManus et al., 2022); however, findings from this study indicate that White British participants reported higher levels of IPV victimisation and perpetration. While this may be the case with this sample due to unbalanced participant numbers across ethnic groups, these findings may also be due to a number of other cross-cultural factors that could negatively impact the disclosure of IPV. For example, some individuals may be impacted by factors such as fear, shame, and embarrassment (Montalvo-Liendo, 2008), resonating with the literature regarding individuals' reputation and upholding it discussed earlier in this programme of research.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Moreover, reporting of IPV may be impacted by individuals' recognition and understanding of the different behaviours that this encompasses; as discussed previously, some communities, groups and individuals perceive emotional and verbal abuse as 'acceptable', and the perpetration of violence normal up until severe injury outcomes (Pokharel et al., 2020). While the IPV victimisation and perpetration measure utilised in the current study (ECIPIPAS) details a range of behaviours asking participants if they have ever done them or had them done to them, sociocultural norms may still impact the way these behaviours are perceived, in turn impacting reporting and disclosure of IPV (Guler et al., 2023). This may account for the directionality of the ethnic group difference findings in this study in the IPV victimisation and perpetration measure.

Conversely, while the literature does highlight that rates of IPV among minoritised ethnic groups are disproportionately higher than among White British ethnic groups (McManus et al., 2022), these rates could also be impacted by additional confounding risk factors. For example, the findings in this study have shown the links between the dark tetrad variables and IPV victimisation and perpetration, and also that two of the dark tetrad variables were highest and most prevalent among the White British participant group. As such, from this perspective we may anticipate IPV victimisation and perpetration prevalence in the sample to be higher in White British participants, given the higher levels of the two dark tetrad variables among this group, in line with our findings. These findings suggest that, while IPV does indeed disproportionately impact those from minoritised ethnic groups, rates and experiences of IPV may vary significantly based on the presence of additional risk factors.

On the other hand, there was a non-significant difference between reported IPV victimisation and perpetration across gender groups. As discussed throughout this thesis, IPV

remains a gendered crime with male perpetrators and female victims in the majority of cases (Women's Aid, 2024); as such, a gender difference was anticipated in reported IPV victimisation and perpetration. However, research has also shown that gender differences in rates of IPV are inconsistent across studies, and that the context and nature of IPV also contribute to gender differences; for example, the severity and type of, and motivation for, IPV (Cho, 2012). Studies have shown that women are more likely to be victims of physical assault and rape than men (Tjaden & Thoennes, 2000), while others posit that assaults against men are likely to be more severe than women (Cho & Wilke, 2010), with women also shown to use weapons more often than men in cases of IPV (Melton & Belknap, 2003). Gender differences in IPV motivation are also reflected in the Integrated Feminist Theory of IPV (Johnson, 1995; 2006) which, as detailed in Chapter One, highlights distinct types of IPV, categorised by their role in the control context of the relationship. Underpinning this theory is the notion of three types of violence within couples, with gender differences in their prevalence; i.e. intimate terrorism (previously patriarchal terrorism) is mainly perpetrated by males, whereas violent resistance and situational couple violence are perpetrated by men and women. These findings demonstrate the importance of context in understanding gender differences in IPV; the lack of which in the current study's IPV measure may have contributed to findings of non-significant differences across gender groups in IPV victimisation and perpetration.

IPV Support Service Experience

Lastly, we also aimed to investigate participants' experiences with IPV support services. While the literature highlights that attitudes towards, and experiences of, IPV support services vary across ethnic groups (Postmus, 2015; Sabri et al., 2018); particularly as people among minoritised ethnic groups face additional and exacerbated boundaries to help-

seeking (Hulley et al., 2022), these results were not replicated in this study. However, these questions were only asked to participants who had indicated that they had previously accessed a support service. Thus, the number of participants who responded to the IPV support service experience measure was far smaller than for the rest of the study, which may have contributed to the non-significant result; either as a result of a participant sample therefore too small to yield significance, or due to factors contributing to non-disclosure as previously mentioned (Montalvo-Liendo, 2008). Moreover, these questions were created to understand the general feeling towards IPV support services for those who had utilised them previously; given the individualised nature of IPV, the use of quantitative questions to investigate this does not provide sufficient context for understanding participants' experiences. Thus, the use of qualitative written-answer responses to investigate help-seeking experiences would be more beneficial in understanding the nuance behind individualised experiences, which will be the focus of Chapter Six of this programme of research.

On the other hand, the findings from the independent samples t-test demonstrated that there was a significant gender difference in IPV support service experiences, indicating that female participants reported significantly more positive experiences with IPV support services than male participants. While research acknowledges that female IPV victims are significantly more likely to seek help than male victims (Barrett et al., 2020), studies have also shown that there are gender differences in how help-seeking is perceived and experienced in different contexts; for example, females have been shown to be more likely to seek help from formal services, reporting their utility more often than males, while males reported that informal support services were helpful more than females (Cho et al., 2020). Moreover, another study found that men were more concerned with protecting their privacy than women in IPV cases, in turn impacting their disclosure and likeliness of confiding in friends, family and other informal support services (Morgan et al., 2016) in cases of both

victimisation *and* perpetration in men. As such, the findings from the present study validate gender group differences found in the literature.

Ethnic and Gender Group Differences in IPV Support Service Access

In addition, this study found statistically significant differences across ethnic groups in experiences of accessing IPV support services. As previously noted, the disparity between ethnic groups in IPV prevalence and experiences can vary significantly, with research demonstrating that IPV is more prevalent among minoritised ethnic groups (Kim & Ferrarresso, 2022). Leading on from this, research has shown that people from minoritised ethnic groups face additional barriers such as “institutional racism, immigration laws... issues of cultural competence, and lack of diversity in frontline services” when seeking support (Hulley et al., 2022, p.1001). In addition, a systematic literature review looking at cross-cultural comparisons of IPV and help-seeking indicates the differences between ethnic groups in willingness to access support services, as well as the types of support services accessed (Satyen et al., 2019). For example, White Caucasian women were found to be more likely to seek mental health and social service support, whereas Latina/ Hispanic and African-American women were more likely to utilise support from hospital and law enforcement services (Satyen et al., 2019). These studies provide support for the findings in this analysis, demonstrating the need to understand ethnic group differences in help-seeking behaviours to enhance accessibility and reduce barriers to support.

Conversely, findings showed a statistically non-significant difference in IPV support services access across gender groups. As previously noted, literature demonstrates that there are gender differences in survivors’ seeking of formal and informal help, with studies indicating that “women tend to approach a wide variety of help sources, both formal and informal” (Cho et al., 2020, p.714), whereas men were less likely to disclose their

victimisation, and in cases where they did disclose “they reported being better supported by informal help than formal help” Cho et al., 2020, p.715). These findings, alongside the further studies demonstrating gender differences mentioned earlier in this chapter, highlight that there should, in fact, be differences in reported previous accessing of IPV support services. Therefore, it may be that the dichotomous question included in this analysis, as well as the uneven samples in the gender groups, adversely impacted this finding.

Given that research has shown that females are more likely to seek formal support services whereas males are more likely to find utility in informal support services (Cho et al., 2020), and that wider literature also indicates ethnic group differences in the type of support service access utilised (Satyen et al., 2019), it would be useful for future research to compare gender differences in combination with ethnic group differences in support service access. For example, females from minoritised ethnic groups versus White British females may access IPV support services at different rates, and also access different types of support service. While out of the scope of this current programme of research due to uneven participant samples impacting external validity, this would provide a more nuanced, comprehensive understanding of how gender and ethnicity interact to impact the access and use of IPV support services.

Relationship between IPV Support Service Access, and IPV Victimisation and Perpetration

The final analyses in this study investigated the relationship between support service access and reported IPV victimisation and perpetration, to identify whether participants who stated that they had previously accessed an IPV support service also reported more IPV victimisation and/or perpetration. Findings indicated that participants who had previously sought access to an IPV support service reported statistically significantly more IPV

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

victimisation and perpetration than participants who had not previously accessed an IPV support service. This demonstrates that among the present sample, IPV support services were accessed by participants who reported more prevalent/ more frequent IPV victimisation and perpetration. While expected, this suggests that IPV support services are being accessed by perpetrators of IPV as well as victims, alongside Table 18 depicting the most frequently used services which provides insight into where participants disclose their abuse and seek support. While the focus of support service experiences in this programme of research, particularly in the next, final empirical chapter, is predominantly on IPV victimisation help-seeking, this highlights the need to further investigate gender differences in help-seeking specifically for perpetrators. Resultantly, this may impact the way in which support and intervention for perpetrators is considered and delivered.

Limitations

While this study aimed to recruit a balanced sample of participants, due to inconsistencies in the ethnic group screening criteria on Prolific the samples yielded were not as balanced as anticipated. Although there were still an adequate number of participants in each ethnic group to facilitate analyses, future studies would benefit from collecting a larger and more balanced participant sample. Similarly, given the method of recruitment (i.e. screening for ethnic groups in an attempt to obtain an even sample), the distribution of participants among gender groups was also uneven. As discussed, this may have had an impact on analyses of gender differences in the risk factors, further highlighting the need for future research to seek to obtain balanced gender group samples to facilitate analyses. In particular, there was a lack of non-binary and transgender representation in our sample; given the sensitivity and nuance of IPV, it is imperative that experiences of non-binary individuals

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

are further investigated to identify the varying experiences, barriers, and help-seeking behaviours that may affect, and even be unique to, these individuals.

In addition, the six ethnic groups included within this study allow for comparison of risk factors, IPV victimisation and perpetration, and IPV support service experience by *some* ethnic and cultural groups, facilitating a baseline understanding of how responses vary and highlighting the need to focus on ethnic group identification and cultural factors when measuring and determining the impact of IPV. However, key issues remain when aggregating participants into nominal categories for ethnic group identification; in doing so, the context and nuance of experiences as members of these ethnic groups are lost, while the variation in cultures within countries/ ethnic groups is overlooked. Resultantly, the groupings may be “inherently unstable, both in their upward aggregation and in their downward granulation” (Mateos et al., 2009, p. 1437) – meaning, we run the risk of over-generalising, or over-specifying experiences of smaller sub-cultures within ethnic groups, and/or experiences across wider regional ethnic groups. While preliminary findings demonstrating ethnic group differences in the variables of interest included in this study are a useful starting point in understanding the impact of culture on IPV, it is imperative that individual and cultural contexts are considered alongside this. This indicates the need for context and nuance to accompany the quantitative findings; thus, future research should endeavour to investigate these relationships further using qualitative methodology to ensure participants are able to detail their experiences and provide circumstantial information alongside the quantitative responses to the scales included in this study.

In a similar vein, while this study has provided an insight into ethnic group differences in risk factors for IPV victimisation and perpetration, these findings are not generalisable to the wider communities within the UK; let alone from groups living in other

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

countries. To investigate these relationships further, a cross-cultural study recruiting a larger sample of participants from a range of countries would be beneficial to examine these relationships and determine the impact of these risk factors more effectively. Moreover, as highlighted in the IPV support service access discussion above, gender differences have been investigated and reported throughout this study; however, these are broad gender differences pooled within ethnicity. Due to the study recruitment limitations, attrition rate and issues with AI responses that impacted unequal sample sizes, it was out of the scope of the present study to investigate gender group differences within each of the ethnic group categories. However, these differences would be useful to examine and future research should endeavour to do so, to understand the intersecting nature of gender and ethnicity in response to the risk factors for, measures of, and help-seeking behaviours related to, IPV.

In addition, the measurement tools utilised may have impacted the results. For example, to our knowledge there was not a validated scale that specifically measured participants' experiences with IPV support services; therefore, a specific scale to measure this was created for this study. As this paper was exploratory and the reliability of the scale was confirmed using Cronbach's alpha, this was a beneficial measure to include to begin investigating IPV support service experiences. However, if we were to utilise this measure in a subsequent confirmatory study, this would need to be tested with a wider scope of participants to ensure that the measure is valid and reliable.

Summary and Implications

In summary, this study initially validated the relationships between, and predictive nature of, the risk factors identified throughout this programme of research and IPV victimisation and perpetration using the ECIPIPAS in a UK sample. In addition, analyses highlighted variation across ethnic and gender groups in the presence of several key risk

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

factors. Lastly, preliminary data demonstrated the variance between ethnic and gender groups in accessing IPV support services, and also showed the relationship between previous IPV support service access and reported IPV victimisation and perpetration. The findings from this study highlight the impact of cultural and gender differences in risk factors for IPV, as well as IPV victimisation, perpetration and help-seeking. Again, given the dearth in research comparing ethnic group differences in risk factors for IPV in particular, this study provides a novel overarching analysis of these differences in a cross-cultural UK sample. The findings demonstrate that cultural competence is crucial in addressing IPV at all levels given the systematic reflection of ethnic group differences across the range of risk factors: understanding cultural and gender differences in IPV facilitates its detection, as well as provides the basis for services to tailor support to the needs of individuals and groups. Therefore, these findings have implications for assessing risk in IPV and help-seeking for victims; both are discussed in more detail in Chapter Seven of this programme of research.

Chapter Six: Understanding Help-Seeking – Investigating Perceptions and Experiences of Help-Seeking Behaviours in Cases of IPV

Chapter Six is the final empirical chapter within this programme of research. Leading on from the literature pertaining to help-seeking in Chapter Two, and the findings regarding support service access in Chapter Five, this study seeks to further explore IPV and relationship help-seeking experiences and perceptions and investigate the facilitators and barriers to individuals accessing support. This was done through qualitative analyses of open-ended questions, to understand the context and nuance around perceptions and experiences of help-seeking. The focus on help-seeking within this chapter provides an insight into some of the ways in which the findings from this programme of research can be applied to support service settings.

For victims of IPV, formal and informal support systems are critical resources (Robinson et al., 2020). Despite this, procurement of these services varies across individuals and groups (Satyen et al., 2019), and there remain barriers which may impact individuals' ability and willingness to seek support (Robinson et al., 2020). Although prevalence and experience of IPV vary across individuals and groups, as discussed in this programme of research, interventions for IPV often follow a 'one-size-fits-all' approach, for which little effectiveness is evidenced (Cantos & O'Leary, 2014). In addition, studies have shown that individual and social factors contribute to IPV help-seeking behaviours (Lelaurain et al., 2017). Given the heterogenous nature of effective IPV interventions and help-seeking behaviours among individuals and groups (Cantos & O'Leary, 2014; Lelaurain et al., 2017), the need to understand the factors impacting help-seeking is evident to facilitate effective and tailored support.

Present Study

Chapter Six encompasses the qualitative exploratory element of the final empirical study in this programme of research, utilising an online survey design. This sought to obtain context and understanding around participants' experiences of accessing IPV support services and establish their feelings towards disclosure of IPV and future help-seeking should the need arise through qualitative analyses of written-answer questions. The aim of this study was to further investigate and contextualise IPV support service perceptions and access leading on from Chapter Five, enabling participants to detail their experiences and what they would hope to change from IPV support services moving forward in their own words.

Method

Participants

As mentioned in Chapter Five, a total of 460 responses were collated across six ethnic and four gender groups in the full study. However, the participant samples varied for the qualitative questions; the first question was only shown to participants who reported that they had previously accessed an IPV support service; thus, there were a smaller number of responses ($n = 79$). Conversely, the second question was shown to the entire cohort (although several participants ended the survey before answering these questions); thus, the participant sample was larger for question two ($n = 414$).

Study Materials and Procedure

At the end of the questionnaire detailed in Chapter Five, two qualitative questions were included to contextualise and further explore responses pertaining to experiences and perceptions of IPV support services. The questions included were as follows: "do you have any additional comments about your experiences with the IPV support service?" (asked only

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

to participants who had reported that they'd previously accessed an IPV support service), and “What can be done to make you comfortable to disclose intimate partner violence in emergency healthcare, clinical and support service settings (should the need arise)?” (asked to all participants in the study). As with Chapter Five, the questionnaire was distributed to participants via Qualtrics, and participants were recruited through social media platforms (Linkedin, Facebook, Twitter, Instagram and Reddit), and Prolific. MAXQDA 2022 was used to analyse the qualitative data.

Ethics

Ethical approval was obtained from the University of Kent Psychology Ethics Committee (Ethics ID: 202316835403338489). Participants were asked to create a unique code for identification purposes, and to allow for withdrawal should they wish to after data collection. Data were stored on password-protected computers and encrypted flash-drives with only researcher and supervisor access to the raw data, ensuring that confidentiality was maintained.

Results

Thematic Analysis (Braun & Clarke, 2006) was conducted on the question responses using MAXQDA 2022. Initially, we familiarised ourselves with the data before generating codes. Subsequently, themes were extracted and reviewed, before finalising themes for each of the two questions. Lastly, exemplary quotations were found to support the themes and sub-themes generated. All quotations are direct participants' responses.

Question One – “Do You Have Any Other Comments About Your Experiences With the IPV Support Service?”

The first question pertains to participants’ experiences with support services, and was only asked to participants who indicated that they had previously accessed support services, asking them for any further comments about their experiences. As with Chapter Four, the code system chart (see Figure 12) was generated using MAXQDA to summarise the complete set of codes within the question. Figure 12 provides a bar chart encapsulating each of the codes generated through the thematic analysis of the dataset; these codes are ordered from most prevalent to least in the dataset. Again, a word frequency map was also created in MAXQDA (see Figure 13), to highlight the most frequent words in the dataset. This frequency map was generated automatically, extracting key words from participants’ responses to the question. In this image, word size indicates higher frequency in the dataset. Lastly, Figure 14 presents a thematic map; detailing the themes and sub-themes extracted from each of the questions.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Figure 12

Question One Code System – MAXQDA Output

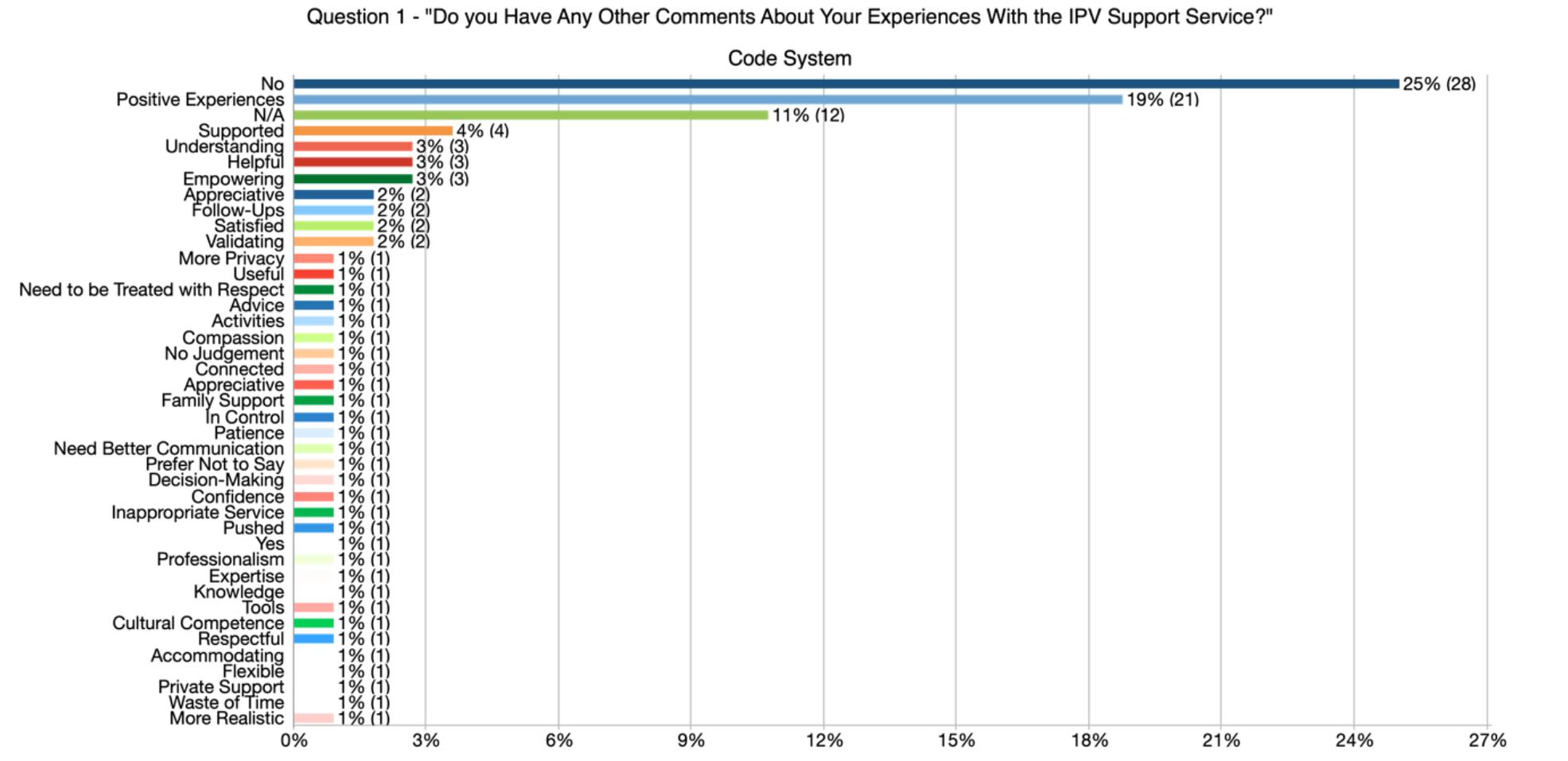


Figure 13

Question One – Word Frequency Map

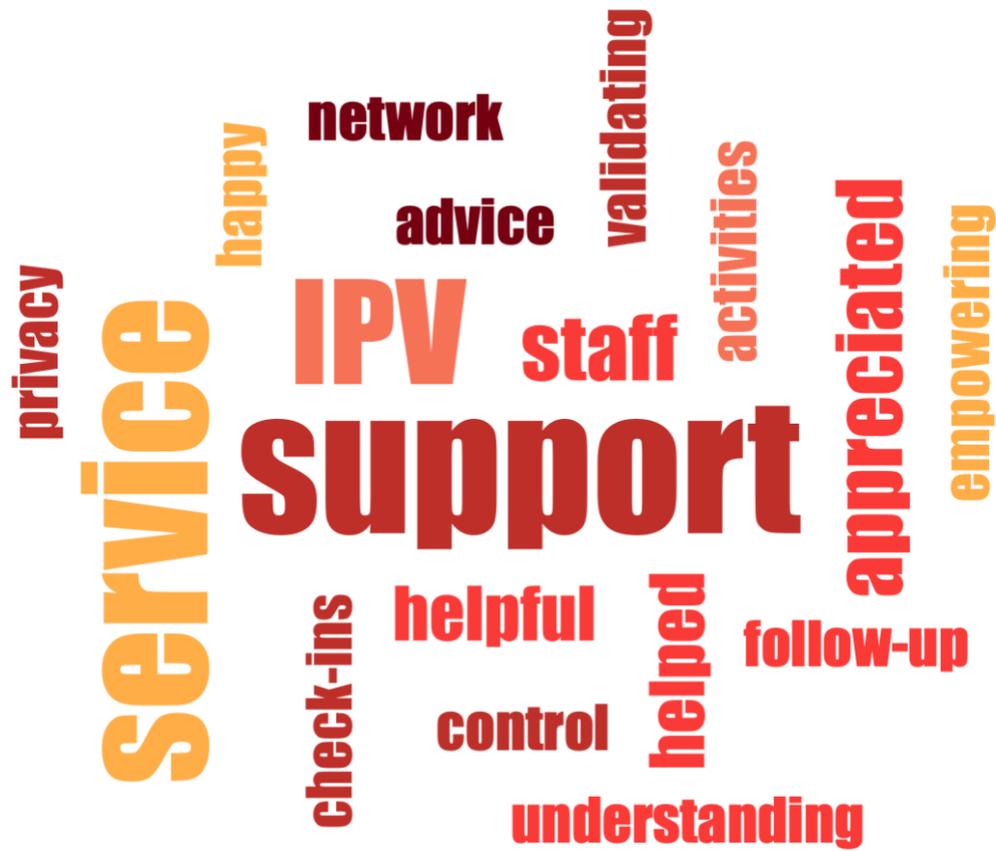
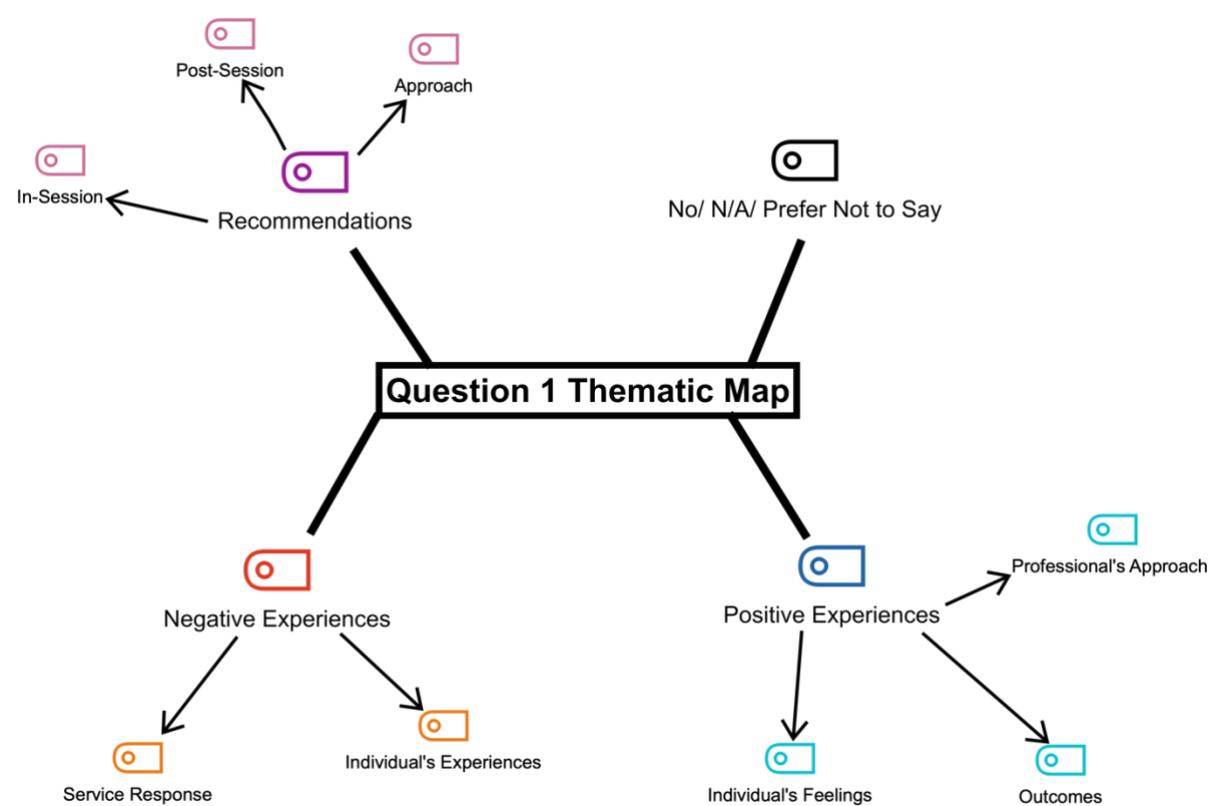


Figure 14

Question One Thematic Map



The map provides an overview of the themes that were extracted from participants' responses to the question 'Do you have any other comments about your experiences with the IPV support service?'. In total, 41 participants responded 'No, N/A or prefer not to say' to this question, which inevitably did not yield data suitable for thematic analysis.

However, for the participants who did have comments, these tended to fall into three main categories: **positive experiences**, **negative experiences** and **recommendations**.

Positive Experiences

Participants in this study cited a number of factors contributing to their positive experiences with the IPV-related support services that they utilised. Most prominent in this

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

sample were factors relating to the **professional's approach**: i.e., the professional who the participants engaged with in the services. Participants highlighted the expertise, knowledge and competence (emotional and cultural) of the professionals, and how these contributed to their positive experiences:

“The staff [were] respectful and understanding of my cultural background.”

“The support I received was non-judgemental and compassionate.”

Furthermore, another focus of participants' positive experiences were their **individual feelings** towards the service and professionals: i.e. how the service and professionals made them feel, and their take aways from this. Participants noted their appreciation for the support, detailing how they felt validated through accessing this service:

“I'm happy with their service and I feel supported.”

“The IPV service helped me feel empowered and in control of my situation.”

Many of the factors that participants mentioned also pertained to the **session outcomes**, and how they found these particularly helpful. For example, participants purported that the sessions provided them with the tools to support them moving forward, as well as finding the services helpful and validating:

“The IPV service provided me with the tools and knowledge that I needed to move forward.”

“The support I received was empowering and validating.”

“The IPV support service helped me feel more confident in my decision-making.”

Negative Experiences

While predominantly positive experiences were cited in response to question one, some participants also noted their negative perceptions of IPV support services. Here, **service response** and **individuals' feelings** both contributed to these experiences, with participants expressing lack of funding and inappropriate service assignment as primary reasons for their negative perceptions.

“[Support services are] a waste of time if you do not have the funds to go private.”.

“This was in a previous relationship, and after finding out it was a volunteer service I had been pushed into I never went back.”.

Recommendations

The final theme extracted from question one was ‘recommendations’. Inevitably, a number of participants who had utilised an IPV support service had recommendations of what worked well with the service, and what could be done to improve it. There were also recommendations that highlighted what participants particularly appreciated and benefitted from, as well as suggestions to improve **in-session** and **post-session** components: e.g., how they run, and what the outcomes are moving forward. Moreover, recommendations of professionals’ **approach** to addressing experiences of IPV and in delivering the service were also noted.

“I appreciated the follow-up and check-ins from the IPV support service.”.

“I think I can be treated with more respect.”.

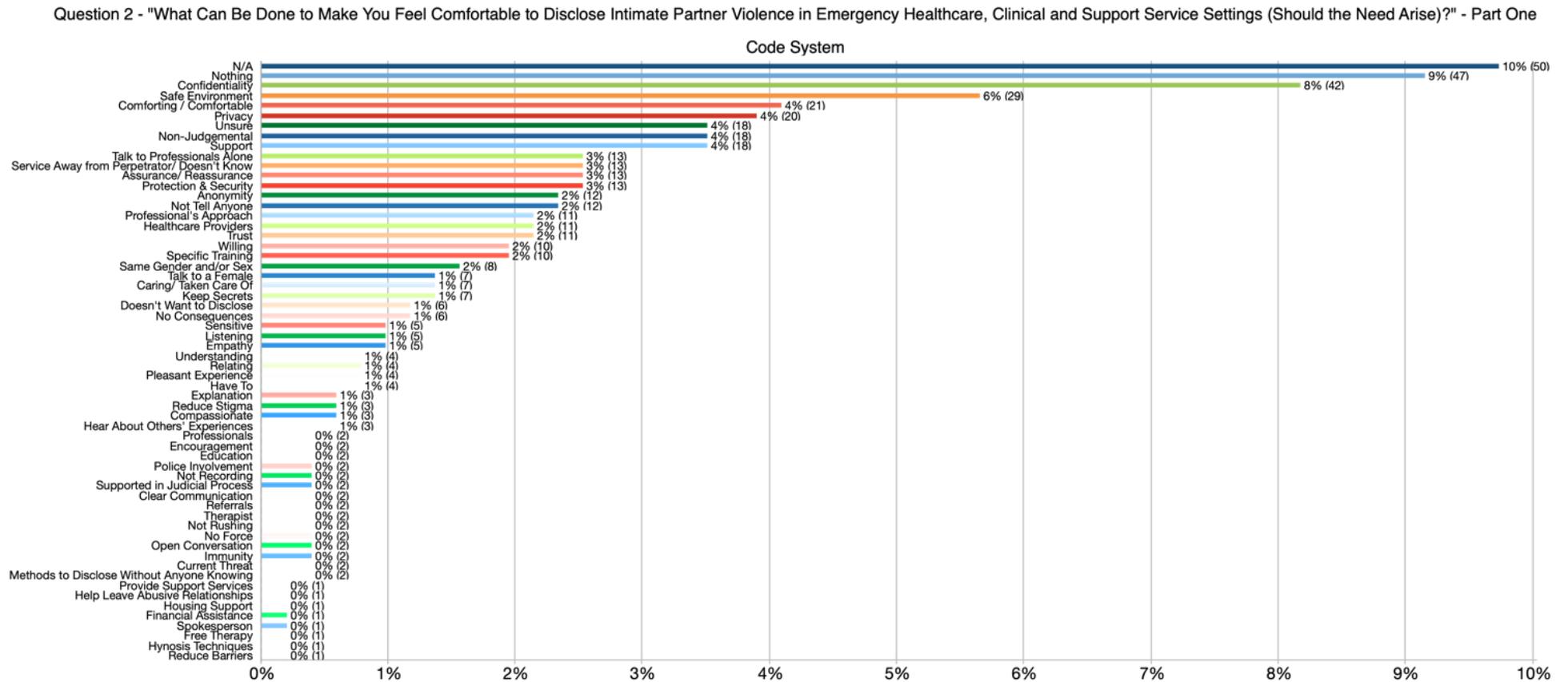
Question 2 – “What Can Be Done to Make You Feel Comfortable to Disclose Intimate Partner Violence in Emergency Healthcare, Clinical and Support Service Settings (Should the Need Arise)?”

The second question asked participants about what could be done to make them feel more comfortable to disclose IPV in a healthcare and/or support service setting. As before, Figures 15 & 16, 17 and 18 present the list of codes, the word frequency cloud and the thematic map generated from participants' responses.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Figure 15

Question Two Code System (Part One)– MAXQDA Output



CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Figure 16

Question Two Code System (Part Two) – MAXQDA Output

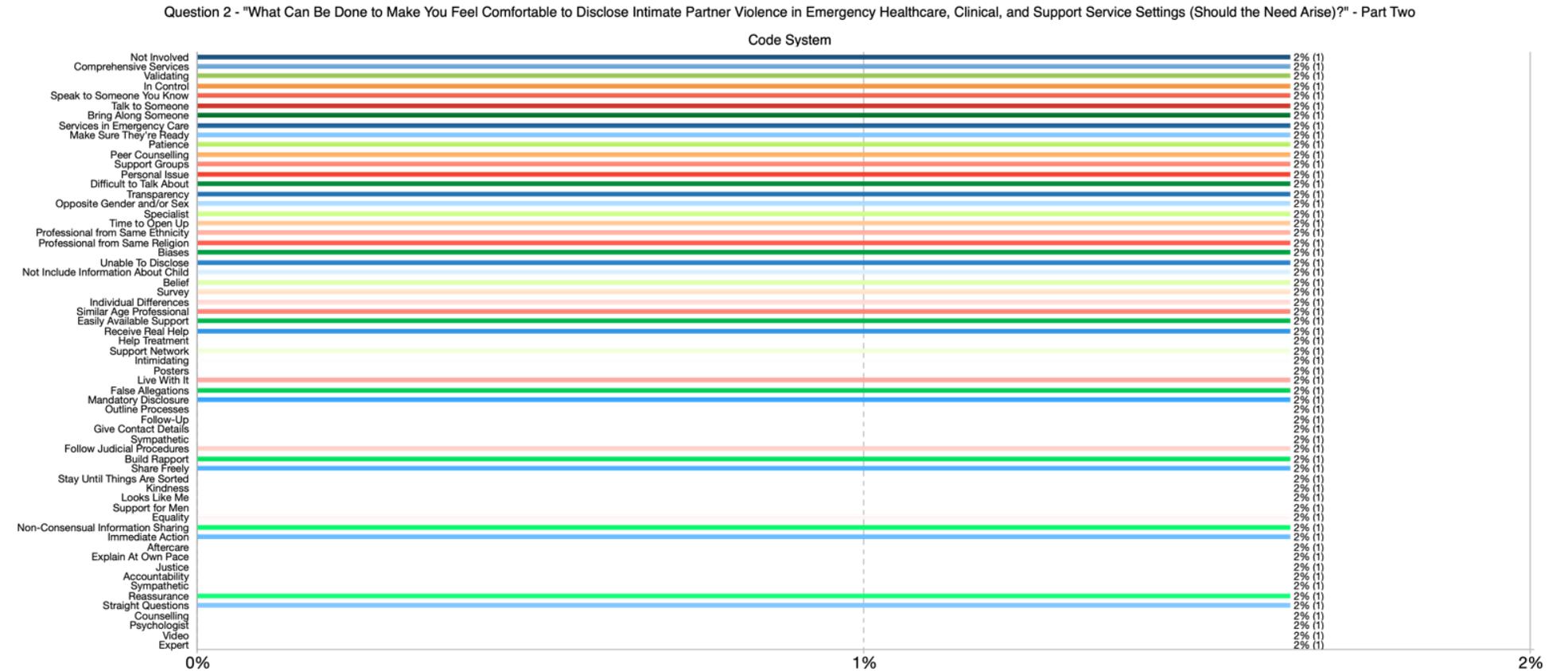
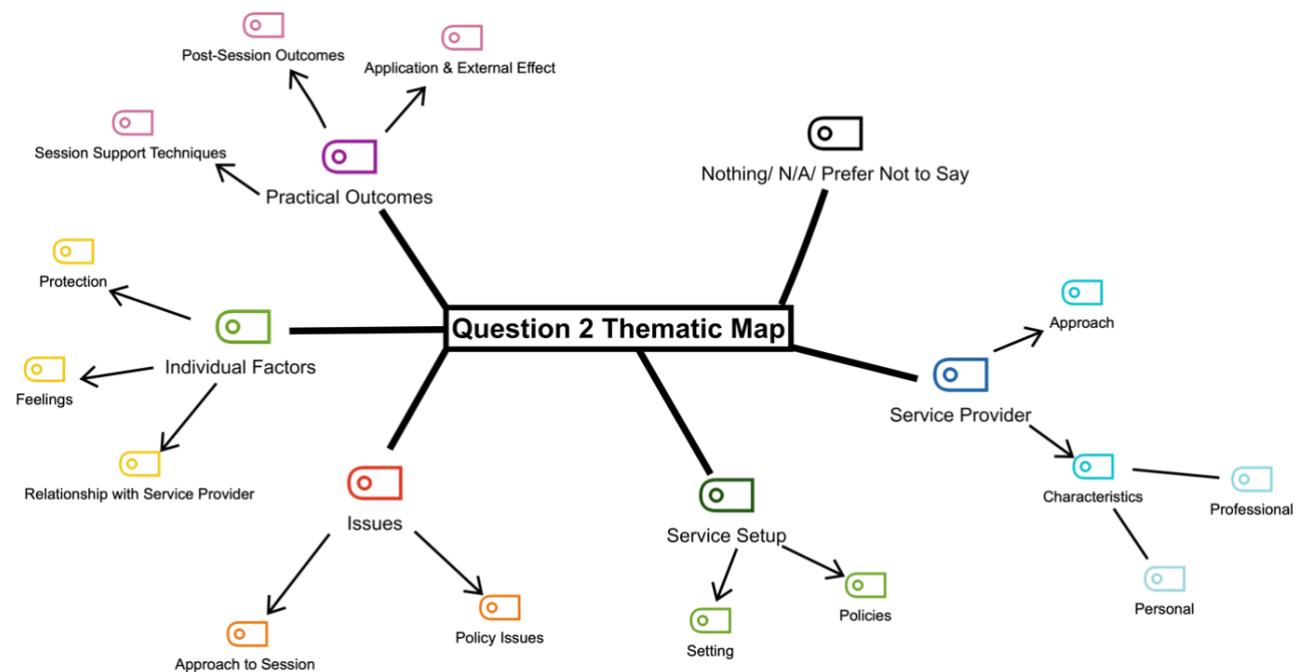


Figure 18

Question Two – Thematic Map



The thematic map provides an overview of the themes extracted from responses to the question ‘What can be done to make you feel comfortable to disclose IPV in emergency healthcare, clinical and support service settings (should the need arise)?’. In total, 115 participants responded ‘Nothing, N/A or prefer not to say’ to this question. However, as this question was asked to *all* participants in the study (as opposed to just those who reported that they had previously accessed an IPV support service), there were a large number of varied responses from which five main themes were extracted: **service provider factors, service setup, individual factors, practical outcomes** and **issues**.

Service Provider

Perhaps the most frequent responses to question two, asking participants what would make them feel comfortable to disclose IPV in healthcare, clinical and support service

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

settings, pertained to factors regarding the support service provider themselves. First, participants highlighted the provider's **approach** to support as one of the primary factors that would allow them to feel able to disclose. Among these responses, giving the individuals space and time to disclose their experiences, as well as ensuring that the professionals were encouraging, reassuring and understanding were noted as particularly important:

“Outline the steps/ processes of what can be done after the disclosure has been made, i.e. explain what can be done to help the person so it makes it worthwhile disclosing those intimate details.”.

“No judgement if I decided to stay.”.

“Provide encouragement and support and try to build rapport with me earlier on.”.

In addition, characteristics of the service provider (both **professional** and **personal**) were also noted as imperative to creating an environment where participants would feel comfortable to disclose IPV. From a **professional** perspective, specific training of the service providers and certain job roles (such as healthcare professionals, counsellors and psychologists etc.) were highlighted as individuals with whom experiences of IPV could be discussed:

“Trained staff who want to listen and help.”.

“Healthcare providers should be trained to provide safety planning and risk assessment to help survivors stay safe and feel more comfortable disclosing their experiences.”.

“A dedicated healthcare professional who may be an expert to deal [with] and understand the situation [would] be preferable.”.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

From a **personal** perspective, traits such as empathy, compassion, and a sensitive, caring and validating approach to the individuals were also shown to encourage participant sharing:

“To validate and not feel judged”.

“I would disclose any such problems to appropriate services if they are supportive and empathetic”.

In addition, also from a **personal** perspective, some individuals highlighted that they would be more comfortable disclosing abuse to people of a specific sex, gender, ethnicity, religion or age:

“Being in the presence of a supportive person who looks like me and I feel I can relate to”.

“Talking to someone that is the same gender [as me]”.

“Most people would prefer talking to someone within their own community, religion or ethnicity”.

Service Setup

Another factor that was frequently noted in the responses was the way in which the service was set up. In terms of the **setting** itself, participants disclosed the type of environment they would be most comfortable in, including the preference of who was in the room and contributing to the discussion:

“[Bring someone] with me that knew me well”.

“Ensure that there are private and confidential spaces available where individuals can speak with healthcare providers or support professionals”.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

“Providing a safe environment where I can share my experience without being judged”.

In addition, participants also mentioned more specific service **policies** and practices that they felt should be ensured to enable them to disclose their experiences. These responses most frequently referred to the assurance of confidentiality and anonymity as part of the service, while adherence to rules and regulations were also pertinent to this point:

“An anonymous method of disclosure”.

“Creating a confidential reporting system can help survivors feel more comfortable disclosing their experiences”.

“Knowing [that] whatever I have disclosed never [goes] beyond the walls”.

Individual Factors

There were also a range of individual factors that participants referred to, that they stated would make them feel able to disclose IPV. These first referenced their **feelings** towards getting support and the support service, and discussing their willingness to disclose when they are comfortable enough to do so, with some wanting to ensure that they are able to remain in control of the session and the disclosure itself:

“Knowing that I was in control of what happened next, no judgement if I decided to stay”.

“I just wouldn't. I think all couples fight to some extent so just live with it”.

The participants' **relationship with the service provider** was also a frequently mentioned factor; trust in the service provider was noted as paramount, alongside the ability to build a rapport with the professionals to enable open and honest conversation:

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

“Speaking to someone I’ve met before or will see regularly”.

“I would prefer that I have people I trust in the room”.

Lastly, **protection** of the individual seeking support was an element of concern raised by some participants. Ensuring that the perpetrator of the abuse did not find out about their disclosure and engagement with IPV services was noted by a number of individuals, while some also discussed the confirmation of immunity should they decide to discuss their experiences:

“Ensure that people will act to keep you safe”.

“The report not circling back to my partner while appropriate means to leave have not been established”.

Practical Outcomes

From a practical outcomes perspective, some participants suggested a number of **techniques** and **optional services** to engage in which would make them feel comfortable and able to disclose abuse. These responses included recommendations of external support, as well as methods in which they would be able to share their experiences:

“We need to provide comprehensive services that address the physical emotional, and psychological needs of survivors of intimate partner violence”.

“Victims of violence should be supported to participate in the judicial process”.

“Offering support groups and peer counselling can help survivors feel less alone and more comfortable disclosing their experiences”.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

In a similar vein, a range of **post-session outcomes** were also recommended; i.e. services that would be available after the fact, and potential involvement from other services after they had disclosed IPV:

“Police to be involved”.

“Given contact details to take away with you so you can make contact when you are comfortable via text messaging”.

Lastly, from a more conceptual perspective, ways in which experiences could be **applied externally** to educate individuals, and reduce stigma and barriers were also noted. In achieving this, some participants felt that they would be more able to disclose their experiences:

“Educating the public about the prevalence and impact of intimate partner violence can help reduce the stigma and encourage survivors to seek help”.

“I think posters in toilets and secret signs such as stickers to put on clothing. Or asking for a certain item to a member of staff which would mean a person needs help”.

Issues

Participants also noted a number of issues which would inhibit them disclosing their abuse. With regards to **approaching the session** itself, personal factors such as participants finding it difficult to talk about their experiences were highlighted, as well as them perceiving the sessions to be intimidating. In addition, the potential for biases to affect responses to their disclosure was also noted:

“Be treated as an equal – society speaks politically correctly saying men and women are equal, but in reality we truly are not because no one seems to care about men.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

There are over 1900 domestic violence shelters in [the] UK for women, and only ONE exists for men.”

“I think disclosing any type of intimate information can be really intimidating especially when still in the relationship”

“Majority of the workers in such institutes already have preconceived opinions about certain ethnicities and religions”

Lastly, service **policy** and **practice** were also raised as issues that might affect participants’ ability to disclose IPV. Legal factors such as false allegations, mandatory disclosure and non-consensual information sharing were among the most prevalent issues raised:

“[Need] assurance that any information I provided would not be used against my partner, without my consent”

“Feminists and children’s charities implemented ‘mandatory disclosure laws’ which make counsellors, teachers, social workers, doctors etc. be forced to record all allegations or anything concerning”

Discussion

Findings

This study sought to further investigate participants’ experiences of IPV help-seeking leading on from Chapter Five, through two qualitative questions asked in the survey. From these, themes and subthemes were extracted independently.

The first written-answer question asked participants (who reported previous experiences of accessing an IPV support service) “do you have any other comments about

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

your experiences with the IPV support service?”. From the responses, three main themes were extracted; **Positive Experiences**, **Negative Experiences** and **Recommendations**. For participants who noted **positive experiences** in their responses, the *professional’s approach* to the service delivery was found to be particularly important. Participants commented on the expertise, professionalism and compassion of the service providers, but also noted the importance of being non-judgemental. Research looking into help-seeking in both male and female victims of IPV has shown the need for service providers to be non-judgemental in supporting victims of IPV, as fear of being judged was cited as a barrier to victims not seeking IPV support (Chadambuka & Warriia, 2022; Hogan et al., 2021). Furthermore, women who have disclosed abuse have also reported being judged and blamed in response to this (Reisenhofer & Seibold, 2012), alluding to the issue of secondary victimisation after disclosure.

In addition, one participant commented on the service provider’s respect and understanding of their cultural background; research has demonstrated that trustworthiness of the service provider, encompassing fairness and competence, is key in providing services that effectively meet victims’ and survivors’ needs (Kennedy et al., 2023). Despite this, many barriers of help-seeking, particularly among minoritised ethnic groups, arise as a result of “immigration laws, culture and religion... issues of cultural competence, and lack of diversity within frontline services” (Hulley et al., 2022, p. 1001). Linking findings from previous research back to the present study, this demonstrates the vital role of respect and understanding in providing effective support for victims. Crucially, the focus needs to be on comprehensively assessing the unique needs of survivors as groups and individuals, and developing education, safety planning, support strategies and check-in plans based on these unique needs (Sabri et al., 2021).

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Participants who reported positive experiences of IPV support services also focused on the *outcomes* of the support. Notably, participants highlighted that they were provided with empowering and validating support, which also equipped them with knowledge and tools to help move forward, while others raised that the support had allowed them to feel more confident in decision-making and more connected to their loved ones, and the community. Even from these few responses, the findings highlight the unique needs of individuals seeking support for IPV, demonstrating that effective IPV support outcomes are dependent on victim needs using a victim-centred approach (Shearson, 2017) and highlighting the importance of using the victim's voice in IPV outcomes.

Leading on from this, the second theme that was extracted detailed participants' **negative experiences** of IPV support services. While these responses were in the minority, participants noted that *service response* and *individual feelings* contributed to these experiences. In particular, funding and resources were a key point of contention. Across social and public services, resources are stretched; while this is a current global phenomenon, it remains the case that lack of resources is one of the primary barriers to care in cases of IPV (Wright et al., 2021). As such, it is unsurprising that negative experiences of support services are associated with a lack of funding and resources available to individuals seeking help. In line with this, research demonstrates the "importance of additional funding for police and social service agencies to serve survivors of IPV" (Augustyn & Willyard, 2020, p.1077), as a lack of/ ineffective "financial and logistical support" (Slakoff et al., 2020, p. 2786) and organisational resources (Kulkarni et al., 2012) limits agencies' ability to maintain and increase service effectiveness. While this is vital to the support of victims and survivors of IPV, it is also easier said than done given the constraints that all services are currently facing. As such, it is important that the available resources are tailored to the unique needs of

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

individuals and groups, so that the limited available support is as effective and efficient as possible.

The last theme that was extracted from responses to question one pertained to **recommendations** suggested based upon individuals' experiences of IPV support services. Predominantly, these responses focused on *in-session* and *post-session* factors, and the *approaches* towards the services themselves. Some participants highlighted that more practical and realistic activities could be done as part of the sessions; while it wasn't specified exactly what type of activities they would find beneficial, many support services focus on empowerment of victims and survivors of IPV through education, which acts as a "powerful protective factor against re-victimisation and economic dependence" (Klencakova, et al., p.1172). Another participant noted that they wish they had been treated with more respect; this links back to the trustworthiness of service providers, as trust and respect are key components of acknowledging victim/ survivor needs and forming relationships with service providers (Anguzu et al., 2023; Green et al., 2023). These findings from responses to question one provide insight into some participants' experiences of IPV support services, and subsequently of factors that should underpin response to IPV in support service settings to facilitate engagement, understanding, and effective outcomes.

The second question asked participants "What can be done to make you feel comfortable to disclose intimate partner violence in emergency healthcare, clinical and support service settings (should the need arise)?" and was asked to all participants from the sample. Responses to this question were extracted into five main themes; **Service Provider Factors, Service Setup, Individual Factors, Practical Outcomes, and Issues**. Most frequently, participants cited service provider factors such as their *approach to support*, as well as *personal* and *professional characteristics*, as the factor that would make them feel

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

comfortable to disclose. As highlighted, the professional's approach predominantly contributed to participants' positive previous experiences of IPV support services, demonstrating its impact on positive support service outcomes. Linked to this, participants also cited individual factors such as their personal relationship with their service provider; i.e. that they can relate to them, and that they are trustworthy – this provides support for previous research, which posits that trust and trustworthiness can influence individuals' engagement with wider services and help to shape positive outcomes (Kennedy et al., 2024).

In addition, from a professional characteristics perspective, participants noted the need for certain professions (such as therapists and healthcare providers), and people with specific IPV-related training, to be the individuals delivering support. This is particularly pertinent given the current constraints of some support services. For example, secondary healthcare settings (e.g. Emergency Departments) see a range of IPV cases; yet, there are barriers which impact clinicians' ability to identify, manage and support cases of IPV (Spangaro et al., 2022). While the primary outcome is often referring patients to further healthcare or IPV support services, EDs play an important role in identifying IPV to facilitate the delivery of these referrals (Karnitschnig & Bowker, 2020). However, given the nature of clinician-patient encounters in ED, there is minimal opportunity to engage in conversations which may lead to disclosure – particularly due to the workload of the clinicians. In relation to this, research has posited the need for knowledge of IPV and an understanding of how to discuss IPV in the specific context of ED, as well as facilitating frequent discussions among colleagues and service users to “increase awareness of intimate partner violence and its prevalence among patients” (Lundh et al., 2022, p. 397). In addition, one suggestion from the participants highlighted the potential for a dedicated healthcare professional who has specific training/ is an expert in IPV to support in a healthcare setting, which provides scope for specialised risk assessment, intervention management and safety planning. This suggestion

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

would also be applicable to wider services who are not dedicated IPV support services (e.g. in policing).

The setup of the support service was also raised by a number of participants, in terms of the setting itself and the policies that denote the operationalisation of the service. While some participants noted that they would want to be alone in this setting to make them feel more comfortable, others said that they would like to bring someone with them. This supports the need for tailored support based on unique, individual needs, to enable effective support that addresses them. Moreover, several participants raised that they would need to be ensured that the disclosure would not be used outside of the support service setting and would not include information about family members (e.g. children). This raises one question that some services are grappling with currently, as there is a fine line between providing a safe space and not sharing what has been disclosed, and having to potentially safeguard individuals and families who are in danger (Vatnar et al., 2019). Communication with victims and survivors around this is key, and research has shown that considering these protocols on a case-by-case, cost-benefit basis, and providing “alternative strategies and solutions to protect and support vulnerable populations” (Lippy et al., 2020, p.266) is imperative. In turn, this would seek to reduce negative implications and outcomes of help-seeking for IPV victims and survivors, and potentially even encourage future help-seeking.

While individual factors raised by participants were noted earlier, within this theme *protection* was raised. Participants once again highlighted that they require a safe space to feel comfortable to disclose; however, they also wanted to ensure that their partners would not find out and that there would be an assurance of immediate action should the need arise. Assurance that their partner will not find out about their help-seeking for IPV would require different approaches depending on the individual and situation. For some, it may be that

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

support is better delivered in-person, away from the perpetrator/ house, whereas others may not have this option and would therefore require alternative methods of meeting and communication (e.g. online or via phone). This further validates the need to tailor support depending on individuals' unique needs and circumstances (Tarzia et al., 2018), and highlights the importance of services providing flexible mechanisms of delivery for support.

The fourth key theme extracted was **practical outcomes**, putting forward suggestions of *techniques*, optional *additional services* and *post-service outcomes* that would encourage their help-seeking and disclosure of IPV. Pertinently, responses note the need for comprehensive services that address the various aspects of IPV; e.g. physical, emotional, psychological, social and criminal justice needs of victims and survivors. While some IPV support services focus on assisting with single outcomes, others “worked from a co-morbidity perspective to address multiple issues that contribute to wellbeing” (Karakurt et al., 2022, p. 9) for victims and survivors. In this study, Karakurt et al., (2022) also highlighted that across a systematic review and meta-analysis looking at IPV interventions and outcomes, addressing empowerment of victims and survivors facilitates the improvement of IPV-related outcomes. These findings demonstrate the need for multi-faceted approaches to IPV support that address the complex nature of IPV and subsequent outcomes, while also signifying the need for empowerment to underpin these services.

In addition, actions that could be taken to further support victims after accessing services were also mentioned. Some participants suggested that contact details could be given to victims and survivors to enable them to make contact when available, which is already in practice in some services. For example, contact details for, or the presence of, an Independent Domestic Violence Advisor (IDVA) in some healthcare settings are available for victims and survivors, who are able to contact professionals should they wish to self-refer (Basu &

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Ratcliffe, 2014; Bedfordshire Domestic Abuse Partnership, 2021). While self-referrals to IPV support services may be effective in some cases, this may also contribute to barriers in IPV help-seeking; mechanisms of self-referral rely on victims and survivors having an awareness of available support services and the way in which these are delivered, when they may not have access to this information.

In addition, those with language and cultural barriers may also be negatively impacted by the self-referral system, perhaps due to issues with interpretation and understanding (Femi-Ajao et al., 2018). This highlights the importance of education promoting IPV and available services, and the need to empower individuals in their advocacy (Trabold et al., 2020). Participants also suggested that educating the public about the prevalence and impact of IPV can a) help reduce stigma around IPV, and b) encourage survivors to seek help. In line with these suggestions, previous research into barriers of IPV help-seeking demonstrates that, among others, a lack of awareness and social stigma are significant barriers to victims and survivors seeking help (Robinson et al., 2020; Wright et al., 2021), and that further education around available help-seeking is imperative to facilitate this (Robinson et al., 2020).

The last theme that was extracted from responses highlighted issues around help-seeking. As touched upon in this chapter, policies and legislation around disclosure and subsequent secondary victimisation were noted as barriers to help-seeking for victims and survivors. These findings validate previous research which has underlined victims' specific concerns around, for example, children being taken away, dual arrest policies (Wright et al., 2021) and the mandatory reporting laws (Lippy et al., 2020) as a result of disclosure, which often make the situation worse. While issues and benefits of mandatory reporting need to be considered, there also needs to be clear consideration of potential perceived consequences of disclosure in cases of IPV by the victims (Heron & Eisma, 2021), and the inclusion of more

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

victim-centred policy and practice approaches that reduce negative impacts and empower those seeking help (Lysova et al., 2022). Moreover, participants highlighted that support services may have preconceived ideas about individuals (e.g. regarding ethnicity, religion, sex, gender, or IPV victims in general) and IPV. Resultantly, these preconceptions have the potential to impact on the management of, and support given to, victims and survivors of IPV (Di Napoli et al., 2020), again leading to secondary victimisation. In line with these findings, research has demonstrated that consequences of disclosure and system failures (such as marginalisation and discrimination) are further barriers impacting individuals' help-seeking for IPV (Robinson et al., 2020); thus, it's important to ensure that these factors are considered when providing support for IPV.

Ethnic and Gender Group Differences

The focus of this chapter was to gauge participants' experiences of, and feelings towards IPV support services across the sample. This was a key step in beginning to understand the positive and negative support service practices, and barriers that participants were facing, across samples from the ethnic and gender groups studied in this programme of research. While it would also be beneficial to look more at differences in experiences of, and feelings towards, IPV support services across ethnic and gender groups specifically, the unevenly distributed sample sizes and generalisation of participants' experiences across wider ethnic and gender groups based on a small number of responses would not only impact the validity and generalisability of the findings, but may also be detrimental in rationalising individuals' experiences based on their gender and ethnicity, when this was not the main focus of this study within the programme of research. Given the limited data from some of the groups, it is difficult to draw meaningful, unbiased comparisons and identify common themes within the qualitative data. As such, there have been no explicit comparative analyses

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

conducted to identify ethnic and gender group differences in the responses to the two IPV help-seeking qualitative questions. However, there were some observations about responses across ethnic and gender groups that present some interesting points for further research.

The first question asked participants whether they had any additional comments about their experiences of accessing IPV support services, which was asked only to those who indicated previous engagement. Across the ethnic groups in the sample, there were a number of positive experiences highlighted, particularly with regards to the professional's approach and outcomes from the sessions – some Indian participants particular noted the utility of the knowledge and tools they'd gained from the sessions as important takeaways, and several Pakistani participants noted the respect, cultural competence and professionalism as positive factors from their experiences. Conversely, White British, African and Caribbean participants discussed relational points from their sessions, noting the importance of feeling empowered, validated and connected, and the need for respect, communication and patience.

Across gender groups, the themes appeared to be largely similar – although female participants seemingly highlighted more positive experiences than male participants. Male participants raised more points pertaining to the session structure and format, such as noting the need to be in control, the focus on decision making in the sessions, and activities that could be undertaken within the support sessions. On the other hand, female participants noted that they found the sessions supportive and helpful, discussing more of the professional's approach through compassion and non-judgement. For this question, non-binary participants did not add any additional comments.

In response to the second question that asked participants what would make them feel comfortable to disclose IPV should the need arise, there were some common themes across ethnic groups – these were service setup (i.e. anonymity, confidentiality, a safe environment

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

and privacy), and service provider factors such as empathy. Across ethnic groups, some participants noted that they'd prefer to seek support from someone of the same gender as them, with some Indian and Caribbean participants also noting that they'd prefer people from their own community, religion or ethnicity due to preconceived ideas about groups of people. However, one Pakistani male participant highlighted that they would want someone of the opposite sex to speak to – these preferences would be interesting to investigate further, to see whether they may be impacted by social or cultural norms, beliefs, or individual factors, linked to the findings in this programme of research. White British and Caribbean participants raised more service provider factors, such as building a rapport with them, having a familiar face, and the service provider being trustworthy, caring and sympathetic. In a similar vein, Pakistani and African participants noted the importance of being non-judgemental in the sessions. Conversely, the 'service setup' theme appeared to be more prevalent within responses from Indian and Bangladeshi participants, who noted that service providers should have specific training (e.g. with healthcare workers) or be specialists (e.g. psychologists or counsellors), and that there should be clear strategies in place to manage support, assure individuals and provide after care.

Across gender groups, the need for a safe environment, protection, and the assurance of support was raised. For non-binary participants, the importance of building a rapport with the service provider and not disclosing their engagement with support services to their partner were raised. Similarly, ensuring that there was confidentiality and that their support seeking would not be disclosed to anyone were noted across male and female gender groups, although slightly more frequently among the male participants. Both male and female participants highlighted the need for more relational service provider factors, such as support, compassion, assurance, sensitivity and sympathy. In addition, practice outcomes and service setup were both key across male and female groups – male participants suggested that having

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

experts in the field, hearing about others' experiences and having informational videos would be useful within the sessions, and female participants suggested that it would be helpful to outline the steps of the support and disclosure, have the service be easily contactable so as not to arouse suspicion, and to have posters with key information and code words/ items available so disclosure could be discreet. Across the male and female participant groups, the themes were largely similar – however, the rationale behind responses seemed to vary by individual and gender group a little more, although these discussion points are based off of small numbers of participants and so cannot be generalised.

While these findings demonstrate potential key differences in experiences of, and feelings towards, IPV help-seeking experiences across ethnic and gender groups, these must be caveated by the small and uncontrolled sample sizes and lack of generalisability; hence, comparative analyses were not made within this chapter. What an insight into these themes does provide, however, is scope for future research to look more explicitly at these cultural and gender differences, which could help to identify ways in which support services could be tailored to ensure they are reaching marginalised, minoritised and vulnerable individuals, taking into account potential differing and additional needs. For example, future research should aim to focus on the structure of IPV support services, the professionals they engage with, and key takeaways from the sessions across ethnic and gender groups, to further understand what factors are important when seeking help for IPV and how approaches could be adapted for different groups and individuals.

Summary and Future Directions

This study provided a qualitative analysis of participants' experiences of, and feelings towards, IPV support services. The findings illustrated ways in which IPV support services had been effective, as well as highlighting areas which led to inefficacies in support and

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

negative experiences. Moreover, thematic analyses revealed key factors that contribute to willingness to disclose IPV, elucidating ways in which formal services could provide more tailored and useful support. The findings from this study also resonate with findings in the literature; particularly with regards to the barriers noted in Robinson et al.'s, (2020) systematic review. While the participant sample for this study is relatively small, this solidifies that the findings from these qualitative analyses are reflective and representative of the perceptions of some wider populations.

The sample included participants from a range of ethnic and gender groups (i.e. the same groups that have been investigated throughout this programme of research); however, given that previous experience of accessing IPV support services was not a screening criterion that was controlled for, there were not balanced participants groups in the sample. Thus, it was out of the scope of this programme of research to discuss ethnic and gender group differences specifically in responses to these questions. Despite this, there is a clear need to specifically investigate ethnic and gender group differences in help-seeking from a qualitative perspective to add nuance to the quantitative responses. Given the nature of the quantitative measures looking at support service experiences and access in this programme of research, it is imperative that context *around* participants' experiences of IPV help-seeking is investigated, as this is what will aid in formulating effective support for victims. Without this context, assumptions may be made which could hinder this progress. Thus, future research should focus on identifying these differences so that support can be better tailored and provided to a range of individuals and their unique needs.

The findings from this study have varied implications for a range of support services; responses from participants and the literature highlight the crucial role of both formal and informal support systems, with systematic referral back to healthcare, criminal justice and

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

psychological services made. This study has highlighted that understanding victim and survivor experiences is vital in adapting and tailoring available services, to ensure that the outcomes are effective, available and trustworthy. Moreover, the findings have provided insight into factors, strategies and mechanisms that would make them feel comfortable to disclose IPV. Leading on from this, future research would benefit from looking at how victim and survivor voice could be used to adapt current services and strategies to support, and subsequently encourage help-seeking in individuals experiencing IPV.

Chapter Seven: General Discussion

Chapter Seven presents the general discussion of this thesis. First, a summary and key findings of the studies conducted throughout this programme of research are highlighted, before focusing specifically on ethnic and gender group differences presented within this thesis. These findings are discussed in line with the theories and risk factors for IPV presented in Chapter One, which were utilised to underpin this research. Implications are also noted from both theoretical and practical standpoints, applicable to academic, healthcare, and criminal justice support sectors. In addition, study limitations are highlighted and future research suggestions posited, before the concluding remarks of this thesis.

The aims of this thesis were to investigate the cultural differences in IPV attitudes, victimisation and perpetration in a UK-based sample, and explore perceptions and experiences of IPV-related help-seeking. To do this, differences in responses to a range of measures looking at proxies, risk factors, and IPV attitudes, victimisation, perpetration and help-seeking across six ethnic groups and five gender groups were investigated. Furthermore, responses to additional qualitative questions pertaining to IPV attitudes and help-seeking were also analysed. The measures included in each of the questionnaires were reflective of findings in the literature, which highlighted risk factors for IPV attitudes, victimisation and perpetration, and facilitators and barriers of help-seeking. The findings demonstrated some support for the previous literature, while also highlighting a theoretical and practical dearth in knowledge and understanding of IPV attitudes, experience and help-seeking across ethnic and gender groups.

Summary of Studies and Key Findings

Chapter One – Introduction and Literature Review

Chapter One presents the introduction to the thesis, and an overview of the literature pertaining to IPV. IPV was defined and differentiated from domestic violence, which encompasses violence in both romantic *and* familial relationships. The statistics and prevalence rates cited in Chapter One also demonstrate the scope and pervasiveness of the problem, which research has shown is systematic and ubiquitous across ethnic and gender groups.

Chapter One denotes several prominent theories of IPV, which seek to explain factors which contribute to its prevalence. Initially, single factor theories such as the Social Learning Theory (Bandura, 1977), the Social Exchange Theory (Homans, 1961; Thibaut & Kelley, 1959) and the Feminist Theory (Dobash & Dobash, 1979; Walker, 1984) were highlighted as pertinent explanations of IPV. While these theories demonstrate important contributing factors to IPV, they tend to focus on specific aspects of victimisation and perpetration rather than the overall picture, thus providing an atomistic interpretation of IPV.

In parallel, two multi-factor theories of IPV are also presented; the Nested Ecological Approach (Dutton, 1995; Heise, 1998), and the Integrated Feminist Theory (Johnson, 1995; 2006). Multi-factor theories were shown to be more holistic, considering a comprehensive range of factors that contribute to IPV prevalence. At its core, Heise's, (1998) developed model of the Nested Ecological Approach is an integrated framework seeking to understand factors that contribute to IPV outcomes. Namely, these include personal history, microsystemic factors (direct interactions with others), exosystemic factors (social structures that influence immediate settings of an individual) and macrosystemic factors (social and

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

cultural values and beliefs that inform other levels). This approach highlights the complex nature of IPV, detailing the many facets that contribute to its prevalence.

Conversely, the updated Integrated Feminist Theory (Johnson, 2006) is a model which details three distinct ‘types’ of IPV, which differ based on the context of control in a relationship. These are intimate terrorism (attempting to dominate a partner using violence), violent resistance (when both partners are violent and respond to each other with violence), and situational couple violence (violence arising because of conflict or tension, *not* related to control). This theory notes the gendered nature of IPV, while simultaneously highlighting that victim and perpetrator demographic characteristics (e.g. gender and sexuality) are interchangeable. Moreover, given the underlying theme of control in this theory, interventions based on the Integrated Feminist Theory (Johnson, 2006) have a focus on empowerment of the victim. The studies in this programme of research are predominantly developed around these two approaches to IPV.

Subsequently, Chapter One identifies risk factors for IPV from the literature, denoting those that research has shown to contribute to IPV attitudes, victimisation and perpetration. These risk factors were grouped into; romantic relationship experiences, childhood experiences, belief systems, scripts & ideologies, life stressors, and psychological factors. The risk factors identified in the literature helped formulate the subsequent questionnaire schedules and study foci in this programme of research.

Chapter Two – Help-Seeking Overview, and Thesis Rationale

Chapter Two is focused on reviewing IPV-related help-seeking literature, first identifying the types of services that are available for victims and subsequent research evaluating their efficacy. The research reviewed also highlights the potential differences in

help-seeking behaviours and preferences, elucidating some examples of services and strategies that have been implemented to support marginalised groups.

Moreover, ethnic and gender group differences in help-seeking specifically are discussed, in line with the aims and focus of this programme of research. Alongside this, areas in which there is a dearth in research or service provision, and recommendations for improvement noted in the studies, are also underlined. Leading on from this, barriers to help-seeking were illustrated. Markedly, these barriers included perceptions of services (e.g. fear of blame and retribution), secondary victimisation, and the potential impact of abuse on individuals' autonomy and decision-making capabilities. Finally, the aims, rationale, and overview of the thesis are clarified.

Chapter Three – Understanding Society Secondary Data Analysis

Chapter Three is the first empirical study in the programme of research, presenting a secondary analysis of data from Understanding Society; a longitudinal household panel survey, representative of all areas, ages, educational and social backgrounds in the UK. Given that the study is widely distributed and covers a broad range of research questions within the questionnaire schedule, only variables pertinent to the current programme of research were selected for analyses, based on findings from the literature. Using these, the initial aim was to look at responses to proxies and correlates of IPV across ethnic groups.

Findings illustrated significant differences across ethnic groups in responses to questions measuring psychological distress, financial strain, relationship satisfaction, job satisfaction and quarrelling in both waves individually. Breaking the ethnic group comparisons down, in wave nine, African participants reported the least psychological distress in all significant comparisons, and White British participants reported the most. In terms of financial strain, White British participants reported the least compared to all other

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

ethnic groups, Indian participants reported less financial strain than the remaining ethnic groups, and African participants reported the most financial strain in the sample. In all comparisons, Caribbean participants reported the least happiness in their current relationships, and African participants reported the most satisfaction. Caribbean participants reported statistically significantly less job satisfaction than all other ethnic groups in the study, and Indian participants reported the most out of all groups. Lastly, White British participants reported quarrelling with their partners less than Indian and Caribbean participants, and Caribbean participants also reported quarrelling with their partners more than the Pakistani and Bangladeshi participants.

Similar results were found in Wave 11. African participants reported statistically significantly less psychological distress than the other ethnic groups, and Bangladeshi participants reported the most. White British participants reported the least financial strain compared to all other groups, and Indian participants reported statistically significantly less financial strain than Pakistani, Bangladeshi, Caribbean and African participants. White British participants reported the least financial strain compared to all other ethnic groups, Indian participants reported less financial strain than the remaining ethnic groups, and African participants reported the most financial strain in the sample. Caribbean participants reported the least relationship satisfaction out of the comparisons, and White British participants reported the most out of all groups. Indian participants reported more job satisfaction than Caribbean participants in the study. Lastly, White British participants reported quarrelling with their partners less than Indian and Pakistani participants, and Indian participants also reported quarrelling with their partners less than Bangladeshi participants.

As there was no specific variable that looked at IPV in this dataset, the ‘quarrelling’ (between partners) variable was used as a base indication of relationship conflict. Using this,

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

relationships between the correlates and quarrelling at both time points were also investigated. Relationships were found between correlates measuring psychological distress, financial strain, relationship satisfaction, job satisfaction and quarrelling in both waves nine and 11, with all correlates - bar job satisfaction - also found to be individually predictive of quarrelling in the regression; again, in both waves. Of these, the best predictor of quarrelling in the relationship was found to be relationship [dis]satisfaction; consistent with the literature (Vanhee et al., 2016).

Lastly, due to the impact of COVID on the prevalence of IPV (McNeil et al., 2023), we also wanted to investigate the effect of COVID as a life stressor on responses to the variables of interest. Therefore, differences in responses to the correlates and quarrelling were looked at in pre- and mid-COVID time points, corresponding to the two different waves of the Understanding Society questionnaire (waves nine & 11). Results showed that psychological distress increased, financial strain decreased, relationship satisfaction decreased, job satisfaction increased and support service access increased from wave nine (pre-COVID) to wave 11 (mid-COVID), alluding to the potential impact of COVID on these outcomes.

This study was beneficial in identifying differences across ethnic groups in correlates of IPV, the relationship between these correlates and a measure of relationship conflict, and also the changes in responses over time; *potentially* due to the impact of COVID as a life stressor. The findings from this study aided in formulating questionnaires for subsequent chapters, looking at IPV risk factors.

Chapter Four – IPV Attitudes

Chapter Four focused specifically on IPV attitudes. Utilising findings from the literature and from the Understanding Society study in Chapter Three, scales to measure risk

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

factors for IPV attitudes were included in the questionnaire schedules. Ethnic and gender group differences in responses to these variables, and the variables' relationship to measures of IPV victimisation and perpetration attitudes were investigated, with qualitative questions probing participants' perceptions of IPV contextually included also.

Relationships between the following risk factors and IPV victimisation and perpetration attitudes (representing agreement with statements of IPV victimisation and perpetration respectively) were found in the sample: religious impact, conflict, honour beliefs, and traditional gender role beliefs. In addition, personal reputation was also found to be correlated with IPV victimisation attitudes. Subsequent regressions demonstrated that models with the significant variables were predictive of both IPV victimisation attitudes and perpetration attitudes respectively. Breaking these models down, social roles (measuring 'traditional' gender role beliefs') was the only individual predictor of IPV victimisation attitudes, and social roles and honour beliefs were both individually predictive of IPV perpetration attitudes, with social roles ('traditional' gender role beliefs) also being the best predictor of IPV perpetration attitudes.

In addition, significant differences were found in the following risk factors across ethnic groups: conflict, dignity norms, face norms, honour norms, and religious impact, with dignity, face and honour norms demonstrating differences between some individual ethnic group comparisons in the post-hoc tests. White British participants exhibited significantly more endorsement of dignity norms than Indian and Bangladeshi participants, and Caribbean participants exhibited more endorsement than Indian and Bangladeshi participants. In face norms, Indian participants exhibited more endorsement than White British and Caribbean participants. Lastly, White British participants demonstrated less endorsement of honour

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

norms than Indian and African participants, as did Caribbean participants when compared to the Indian participant group.

Moreover, significant differences were found in scales measuring honour beliefs, honour norms, traditional gender role beliefs and IPV victimisation and perpetration attitudes across gender groups, highlighting gender differences in these risk factors for, and measures of, IPV attitudes. Male participants exhibited higher endorsement of honour beliefs and honour norms than female participants in the sample. In addition, both male and female participants exhibited higher endorsements of honour norms compared to non-binary participants in the sample. In a similar vein, male participants reported more endorsement of 'traditional' gender role beliefs compared to female and non-binary participants. Lastly, male participants exhibited higher IPV victimisation and perpetration attitudes scores, indicating agreement with statements of IPV victimisation and perpetration, than both female and non-binary participants. In both measures, non-binary participants reported the least agreement with statements of IPV.

Successively, qualitative analyses looked at responses to three written-answer questions regarding IPV attitudes. In response to the question 'what would you define as IPV?', the following key themes were identified: types of abuse, mechanisms of abuse, relationships (e.g. dynamics and relationship title) and technicalities (e.g. legal). In response to the question 'who are the victims of IPV?', three key themes were extracted: victim details (e.g. demographics and traits), issues (e.g. group differences and uncertainty around victimisation) and other people affected by IPV other than the intimate partner. Lastly, in response to the question 'how would you say people in your family view IPV', four themes were extracted: norm, indifference, factors affecting attitudes (e.g. a lack of understanding, and social/ cultural factors), and negatively. This study allowed for the investigation of

factors affecting IPV attitudes, facilitating contextualisation and nuance around these attitudes.

Chapter Five – IPV Victimization and Perpetration

Chapter Five looked specifically at IPV victimisation and perpetration, again investigating the relationships between the risk factors for IPV and measures of victimisation and perpetration, and identifying differences across ethnic and gender groups in these variables. Chapter Five also utilised an initial quantitative measure of support service experiences, to obtain a base understanding of perceptions and experiences of IPV help-seeking among the sample.

Relationships were found between scales measuring religiosity, ACEs, social roles ('traditional' gender role beliefs), honour beliefs, anger, self-control, anxiety, and the dark tetrad traits, and IPV victimisation and perpetration. Leading on from this, models with these variables included demonstrated that they were both predictive of IPV victimisation and perpetration respectively. Again, breaking these down, religiosity, ACEs, honour beliefs, anger, Machiavellianism, psychopathy, and sadism were individually predictive of IPV victimisation, with psychopathy found to be the best individual predictor in the sample. In addition, religiosity, ACEs, social roles, honour beliefs, anger, Machiavellianism, psychopathy and sadism were individually predictive of IPV perpetration, with psychopathy also found to be the best individual predictor.

In addition, significant differences for scales measuring IPV victimisation and perpetration, religiosity, 'traditional' gender role beliefs, anger, self-control, narcissism, psychopathy, and sadism across ethnic groups were found in the sample. Breaking the significant differences down, White British respondents reported the highest IPV victimisation and perpetration scores compared to all other ethnic groups in the sample,

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

indicating more reported IPV victimisation and perpetration. Significant differences between African and White British, Indian and Caribbean participants were found in religiosity, with African participants exhibiting the highest religiosity scores in each comparison. Social roles comparisons indicated significant differences between Bangladeshi and Caribbean participants, demonstrating that the Bangladeshi group exhibited more ‘traditional’ gender role beliefs in this sample. Significant differences in anger were found between Caribbean and White British, Pakistani and Bangladeshi, and Indian and Bangladeshi participants; in both relevant cases, Bangladeshi participants exhibited the highest levels of anger, and Caribbean participants exhibited higher levels of anger than the Pakistani participants. In a measure of anger, White British participants reported significantly higher levels than Caribbean participants. In self-control, White British participants exhibited less self-control than African participants in the sample. In narcissism, significant differences were found between White British participants, and both Indian and Pakistani participant groups separately, and also between African and both Indian and Pakistani participant groups separately; in each set of comparisons, White British and African participants reported more narcissistic tendencies than Indian and Pakistani participants. In terms of psychopathy and sadism, differences between White British participants, and Indian, Pakistani, Caribbean and African participants were found, with White British participants exhibiting more psychopathic and sadistic tendencies in each comparison respectively.

Moreover, significant differences in scales measuring ACEs, honour beliefs, ‘traditional’ gender role beliefs, anxiety, Machiavellianism, psychopathy, sadism, and IPV support service experiences were found across gender groups. Post-hoc tests revealed significant differences between male and female participants in anxiety, finding that male participants reported more experiences of anxiety than female participants. Findings from the independent samples t-tests identified the gender group differences in the remaining risk

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

factors, statistically significantly finding that male participants reported more ACEs, more endorsement of honour and 'traditional' gender role beliefs, and more Machiavellian, psychopathic, and sadistic traits than female participants. In addition, female participants reported significantly more positive experiences with IPV support services than male participants. These findings highlighted group differences in risk factors for IPV victimisation and perpetration.

Other findings in this analysis demonstrated a significant difference between ethnic groups in IPV support service access (i.e. whether participants had previously accessed a support service), demonstrating that White British participants accessed them the most in the sample, and African participants the least. However, there were no gender group differences found. Lastly, results showed that participants who had previously accessed IPV support services reported more previous IPV victimisation and perpetration. This study was key in investigating IPV victimisation and perpetration specifically, looking at risk factors and both ethnic and gender group differences. Moreover, Chapter Five presented an initial investigation into help-seeking, providing a basis for the findings discussed in Chapter Six.

Chapter Six – IPV Help-Seeking

Chapter Six looked specifically at help-seeking behaviours in IPV from a qualitative perspective. These questions focused on participants' experiences and perceptions of help-seeking in cases of IPV. The first question, 'do you have any comments about your experiences with IPV support service access?' was only asked to participants who indicated in Chapter Five that they had previously accessed an IPV support service. From the responses to this question, three themes were extracted: recommendations (including approaches to support, and in/ post session outcomes), negative experiences (e.g. service response and

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

individual experiences) and positive experiences (e.g. positive feelings, professional's approach and outcomes).

The second question was asked to all participants in the survey. In response to the question 'what can be done to make you feel comfortable to disclose intimate partner violence in emergency healthcare, clinical and support service settings (should the need arise)?', five themes were extracted. These pertained to the service provider, service setup, individual factors (e.g. victim relationships with the service provider, and protection), practical outcomes and dealing with issues (e.g. policy, and approaches to sessions).

This final study in the programme of research was crucial in understanding perceptions and experiences of help-seeking further. Participants' highlighting of barriers and facilitators of IPV support provides an overview of factors which need to be considered when supporting victims and survivors.

Contextualising the Results with the Nested Ecological Approach and Integrated Feminist Theory

As discussed in Chapter One, multi-factor theories of IPV provide the most comprehensive, rounded explanation for IPV prevalence; in particular, the Nested Ecological Approach (Dutton, 1995; Heise, 1998) and the Integrated Feminist Theory (Johnson, 1995; 2006). Given the multi-faceted and comprehensive nature of these theories, the frameworks regarding IPV posited in both aided in formulating the approach to this programme of research, and the factors to investigate.

The Integrated Feminist Theory of IPV, as detailed throughout this thesis, focuses on the explanation of IPV through different control contexts ('intimate terrorism', violent resistance and situational couple violence). In this model, the three situational types describe how violence in relationships may unfold. In addition, Johnson, (2006) notes the factors that

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

may contribute to these three types of couple violence, falling under the umbrella terms of power and control; for example, male privilege, children, emotional abuse, coercion, economic abuse, and marital conflict (to name and group a few). These prominent examples can be demonstrated in the findings from this thesis; results from Chapter Four demonstrate that familial conflict is correlated with both IPV victimisation and perpetration attitudes, while the qualitative findings indicate that participants would also define emotional abuse, coercion, economic abuse and children as victims under the umbrella term of IPV. Moreover, findings from Chapters Four and Five demonstrate that ‘traditional’ gender role beliefs [which embody and reflect male privilege, as noted by Johnson, (2006)], are correlated with and are the best predictor of IPV victimisation and perpetration attitudes, denoting acceptance of/ agreement with statements depicting IPV victimisation and perpetration. Moreover, these gender role beliefs are also correlated with IPV victimisation and perpetration specifically. These findings provide support for the Integrated Feminist Theory of IPV, demonstrating that the factors mentioned within the power wheel are associated with IPV attitudes, victimisation and perpetration.

Despite these findings, it should be noted that participants were not asked about the motives for the perpetration of IPV; as such, it is not possible to determine whether power and control motives *specifically* (as opposed to other motivational factors) impacted IPV perpetration in the sample, and the risk factors associated with it. Therefore, while notions of power and control underlie some risk factors utilised in the study, it was out of the scope of research to investigate perpetrator motivations and therefore identify the efficacy of the conceptual framework within the Integrated Feminist Theory in cases of IPV. Moreover, many risk factors for IPV highlighted in the literature and the findings of this programme of research are not accounted for within this theory; for example, individual factors such as anger and three of the dark tetrad traits (Machiavellianism, psychopathy and sadism). While

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

this theory has its merit, as these risk factors were shown to be correlated with IPV victimisation and perpetration in this programme of research, this theory does not fully account for IPV within this sample.

On the other hand, the Nested Ecological Approach to IPV (Dutton, 1995; Heise, 1998) posits an integrated framework detailing factors at various 'levels' which may impact IPV. As detailed in Chapter One and the summary of key findings in this chapter, these factors are separated into four levels; ontogenic (personal history), microsystem, exosystem and macrosystem. Findings from this programme of research can also be categorised into these levels; for example, ACEs were found to be correlated with, and predictive of, IPV victimisation and perpetration, in line with the 'personal history' level of the model. Findings from Chapter Four indicated that familial conflict was also correlated with IPV victimisation and perpetration attitudes in line with the 'microsystemic' level of the model. In addition, findings from the Understanding Society secondary data analysis indicated that financial strain was correlated with, and predictive of, quarrelling, which was an indicator of relationship conflict in this study (although not specifically related to IPV), in line with the 'exosystemic' level of the model. Moreover, religious impact and honour beliefs were correlated with IPV victimisation and perpetration attitudes, with honour beliefs also independently predictive of IPV perpetration attitudes. Religiosity and honour beliefs were also correlated with, and predictive of, IPV victimisation and perpetration specifically, in line with the 'macrosystemic' level of the model. Lastly, social roles (measuring 'traditional' gender role beliefs) were found to be correlated with, and predictive of, IPV victimisation and perpetration attitudes, and IPV victimisation and perpetration themselves. Notably, 'social roles' was in fact the best predictor of IPV victimisation and perpetration attitudes in the sample, demonstrating further support for the 'macrosystemic' level of the model. These findings demonstrate that factors at each of the levels within the Nested Ecological Approach

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

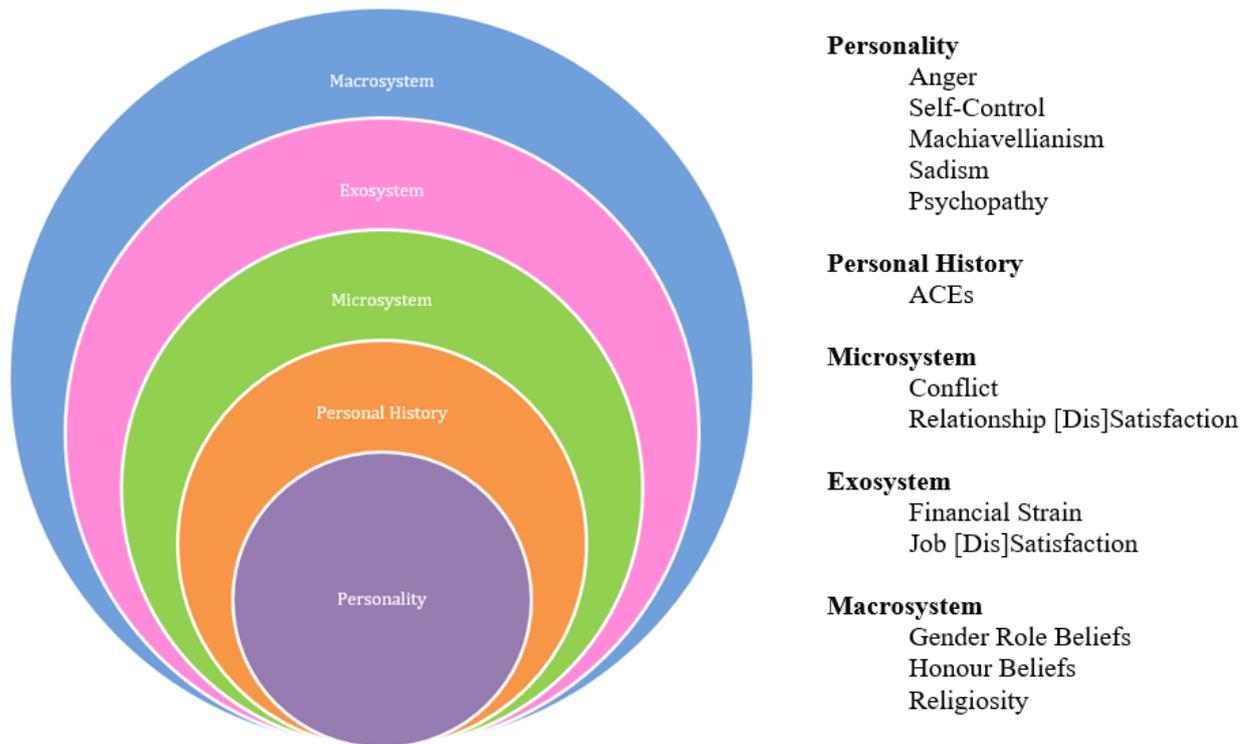
(Heise, 1998) may impact IPV attitudes, victimisation and perpetration. Moreover, the variables found to be predictive of IPV victimisation and perpetration attitudes in Chapter Four could be fully accounted for by this approach.

However, while some findings from this programme of research can be explained by these theories, in both there appears to be a lack of reference made to some individual factors that the literature, and findings from this programme of research, have shown to be correlated with and predictive of IPV. From an ontogenic perspective, Heise, (1998, p.266) highlighted that there were “very few factors [that] have emerged that reliably predict women at risk of intimate assault”, outside of the factors highlighted in Figure 1; i.e. witnessing violence as a child, experiencing abuse as a child, and the absence and/or rejection of the father. As such, there is a dearth in reference to individual factors such as personality in the model; yet the findings from this programme of research demonstrate that these are significant in IPV.

Results from Chapter Five indicate that anger, self-control, and the dark tetrad traits (sadism, narcissism, Machiavellianism and psychopathy) are all correlated with IPV victimisation and perpetration. Moreover, anger, Machiavellianism, psychopathy and sadism were also individually predictive of IPV victimisation and perpetration, with psychopathy found to be the best predictor of both in the model. Given these findings and the evidence for these risk factors for IPV highlighted in Chapter One, comprehensive models of IPV should also include these factors. An exemplar adapted model of the Nested Ecological Approach demonstrating the findings from Chapters Three and Five, looking at the predictors of quarrelling (a measure of relationship conflict) and IPV victimisation and perpetration including personality factors, can be seen in Figure 19.

Figure 19

Adapted Nested Ecological Framework for IPV



Both theories demonstrate the factors associated with IPV from power and control, and integrated ecological approaches. Given the gendered nature of IPV and impact of ‘traditional’ gender roles, cultural and social beliefs on IPV attitudes, victimisation and perpetration, the Integrated Feminist Theory is effective in explaining how these factors contribute to IPV, and what this might look like; particularly in ‘intimate terrorism’ relationships. However, the Nested Ecological Approach details more explicitly the factors and levels that contribute to IPV, highlighting the individual, social and cultural factors that impact IPV outcomes. Moreover, specific reference is made to the impact of power on IPV in Heise’s, (1998) paper, at the macrosystemic level; demonstrating overlap between the two

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

theories. Both theories have merit in explaining IPV; however, the Nested Ecological Approach better explains the findings from the literature and from this thesis in the context of impact on IPV. Moreover, while both theories are rooted in male violence against women, the current programme of research looked at male and female victimisation and perpetration of IPV, thus demonstrating that the theories, and the Adapted Nested Ecological Framework to IPV specifically, may explain factors related to violence against women *and* men.

Given that this programme of research is grounded on the Integrated Feminist Theory (Johnson, 1995; 2006) and the Nested Ecological Approach (Dutton, 1995; Heise, 1998), the key theories within this thesis are specific to intimate partner violence. However, it is also important to consider broader theoretical perspectives on aggression and violence that, foundationally, may explain IPV – for example, the General Aggression Model (GAM: Anderson & Bushman, 2002). The GAM posits that ‘personal variables’ (such as personality traits, beliefs, race, age, biological factors and moods etc.), and ‘situational variables’ (described as “all external or environmental variables outside the individual (e.g....provocation, frustration, alcohol... [and] aggressive peers” (Bushman & Anderson, 2020, p.2)) can influence aggression. The model suggests that both personal and situational factors influence individuals’ internal states (i.e. emotional, cognitive, and physiological), subsequently impacting the likelihood of whether an individual responds with aggression.

The GAM can be applied to a range of aggressive behaviours, and also utilised to understand IPV; a form of aggression, involving physical, emotional, sexual or psychological harm as discussed in the introduction of this programme of research. Risk factors for IPV highlighted in this programme of research such as anger, poor impulse control, ‘traditional’ gender role beliefs, and dark tetrad personality traits may be considered as ‘personal variables’ in this model. The GAM also emphasises the role of situational triggers in aggression– in the context of IPV, these situational triggers could include relationship

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

conflict, stressors such as financial difficulties, occupational stressors and potentially even the COVID pandemic, linked to our findings from the Understanding Society secondary data analysis in Chapter Three. These personal and situational variables subsequently create a 'present internal state' through cognition (e.g. hostile thoughts and scripts), affect (e.g. mood and emotion), or arousal (i.e. physiological responses) (Anderson & Bushman, 2002). Subsequently, the individual's present internal state will impact the appraisal of, and decision-making processes around, stimuli, leading to either thoughtful or impulsive responses to them (Anderson & Bushman, 2002).

The GAM provides an explanation of how IPV may be perpetrated and perpetuated, and can also be applied to the findings from this programme of research. For example, as above, the risk factors identified in this thesis could be considered as 'personal' and 'situational' triggers in this model, impacting their present internal state. Moreover, the research around angry rumination, aggressive priming, beliefs and scripts highlighted in the literature review are also examples of cognitive and affective factors that could impact an individual's internal state, and subsequently influence their appraisals of, and actions in response to, stimuli, which could lead to IPV perpetration. For example, a partner who feels disrespected in an argument (situational trigger) and has difficulty managing anger (personal trigger) may ruminate on the perceived injustice, leading to an impulsive, aggressive reaction that could escalate into IPV perpetration. Given the alignment of the findings from this thesis to the GAM, future research should focus on incorporating the GAM in testing these variables specifically. It would also be interesting to investigate whether this model holds for explanations of IPV across ethnic and gender groups also.

Contextualising Ethnic and Gender Group Differences

The findings from this programme of research have highlighted the disparity across ethnic and gender groups in proxies and risk factors of IPV attitudes, victimisation and perpetration. While ethnic and gender differences were looked at separately, there is a degree of intersectionality between them, and findings from this study overlap to some extent; particularly in looking at cultural and gender role beliefs. While it would be beneficial to have a clear overall picture of the ethnic and gender group differences found comparing all the studies, the different foci within each chapter mean that the findings and implications vary to a certain extent. For example, proxies of IPV, IPV attitudes, IPV victimisation and perpetration, and help-seeking behaviours were looked at separately, utilising different methodologies and a range of correlates and risk factors to understand where the differences are significant.

In Chapter Three, ethnic group differences were found in IPV correlates measuring psychological distress, financial strain, relationship satisfaction, job satisfaction and quarrelling (the measure of relationship conflict utilised in this dataset) at both time points. As discussed in Chapter Three, some of these differences may be explained by the wider literature. For example, African participants reported lower levels of stress consistent with the wider literature (Schulz et al., 2000), which may be due to specific coping and resistance strategies employed to manage stress in response to increased racism experienced by African groups in particular (Shorter-Good, 2004; Thomas et al., 2008). White British participants reported the least financial strain and African participants the most in the sample, which research suggests may be due to life stressors such as the COVID-19 pandemic instigating economic stress disproportionately in minoritised ethnic groups (Vargas & Sanchez, 2020). Caribbean participants reported the least relationship satisfaction in the sample and African

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

participants the most, although to our knowledge there is no research which indicates why this may be the case, demonstrating the need for further research. Caribbean participants also reported less job satisfaction than the other ethnic groups in the analysis, and Indian participants the most; once again, however, there is a dearth in research to indicate why this may be, despite job dissatisfaction being found to be a risk factor of IPV across countries and ethnic groups (Asadi et al., 2018; Slep et al., 2015). In terms of quarrelling specifically, Caribbean participants reported the most quarrelling with their partners in wave nine of the sample, and Bangladeshi participants reported the most in wave 11, White British participants reported the least in the sample, which research posits may vary due to differences in conflict styles within relationships and culturally imposed communication styles impacted by concerns around saving face (Courtney, 2009).

In Chapter Four, ethnic group differences were found in risk factors for IPV victimisation and perpetration attitudes measuring conflict, dignity, face and honour norms, and religious impact, although post-hoc comparisons only indicated specific ethnic group differences for the dignity, face and honour norm variables. As discussed in Chapter Four, these findings may be explained by the wider literature. In dignity norms, White British and Caribbean participants reported higher endorsement of dignity norms than the Indian and Bangladeshi groups. In face norms, Indian participants exhibited higher scores than White British and Caribbean participants, and in honour norms White British participants exhibited less endorsement, with Indian and African participants exhibiting a higher endorsement of these norms. Research suggests that these ethnic group comparisons in norms may be reflective of different cultural logics employed by different ethnic groups that dictate behaviour and place varying importance on dignity, face and honour respectively (Leung & Cohen, 2011).

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Additionally, gender group differences were found in risk factors measuring honour beliefs and norms, traditional gender role beliefs and IPV victimisation and perpetration attitudes. As discussed in Chapter Four, these differences may also be explained by wider literature. Male participants exhibited more endorsement of honour beliefs (also found in Chapter Five) and norms than female participants, which may be explained by the gendered notions and patriarchal underpinnings of honour cultures (Huda & Kamal, 2020). Male participants also reported greater endorsement of 'traditional' gender role beliefs compared to female and non-binary participants in Chapters Four and Five, resonating with literature that explains the more egalitarian and gender-transcendent beliefs endorsed by females (Baber & Tucker, 2006). Lastly, male participants reported more acceptance of IPV victimisation and perpetration attitudes in the sample than female and non-binary participants, which may be explained by gender differentials in tolerance of IPV (Simon et al., 2021) and higher perceived severity of violence perpetrated against female compared to male victims (Stanziani et al., 2019).

In Chapter Five, ethnic group differences were found in the following risk factors for, and measures of, IPV victimisation and perpetration: religiosity, 'traditional' gender role beliefs, anger, self-control, narcissism, psychopathy, sadism, IPV victimisation and perpetration. As discussed in Chapter Five, wider research may address these findings. African participants reported being the most religious in the sample, which could be explained through the importance and valence placed on uniform cultural scripts which are associated with religiosity (Tungjitcharoen & Bernsten, 2022). In traditional gender role beliefs, Bangladeshi participants reported more endorsement than Caribbean participants, which may stem from conservative norms and attitudes found around gender in Bangladesh (Streatfield et al., 2023). Bangladeshi participants reported the highest levels of anger in the sample and Pakistani participants the least, which may be a reflection of socialisation to

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

express anger in different ways (Perry-Parry et al., 2017). White British participants were found to report lower self-control than African participants in the sample, which may be explained by societal values, such as collectivistic cultures that value the maintenance of their reputation (Aluja et al., 2022) and therefore may exhibit greater self-control. White British participants reported more narcissistic, psychopathic and sadistic tendencies in the sample, which may be explained by concern in individualistic cultures around risks of losing face should these tendencies be shown (Merkin, 2017), and the emphasis of self-focus within individualistic nations (Fatfouta et al., 2021). Lastly, White British participants reported higher rates of IPV victimisation and perpetration which, given that IPV rates have been shown to be comparatively higher in minoritised ethnic groups (McManus et al., 2022), may be due to factors such as fear, shame and embarrassment that contribute to a lack of disclosure (Montalvo-Liendo, 2008).

Moreover, gender group differences were found in the following factors: ACEs, honour beliefs, 'traditional' gender role beliefs, anxiety, Machiavellianism, psychopathy, sadism, and IPV support service experiences. Again, these findings may also be explained by wider research. In this sample, male participants reported more ACEs than female participants, which may be a result of gender differences in types of ACEs experienced (Jones et al., 2023), such as males reporting more physical abuse than females (Teague et al., 2008). Male participants also indicated more experiences of anxiety than female participants; while these findings contradict lifetime prevalence in the literature (Christiansen, 2015), there is limited explanation as to why anxiety varies across gender groups in this context. Although men experience IPV and it impacts their health significantly, IPV against men does not consistently affect poor health outcomes at population level compared to women (Mellar et al., 2023). Men in this sample reported higher victimisation however, therefore this may explain the additional higher levels of anxiety, although further research is needed to

establish this relationship. In each of the dark personality traits, male participants exhibited higher endorsement than females; while wider research has shown significantly higher traits for these domains in men (Neumann et al., 2021), there is limited research to our knowledge to explain why this may be, providing scope for important future research. Lastly, female participants reported significantly more positive experiences with IPV support services, reflective of their likelihood to seek help more than males (Barrett et al., 2020); particularly formal help services (Cho et al., 2020).

While there is a dearth in wider research comparing ethnic groups in prevalence of IPV risk factors specifically (while gender differences in IPV risk factors have been more widely established, as discussed in Chapter One), some previous studies demonstrated ethnic group differences in several risk factors for IPV: for example, those involving cultural and gender norms, beliefs systems and scripts (Gill & Walker, 2020; Reyes et al., 2016; Vandello & Cohen, 2003). Due to the exploratory nature of these analyses, no hypotheses were made; however, given the findings in the literature, our results were broadly in line with the research that demonstrated ethnic group differences in these risk factors, while other analyses in the thesis provided novel findings.

To our knowledge, while a range of cultural factors are considered within other prominent theories, there are no specific theories of ethnic group differences in IPV. The risk factors included in this programme of research were drawn from the two multi-factor theories of IPV; the Integrated Feminist Theory (Johnson, 2006), and the Nested Ecological Approach (Heise, 1998), which detail a range of cultural, social and gender role factors, among other things, that contribute to IPV. These seem to provide explanations for gender differences in IPV, particularly through the lens of power and control depicted within the Integrated Feminist Theory. While several of the risk factors extracted from these theories were found to

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

exhibit ethnic group differences in prevalence, there is no single theory that validates the ethnic group variation. However, the adapted version of Heise's, (1998) Nested Ecological Approach demonstrates the levels in which the significant risk factors for IPV found in this programme of research can be placed. Despite this, the range of ethnic group differences found in this programme of research demonstrate that, moving forward, a theory of ethnic group differences in IPV deserves further development and investigation.

While we were able to establish which groups reported a greater risk of IPV attitudes, victimisation and perpetration, there are significant limitations that go with this. First and foremost, in each study within this thesis there was an uneven sample of participants across ethnic groups, despite efforts to balance them. Therefore, while we can determine that, for example, Caribbean participants were most at risk of quarrelling and White British participants were at a greater risk of IPV victimisation and perpetration in the sample, these are not generalisable findings due to uneven sample sizes. In addition, the methodologies and foci of each of the studies in this thesis were different, encompassing varied proxies and risk factors of IPV attitudes, victimisation, perpetration and help-seeking, with little similarity between studies in terms of measures; therefore, there can be no definitive answer regarding ethnic group differences in IPV across the board. Moreover, to reiterate, at no stage in this thesis were participants given specific risk assessments to collate and quantify their overall risk of endorsing IPV attitudes, victimisation and perpetration; therefore, we cannot say with any certainty that any one ethnic group is riskier than the other.

What was found in this programme of research, was a range of ethnic group differences in risk factors of different facets of IPV. The biggest predictors of IPV proxies, attitudes, and victimisation and perpetration, were identified (relationship satisfaction, 'traditional' gender role beliefs, and psychopathy respectively), as well as some consistencies

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

in risk factors across attitudes and prevalence of IPV (for example, ‘traditional’ gender role and honour beliefs, in line with the wider literature), also analysing ethnic and gender group differences in the prevalent risk factors. At this stage, without the administration of risk assessments to participants and the quantification of an overall risk profile across those in each ethnic group, this is the best summary of risk that could be provided.

Overall, in the samples within this programme of research that exhibit a number of limitations, there do seem to be ethnic and gender group differences in IPV-related risk factors, and ethnic group differences in brief examinations of help-seeking. However, there is still not a clear picture of which groups exhibit the greatest risk in IPV; this thesis simply provides an aggregate picture of the landscape of ethnic and gender group differences in IPV, in a limited cross-cultural sample within the UK. Ethnic and gender-based findings from this thesis have implications for policy and practice, particularly with regards to risk assessment and help-seeking, which are addressed in the sections below.

IPV Scale Measurement

To investigate IPV in this programme of research, two scales were used to measure attitudes and victimisation/ perpetration respectively; the Intimate Partner Violence Attitudes Scale (IPVAS: Smith et al., 2005) and the Experiences of Cyber and In-Person Intimate Partner Aggression Scale (ECIPIPAS: Marganski & Melander, 2015). The IPVAS was developed predominantly with a sample of Mexican American students in college, with 23 questions measuring favourable attitudes towards violent behaviours through three subscales; abuse, control and violence, using a strongly disagree to strongly agree Likert scale. While these subscales were tested separately with the sample in Smith et al.’s (2005) study, this methodology did not align with the aims of the current programme of research. Thus, for the purpose of the study in Chapter Four, the items from the whole scale were grouped into two

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

subscales; IPV victimisation attitudes (including questions such as “I would not stay with a partner who tried to keep me from doing things with other people” and “I don’t mind my partner doing something just to make me jealous”), and IPV perpetration attitudes (with questions such as “it is okay for me to blame my partner when I do bad things” and “it is okay for me to tell my partner not to talk to someone of the opposite sex”). As before, these questions were measured with Likert scales to look at the favourability towards/ agreement of statements pertaining to IPV attitudes, and the adaptation of the scoring in this way demonstrated the need for some questions to be reverse coded. This adaptation of the scoring facilitated investigation of attitudes towards victimisation and perpetration separately; however, these were preliminary investigations into IPV attitudes using this scoring. Given the findings of the study in Chapter Four, the utility of the scale separated into IPV victimisation and perpetration is evident; however, future research should further test and validate this scale with this scoring method.

The ECIPIPAS was utilised in Chapter Six, to investigate reported experiences of IPV victimisation and perpetration. The ECIPIPAS was initially a 39-item scale measuring only IPV victimisation; therefore, the format of each question was copied and reworded to enable experiences of both IPV victimisation *and* perpetration to be reported. As such, the final questionnaire was a 78-item scale measured using a prevalence scale from zero (never/ not in the past year) to six (20 times or more) to match the formatting of the well-utilised Conflict Tactics Scale (CTS2: Straus et al., 1996). The ECIPIPAS was selected as opposed to the Revised Conflict Tactics Scale as there was more of a focus on technology facilitated IPV alongside physical and emotional IPV. As mentioned in Chapter Six, findings demonstrated a non-significant difference between reported experiences of IPV victimisation and perpetration across gender groups. While this may be reflective of the experiences of participants in this sample, this finding was unexpected given the historically gendered nature

of IPV documented in the wider literature. As such, these findings may be reflective of the particular measurement of IPV; the adapted scoring of the ECIPIPAS was preliminarily tested within the study in Chapter Six, and requires further testing to identify whether it accurately measures and reflects participants' experiences of IPV victimisation and perpetration. Findings from this programme of research highlight potential changes to scales measuring IPV that could be made, to accurately reflect and investigate IPV prevalence.

Implications

Voice of the Victim

Throughout the findings from this programme of research, the requirement for consideration of the unique needs of different ethnic and gender groups, and more importantly of individuals, with regards to the identification and support provision of IPV has been raised. As highlighted in Chapter Six, participants noted a range of factors that would contribute to them feeling comfortable to disclose and seek support for experiences of IPV (e.g., non-judgmental, trained staff willing to listen and support, empathetic and validating of their feelings etc). As such, it is imperative that the perspective of the victim/ survivor is listened to when explaining their experiences of IPV and the support that they require as a result. The term 'voice of the victim' pertains to obtaining individuals' perspectives who have been subjected to, or have witnessed, a crime, to ensure that they are listened to and to facilitate the delivery of services (police and other agencies) to support them (VKPP, 2023). While there is not yet an agreed upon operational definition, utilising victim voice in response to crime is crucial in understanding unique needs, experiences, barriers and facilitators to support.

In line with this, findings from Chapter Six in response to the questions asking participants about their previous experiences of accessing IPV support services and also what

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

would make them feel more comfortable to disclose IPV in support service settings, noted some of the ways in which the voice of the victim could be considered and utilised in cases of IPV. For some participants, support service outcomes were a key factor that contributed to *either* positive or negative experiences of help-seeking. For example, for participants who had noted positive outcomes from their previous IPV support service experience, some highlighted that this was due to the tools that they had been equipped with to move forward and make changes, whereas others noted the importance of being empowered in themselves and their decision making as the positive outcome from their experiences. Moreover, other participants cited the impact of language and cultural barriers on IPV help-seeking – in these circumstances, there may be a lack of understanding of experiences and needs of the victim, which may “exacerbate feelings of fear, threat, isolation and powerlessness” (Hulley et al., 2022, p. 1001); therefore, it’s imperative that victims are provided the space to highlight exactly what they need from services when seeking support, and the reassurance that would enable them to disclose comfortably, to maximise positive outcomes. To facilitate this, it is vital that services are trained to recognise and approach these situations, to remove these barriers to support. Moreover, services should consider that what victims may perceive to be positive outcomes of support may not reflect the views of the support services themselves; for example, with the case of mandatory reporting of IPV involving children to social services, as mentioned in the responses in Chapter Six.

Governance

Leading on from this, policies, practice, and legislation were all raised as issues by participants in qualitative studies, highlighting the potential role of governance on the impact of IPV help-seeking. Inevitably, there are a range of policies and practices in place to protect victims and support service providers from an organisational perspective; however, it is also

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

important to note that these may in fact have adverse effects on victims/survivors. Within the responses to the questions asked around help-seeking in Chapter Six, the issue of mandatory reporting was raised – i.e. the requirement of partners and agencies to report children at risk to the local authority (Gov UK, 2014) including in abusive relationships, in the UK.

However, it should also be noted that mandatory reporting laws vary across countries, in which “legislation to mandate reporting of criminal conduct and the abuse of vulnerable persons” (Jordan & Pritchard, 2021, p.4170), for example, is embedded; i.e., requiring the abuse of adults as well as children to be reported. While some research demonstrates that victims are widely supportive of this process despite criticism of the procedures around mandatory reporting (Antle et al., 2010), research has also shown that mandatory reporting could “increase violence by perpetrators, diminish the autonomy of those who report the violence, and compromise patient-clinician... confidentiality” (Wagman et al., 2008, p. 375). These findings resonate with the points raised in Chapter Six, indicating these mandatory disclosure requirements, in conjunction with trust in service providers, as barriers to help-seeking for victims of IPV. While the necessity of mandatory reporting in cases of IPV where children are involved is evident, this is also a significant barrier to disclosure, and could disproportionately impact minoritised ethnic groups in cases where there is a lack of understanding of cultural norms and differences in relationships by service providers. Therefore, this indicates the need for further consideration of the impact of mandatory reporting, additional training for service providers who are involved in this process, and for open communication between service providers and victims to discuss the processes and practices in place for support.

Leading on from this, participants also raised that they would feel more comfortable disclosing IPV if they were assured that anonymity and confidentiality in the session were maintained, and that their disclosure would not be shared with wider services (even outside of

the mandatory reporting practice). This provides a key operational factor that could have an impact on disclosure of IPV (Mantler et al., 2020). If disclosure, confidentiality, privacy and mandatory reporting are discussed with victims and survivors, this would serve to eliminate significant barriers to help-seeking and aid in providing effective support services for victims (Barez et al., 2022).

While there are implications for policy around IPV regarding individual, and ethnic and gender group differences, it should also be noted that in policy and practice utilised within stakeholders such as the police and healthcare, there already exists some consideration of these differences. Notably, Equity, Diversity and Inclusion (EDI) principles are a key focus in policy and practice frameworks within these settings (Moir, 2024; O’Driscoll & Bawden, 2022) and there is a requirement for these to be considered in the context of the impact on minoritised groups when these are created and/or adapted. Despite this, as mentioned above, there remain barriers in policy and practice that impact the disclosure and help-seeking of victims and survivors. While these must be addressed, a clearer picture of ethnic and gender group differences is required; once the needs of different groups have been established, only then can policy and practice be addressed to make significant changes.

Support Services

Moreover, there are also implications for specific services providing support for victims and survivors of IPV from the findings in this programme of research. In Chapter Five, frequencies of support services accessed by participants in the study were listed. These included (in *n* order): IPV support service, relationship support service, psychological support service, secondary healthcare settings, primary healthcare settings, the police, and other. While the first four support services were the most frequently accessed by participants, responses to the qualitative questions investigating help-seeking in Chapter Six cited

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

experiences with psychological/ counselling services, secondary healthcare services and the police specifically; be they positive or negative. Although relationship and IPV support services are specifically set up to deal with IPV cases (in terms of practices, policies, service provider approach and outcomes), healthcare and criminal justice systems such as Emergency Departments and the police are not as equipped to specifically deal with cases of IPV. Yet, given the frontline nature of both of these settings, IPV is “often faced by practitioners in criminal justice and health contexts, and many practitioners meet victims of IPV soon after the violence has occurred” (Svalin & Levander, 2020, p.116); as such, findings from this programme of research elucidated implications that would be applicable to both.

Healthcare

As noted previously in this thesis, within healthcare services [particularly in emergency departments (EDs)], there are limitations that impact service providers’ ability to identify, manage and support cases of IPV; for example, a lack of resources and staffing available, and a workload which requires emergency clinicians to rapidly triage and treat patients who attend EDs. Despite this, as they are a frontline service, they are often first responders after violence has occurred (Svalin & Levander, 2020). While there are some systems in place to facilitate support for victims of IPV in ED, the aforementioned limitations may impact the delivery of support and subsequent referrals to specialist services.

As mentioned, one key barrier to support in healthcare systems is the time that clinicians can spend with patients. As such, it would be beneficial to implement an IPV liaison that would be able to operate in ED, have the resource to listen to the victim’s perspective, and subsequently be able to facilitate effective support and signposting tailored to their individual needs. Moreover, ensuring that clinicians and other staff members in EDs have a comprehensive understanding of IPV will also aid in the identification of cases when

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

victims attend the department, while enabling discussion among colleagues as to the best routes to support for victims based on their needs. As such, EDs should seek to implement mandatory training courses regarding IPV to encourage these discussions. While the lack of resources available is clear, the implementation of an IPV liaison would be beneficial in facilitating effective support by a specialist, while reducing the time constraints imposed on ED clinicians when there is such a large number of patients to see. As such, healthcare systems should focus on; training of staff regarding IPV, potential liaisons to facilitate support, and discussion of IPV among colleagues to increase understanding and resource to support victims.

Policing

In a similar vein, the barriers to support and suggestions made in the context of healthcare settings can also be applied to policing. As above, police officers and staff are frontline responders, and often the first to have contact with victims after violence has occurred. Given the nature of police response to reported crimes, it would be out of the scope of reasonability to facilitate specialist IPV liaisons to attend initial reports. Therefore, it is imperative that frontline responders also have comprehensive training to understand IPV, its risk factors, and available support services; in doing so, they can subsequently encourage and empower victims with the knowledge of their options, and facilitate decision-making based on their individual needs.

Findings from Chapter Five in this thesis demonstrated that of all the support services listed, the police were accessed the *least* in participants' experiences of IPV. Participants had also raised concerns about policies and procedures regarding mandatory reporting to further services, and fear that their reporting may be used as evidence for character witnesses in subsequent cases of IPV. In the sample, this perception appears to have had an impact on

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

help-seeking behaviours, potentially contributing to the explanation of why the police were accessed so few times across the participant group. Linking back to the point about victims' voice, it is imperative that victims' help-seeking aims and strategies for violence management in IPV relationships are listened to by frontline responders when providing support (Shearson, 2017); with the volatility of IPV, this is the safest and most effective method to facilitate victim-centred support. Findings from this thesis indicate that the police should also focus on delivering training on IPV to staff, review of policies and procedures regarding mandatory reporting and EDI foci, and act as facilitators of a victim-centred approach to support and signposting for victims.

Risk Assessment

The findings from this programme of research also have implications for risk assessment. Research has shown that the administration of risk assessments is open to biases and victim blaming (James and Sheridan, 2010); therefore, minoritised ethnic groups are more likely to be adversely impacted by IPV risk assessments. In line with this, as mentioned in the introduction, risk assessments have shown lower accuracy in predicting risk for minoritised ethnic groups, predominantly as most have been developed with White populations (Ahmed et al., 2023; Singh et al., 2011).

Within this literature, four prominent risk assessments were identified: the Ontario Domestic Assault Risk Assessment (ODARA: Hilton et al., 2004), the Domestic Violence Risk Appraisal Guide (DVRAG: Hilton et al., 2008), the Domestic Abuse, Stalking and Harassment, and Honour Based Violence Risk Assessment (DASH: Richards, 2009), and the Domestic Abuse Risk Assessment (DARA: College of Policing, 2022). The findings from this programme of research demonstrate the requirement for cultural competence in risk assessment due to ethnic and gender group differences in a range of risk factors.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Results from this thesis indicate that relationship dissatisfaction, ‘traditional’ gender role beliefs and psychopathy were the most significant predictors in IPV proxies, attitudes, and victimisation and perpetration: therefore, valid and effective assessment of risk in this cross-cultural sample would need to include these factors. As such, the ODARA would not be an inappropriate tool, given that antisociality factors and, most relevant to this sample, psychopathy, are not included within this assessment. Moreover, the findings from this thesis indicate that honour beliefs and norms, ‘traditional’ gender role attitudes and personal reputation, among other factors, contribute to IPV attitudes, victimisation and perpetration: therefore, effective risk assessments should incorporate these cultural factors within the assessment. As mentioned in the introduction, the DARA was adapted from the DASH in response to inspectorate recommendations – as part of this, the honour-based abuse factor was one of those removed from the assessment, with the College of Policing, (2022) citing that additional training and education around these cultural factors would allow for them to be considered by those assessing IPV risk. As such, the DARA does not incorporate the significant cultural risk factors identified in the study, and would therefore be unsuitable to assess risk in the sample.

The remaining two risk assessments (the DVRAG and DASH) both demonstrate examples of those that could be used to assess IPV risk in this sample. However, the DVRAG is not a widely used risk assessment in the UK; therefore, ideally it would be beneficial for the updated DVRAG, including the measure of psychopathy, to be further studied in a cross-cultural UK based sample to test its validity, and whether there are ethnic and gender group differences in IPV recidivism prediction using this specific tool.

Lastly, the DASH is the most widely used assessment for IPV risk in the UK, accounting for a range of factors including honour-based abuse. This risk assessment

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

predominantly uses yes/no response options to indicate the presence of risk factors, as well as additional qualitative components for the assessor to document context around their decision making. However, this risk assessment could be impacted by a lack of awareness of cultural and ethnic group differences in risk, which may affect judgement outcomes of the assessment. Moreover, while there is space for the assessor to detail their decision making, the DASH relies on professional judgement to determine the overall risk rating of IPV and the need for subsequent referrals – thus, the risk assessment process could be impacted by biases and lead to secondary victimisation.

Of these four risk assessments, it is clear that the most effective in examining cross-cultural risk in a UK based sample is the DASH: however, the caveat is that extensive training should be given to those administering risk assessments regarding ethnic and gender group differences in IPV prevalence, and the risk factors that impact this. While the DASH was adapted to avoid risk assessment in IPV becoming a ‘tick box exercise’ (College of Policing, 2022), the prevalence indicators allow for the detection and quantification of overall risk, which may aid in assigning risk levels to cases of IPV. Despite this, further research should be conducted to determine the efficacy and validity of risk using the DASH, and to identify whether this successfully predicts risk among ethnic groups and, in particular, with those from minoritised ethnic group communities.

While the DASH seems to be the most effective assessment for determining IPV risk out of these four, there are still risk factors of IPV found in this thesis that are not addressed within this. This programme of research extracted risk factors based on two multi-factor theories of IPV and relevant literature around these. For many of the risk factors found to be significantly predictive of IPV and a measure of relationship conflict through testing in this thesis, these are also reflected in the DASH: for example, mental health factors (including

psychological distress), conflict, some ACEs, control, financial factors and honour-based risk factors (for which an additional set of questions is available as part of the DASH). On the other hand, anger, self-control, 'traditional' gender role beliefs, additional ACEs to those included within the risk assessment, and the dark tetrad personality traits are not included within the DASH. These are particularly pertinent, as psychopathy and 'traditional' gender role beliefs were the most predictive risk factors for IPV attitudes, and victimisation and perpetration in the sample. While we recognise that much of this information would not be available to frontline staff assessing risk at the point of IPV incidence, the DASH is predominantly used with partner agencies rather than frontline; in which, a more comprehensive picture of the overall risk could be obtained. While these factors may not be applicable to all victims, this programme of research has identified these additional factors that could be considered when determining overall risk for IPV, with potential for variance across ethnic and gender groups. It would be beneficial for future research to create an adapted proposed risk assessment including these factors, to test whether these effectively predict IPV risk in community and offender populations across different ethnic and gender groups.

Limitations

Although this programme of research includes four empirical studies in which specific limitations pertaining to each chapter are discussed, there are also wider limitations to this programme of research. This thesis embodies several exploratory studies to investigate IPV. While the aims and risk factors included were guided by findings from the literature and previous studies in this programme of research, there were no specific hypotheses tested. The findings present a reflection on participants' attitudes towards, and experiences of, IPV, and

future research should include testable hypotheses to further examine the relationships between the variables.

The ethnic groups included within this programme of research reflect the ‘booster’ samples of ethnic groups employed by the Understanding Society Longitudinal Household Panel Survey, as noted in Chapter Three. These were included due to larger sample sizes in the study across these ethnic groups specifically, to facilitate meaningful comparisons. For consistency, these same ethnic groups were investigated throughout the rest of the programme of research. Despite this, there remain issues with categorising ethnicity in this way. With regards to the sample itself, the participants are all currently living in the UK; some may have lived here for a relatively short period of time, whereas others may have been born here. The length of time that participants have lived in the UK may impact their family environment, social support, and norms, and experiences of individuals within an ethnic group may be different for those who were born and socialised in the UK, versus those who emigrated as an adult. Within this programme of research, the length of time spent in the UK was not a variable that was screened for – however, given the potential impact of this factor on participants’ experiences, it would be useful for future research to identify and investigate how this may impact responses to risk factors, IPV attitudes, victimisation, perpetration and help-seeking. Moreover, it is important to note that there will be cultural and regional variations within ethnic groups, particularly as some ethnic group classifications utilised within this study represent countries (e.g. Indian) while others represent continents (e.g. African). This further highlights the importance of investigating experiences through nuanced, qualitative data as well as through the quantitative findings, to facilitate understanding of these cultural differences.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Across the studies within this thesis, participant samples were also uneven between ethnic and gender groups. In Chapter Three, the use of the Understanding Society secondary data analysis meant that we were not able to control the participant numbers in each group. However, the booster ethnic group samples allowed for enough participants in each group to facilitate meaningful comparisons. For Chapters Four to Six, participants were first recruited from social media using an opportunity sample (in which a predominantly White British sample was obtained), before recruiting remaining participants from Prolific using filters in an attempt to balance out the samples in each ethnic group. Despite the use of the ethnicity filters on Prolific, there was still an uneven sample of participants in each ethnic group; this was likely reflective of participants selecting incorrect/ misrepresented ethnic group categories when signing up to Prolific, subsequently impacting the assignment of studies to specified ethnic groups through the platform. While future research should seek to investigate ethnic group differences in IPV across balanced participant samples, this was not possible in this thesis due to methodological issues with data collection. This is important to consider, as the lack of balanced sampling creates further disparities in care for minoritised communities and groups who experience IPV (Wright et al., 2021).

Leading on from this, further data collection issues pertained to AI responses; while this was not an issue with the studies in Chapters Three and Four, initially a large number of responses to the questionnaire in Chapters Five and Six were found to be artificially generated. Although these were manually reviewed and excluded (based on IP addresses, repeat responses and nonsensical responses to the qualitative questions asked), this is a notable issue that should be considered when creating and disseminating future research studies, as inevitably this has an adverse impact on results.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

As identified in the literature review and throughout this programme of research, IPV attitudes, victimisation and perpetration may be impacted by different risk factors. As such, in seeking to understand these impacts within this sample of ethnic and gender groups, it was important to include a range of risk factors to see if they were correlated with and predictive of IPV attitudes, victimisation and perpetration in the sample, and whether responses to the risk factors differed across ethnic and gender groups. While a large number of risk factors in the analyses within this programme of research needed to be included to do this, particularly within Chapters Four and Five, this may have had an adverse impact on the statistical power given the relatively small sample sizes. As such, it may be that relationships between the variables were not detected, or that these were underestimated; therefore, future research should seek to investigate these variables across ethnic and gender groups as smaller groups of risk factors, and do so with larger sample sizes to reduce these impacts.

Future Research

As with the limitations, specific suggestions for future research are discussed within each chapter pertaining to those specific studies. However, there remain a number of recommendations for future research that this programme of research has given light to. First and foremost, further research should be conducted into ethnic group differences in attitudes towards, and victimisation and perpetration of, IPV with a wider range of ethnic groups, to facilitate comparisons across diverse cultural and ethnic backgrounds. The qualitative findings from this programme of research have been invaluable in understanding attitudes towards IPV and help-seeking – however, leading on from this, it would be beneficial to conduct further qualitative research such as interviews and/or focus groups, and compare responses across ethnic groups. This would aid in further assessing the lived experience of

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

individuals to understand and contextualise IPV, and also identify how these differ across individuals and communities.

Moreover, while the help-seeking and support service access questions in this programme of research did not specify whether this was help-seeking for victims or perpetrators of IPV, the vast majority of participants highlighted their perceptions and experiences of support services for victimisation exclusively. As such, it would be beneficial to further investigate help-seeking behaviours, separating support services and help-seeking for victimisation and perpetration. While research has shown similar concerns regarding privacy as a result of disclosure for victims and perpetrators (Morgan et al., 2016), we would anticipate the implications on support services to vary for the two groups.

In addition, the findings regarding victim voice have provided an insight into some of the strategies which could aid in removing some barriers to disclosure and help-seeking in cases of IPV (Heron & Eisma, 2021). While these findings are clear, there is still ongoing research into utilising the voice of the victim in policing and wider partner and stakeholder practice, which should further clarify victims' perceptions and experiences and elucidate the implications on subsequent practice. Once there is a firm definition of 'voice of the victim' in this context, future research should aim to look at its utilisation in cases of IPV specifically. Lastly, given that the police were shown to be the least accessed support service by participants, despite their frontline nature and widespread criminal justice and signposting capabilities, future research could also look at the factors contributing to this statistic. This would also be beneficial within the context of the proposed victim voice work, to identify why victims and survivors are not reaching out to the police for support.

Conclusion

There has been an upward trend in reporting and prevalence of IPV over recent years (Brink et al., 2021), with findings demonstrating the disproportionate impact of IPV on marginalised ethnic groups (Maldonado et al., 2020). This body of work highlighted the ethnic group differences in proxies and correlates of IPV in a UK-based sample, which subsequently informed the questionnaires utilised in the primary studies within this thesis. From these, ethnic and gender group differences in risk factors and measures of IPV attitudes, victimisation and perpetration were investigated. In line with theoretical approaches to IPV (The Integrated Feminist Theory – Johnson, 1995; 2006), and the Nested Ecological Approach (Dutton, 1995; Heise, 1998) and further empirical research on predictors of IPV, risk factors for IPV attitudes, victimisation and perpetration were investigated across ethnic and gender groups, and relationships between these variables highlighted. Moreover, important findings regarding IPV help-seeking behaviours were extracted from the qualitative responses to questions regarding relative perceptions and experiences, which have implications for practice in a range of support settings.

The findings from this programme of research demonstrate the differences across ethnic and gender group differences in proxies and risk factors for IPV, as well as the relationships between these variables that contribute to IPV prevalence. It is hoped that this thesis has significantly contributed to our understanding of factors that affect the attitudes, victimisation, and perpetration of IPV and subsequent help-seeking, which aids in the identification of cases of IPV, assessment of risk, and facilitation of support based on unique individual and group needs.

References

- Aafjes-Van Doorn, K., Kamsteeg, C., & Silberschatz, G. (2020). Cognitive mediators of the relationship between adverse childhood experiences and adult psychopathology: A systematic review. *Development and Psychopathology*, *32*(3), 1017-1029. doi:10.1017/S0954579419001317.
- Abrams, J. A., Javier, S. J., Maxwell, M. L., Belgrave, F. Z., & Nguyen, A. B. (2016). Distant but relative: Similarities and differences in gender role beliefs among African American and Vietnamese American women. *Cultural Diversity and Ethnic Minority Psychology*, *22*(2), 256-267. doi:10.1037/cdp0000038.
- Abreu, J. M., Goodyear, R. K., Campos, A., & Newcomb, M. D. (2000). Ethnic belonging and traditional masculinity ideology among African Americans, European Americans, and Latinos. *Psychology of Men & Masculinity*, *1*(2), 75-86.
- Ahmed, S., Lee, S. C., & Helmus, M. (2023). Predictive accuracy of Static-99R across different racial/ ethnic groups: A meta-analysis. *Law and Human Behaviour*, *47*(1), 275-291. doi:10/1037/lhb0000517.
- Ahrens, C. E., Rios-Mandel, L. C., Isas, L., & del Carmen Lopez, M. (2010). Talking about interpersonal violence: Cultural influences on Latinas' identification and disclosure of sexual assault and intimate partner violence. *Psychological Trauma: Theory, Research, Practice, and Policy*, *2*(4), 284-295. doi:10.1037/a0018605.
- Ainsworth, M. D., & Bell, S. M. (1970). Attachment, exploration, and separation: Illustrated by the behaviour of one-year-olds in a strange situation. *Child Development*, *41*(1), 49-67. doi:10.2307/1127388.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

- Akangbe Tomisi, A. (2020). Culture, religion and help-seeking for intimate partner violence victims in Nigeria (a narrative review). *African Journal of Social Sciences and Humanities Research*, 3(2), 56-62. https://abjournals.org/african-journal-of-social-sciences-and-humanities-research-ajsshr/wp-content/uploads/sites/9/journal/published_paper/volume-3/issue-2/AJSSHR_IX4ELLZU.pdf.
- Akers, R. L., & Jennings, W. G. (2019). The social learning theory of crime and deviance. *Handbook on Crime and Deviance*. In M. D. Krohn, N. Hendrix, G. P. Hall, & A. J. Lizotte (eds.), *Handbook on Crime and Deviance*, 113-129. Springer: USA.
- Al Gharaibeh, F. M. (2016). Debating the role of custom, religion and law in 'honour' crimes: implications for social work. *Ethics and Social Welfare*, 10(2), 122-139. doi:10.1080/17496535.2016.1155632.
- Al-Alosi, H. (2020). Fighting fire with fire: Exploring the potential of technology to help victims combat intimate partner violence. *Aggression and Violent Behaviour*, 52(1). doi:10.1016/j.avb.2020/101376.
- Ali, P., Allark, P., Booth, A., Seedat, F., Woods, H. B., & McGarry, J. (2021). How accurate and useful are published UK prevalence rates of intimate partner violence (IPV)? Rapid review and methodological commentary. *Journal of Criminal Psychology*, 11(2), 129-140. doi:10.1108/jcp-11-2020-0048.
- Ali, T. S., Asad, N., Mogren, I., & Krantz, G. (2011). Intimate partner violence in urban Pakistan: Prevalence frequency, and risk factors. *International Journal of Women's Health*, 3(1), 105-115. doi:10.2147/IJWH.S17016.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Allen, M., & Devitt, C. (2012). Intimate partner violence and belief systems in Liberia.

Journal of Interpersonal Violence, 27(17), 3514-3531.

doi:10.1177/0886260512445382.

Almond, L., McManus, M., Brian, D., & Merrington, D. P. (2017). Exploration of the risk factors contained within the UK's existing domestic abuse risk assessment tool

(DASH): Do these risk factors have individual predictive validity regarding

recidivism? *Journal of Aggression, Conflict and Peace Research, 9*(1), 58-68.

doi:10.1108/JACPR-01-2016-0211.

Alrawashdeh, H. M., Al-Tammemi, A. B., Alzawahreh, M. K., Al-Tamimi, A., Elkholy, M.,

Al Sarireh, F., Abusamak, M., Elehamer, N. M. K., Malkawi, A., Al-Dolat, W., Abu-

Ismail, L., Al-Far, A., & Ghoul, I. (2021). Occupational burnout and job satisfaction

among physicians in times of COVID-19 crisis: A convergent parallel mixed-method

study. *BMC Public Health, 21*(1), 811. doi:10.1186/s12889-021-10897-4.

Aluja, A., Garcia, L. F., Rossier, J., Ostendorf, F., Glicksohn, J., Oumar, B., Bellaj, T., Ruch,

W., Wang, W., Suranyi, Z., Scigala, D., Cekrlija, D., Stivers, A. W., Blas, L. D.,

Valdivia, M., Jemaa, S. B., Atitsogbe, K. A., Hansenne, M. (2022). Dark triad traits,

social position, and personality: A cross-cultural study. *Journal of Cross-Cultural*

Psychology, 53(3-4), 380-402. doi:10.1177/00220221211072816.

Anderson, C. A., & Bushman, B. J. (2002). Human Aggression. *Annual Review of*

Psychology, 53(1), 27-51. doi:10.1146/annurev.psych.53.100901/135231.

Anderson, J. F., & Kras, K. (2005). Revisiting Albert Bandura's Social Learning Theory to

better understand and assist victims of intimate personal violence. *Women & Criminal*

Justice, 17(1), 99-124. doi:10.1300/J012v17n01_05.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

- Anderson, K., & Van Ee, E. (2018). Mothers and children exposed to intimate partner violence: A review of treatment interventions. *International Journal of Environmental Research and Public Health*, *15*(9), 1955. doi:10.3390/ijerph15091955.
- Anguzu, R., Cassidy, L. D., Nakimuli, A. O., Kansime, J., Babikako, H. M., Beyer, K. M. M., Walker, R. J., Wandira, C., Kizito, F., & Dickson-Gomez, J. (2023). Healthcare provider experiences interacting with survivors of intimate partner violence: A qualitative study to inform survivor-centred approaches. *BMC Women's Health*, *23*(584). doi:10.1186/s12905-023-02700-w.
- Antai, D. E., & Antai, J. B. (2008). Attitudes of women toward intimate partner violence: A study of rural women in Nigeria. *Rural and Remote Health*, *8*(3), 1-12. <https://search.informit.org/doi/abs/10.3316/INFORMIT.468581979827666>.
- Antle, B., Barbee, A., Yankeelov, P., & Bledsoe, L. (2010). A qualitative evaluation of the effects of mandatory reporting of domestic violence on victims and their children. *Journal of Family Social Work*, *13*(1), 56-73. doi:10.1080/10522150903468065.
- Antle, B., Karam, E. A., Barbee, A. P., Sullivan, D., Minogue, A., & Glover, A. (2020). Intergenerational transmission of intimate partner violence and its impact on adolescent relationship attitudes: A qualitative study. *Journal of Loss and Trauma*, *25*(1), 1-20. doi:10.1080/15325024.2019.1634894.
- Archer, J. (1991). The influence of testosterone on human aggression. *British Journal of Psychology*, *82*(1), 1-28. doi:10.1111/j.2044-8295.1991.tb02379.x.
- Armenti, N. A., Snead, A. L., & Babcock, J. C. (2018). The role of trait anger in the relation between juvenile delinquency and intimate partner violence in adulthood. *Crime & Delinquency*, *64*(5), 587-605. doi:10.1177/0011128716685813.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

- Armstrong, T. A., Boisvert, D. L., Wells, J., Lewis, R. H., Cooke, E. M., Woeckener, M., Kavish, N., Vietto, N., & Harper, J. M. (2022). Testosterone, cortisol, and criminal behaviour in men and women. *Hormones and Behaviour, 146*(1). doi:10.1016/j.yhbeh.2022.105260.
- Arnosó, A., Arnosó, M., & Elgorriaga, E. (2021). The intercultural role of attitudes towards violence against women among Moroccan immigrants. *Violence Against Women, 38*(12-13), 3073-3095. doi:10.1177/10778012211051400.
- Asadi, S., Mohammad-Alizadeh-Charandabi, S., Yavarikia, T., & Mirghafourvand, M. (2018). Socio-demographic predictors of intimate partner violence in a population sample of Iranian women. *Shiraz E-Medical Journal, 20*(2). doi:10.5812/semj.69735.
- Asay, S. M., DeFrain, J., Metzger, M., & Moyer, B. (2016). Implementing a strengths-based approach to intimate partner violence. *Journal of Family Violence, 31*(1), 349-360. doi:10.1007/s10896-015-9770.
- Audet, A., Brassard, A., Dugal, C., Claing, A., Daspe, M. E., Savard, C., Lafontaine, M. F., Peloquin, K., & Godbout, N. (2022). Intimate partner violence perpetrated by men seeking help: The explanatory roles of psychological distress and affect dysregulation. *Journal of Interpersonal Violence, 37*(23-24), 22578-22599. doi:10.1177/08862605211072174.
- Augustyn, M. B., & Willyard, K. C. (2020). The contextual influences of police and social service providers on formal help-seeking after incidents of intimate partner violence. *Journal of Interpersonal Violence, 37*(1-2), 1077-1104. doi:10.1177/0886260520915551.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

- Babcock, J. C., & Potthoff, A. L. (2020). Effects of angry rumination and distraction in intimate partner violence men. *Journal of Interpersonal Violence, 36*(23-24), 12708-12729. doi:10.1177/0886260519897336.
- Baber, K. M., & Tucker, C. J. (2006). The social roles questionnaire: A new approach to measuring attitudes towards gender. *Sex Roles, 54*(1), 459-267. doi:10.1007/s11199-006-9018-y.
- Baller, S. L., & Lewis, K. (2021). Adverse childhood experiences, intimate partner violence and communication quality in a college-aged sample. *Journal of Family Issues, 43*(9), 2420-2437. doi:10.1177/0192513X211030928.
- Balzarini, R. N., Muise, A., Zoppolat, G., Di Bartolomeo, A., Rodrigues, D. L., Alonso-Ferres, M., Urganci, B., Debrot, A., Pichayayothin, N. B., Dharma, C., Chi, P., Karremans, J. C., Schoebi, D., & Slatcher, R. B. (2022). Love in the time of COVID: Perceived partner responsiveness buffers people from lower relationship quality associated with COVID-related stressors. *Social Psychological and Personality Science*. doi:10.1177/19485506221094437.
- Bandura, A. (1977). *Social Learning Theory*. Englewood Cliffs, NJ: Prentice Hall.
- Barez, M. A., Najmabadi, K. M., Roudsari, R. L., Bazaz, M. M., & Babazadeh, R. (2022). 'It is a hard decision': A qualitative study of perinatal intimate partner violence disclosure. *Reproductive Health, 19*(208), 1-11. doi:10.1186/s12978-022-01514-7.
- Barker, G., Contreras, J. M., Heilman, B., Singh, A. K., Verma, R. K., & Nascimento, M. (2011). *Evolving men: Initial results from the international men and gender equality survey*. International Centre for Research on Women: Washington, DC.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

- Barrett, B. J., Peirone, A., & Cheung, C. H. (2020). Help seeking experiences of survivors of intimate partner violence in Canada: The role of gender, violence severity, and belonging. *Journal of Family Violence, 35*(1), 15-28. doi:10.1007/s10896-01900086-8.
- Bartz, A. E., Blume, N. E., & Rose, J. (1996). Gender differences in self-report measures of anger: The role of social desirability and negative affect. *Journal of Social Behaviour and Personality, 11*(5), 241-253.
<https://www.proquest.com/docview/1292244795?pq-origsite=gscholar&fromopenview=true&sourcetype=Scholarly%20Journals&imgSeq=1>.
- Basu, S., & Ratcliffe, G. (2014). Developing a multidisciplinary approach within the ED towards domestic violence presentations. *Emergency Medicine Journal, 31*(1), 192-195. doi:10.1136/emered-2012-201947.
- Bates, E. A. (2020). “No one would ever believe me”: An exploration of the impact of intimate partner violence victimisation on men. *Psychology of Men & Masculinities, 21*(4), 497-507. doi:10.1037/men0000206.
- Becker, K. D., Stuewig, J., & McCloskey, L. A. (2009). Traumatic stress symptoms of women exposed to different forms of childhood victimisation and intimate partner violence. *Journal of Interpersonal Violence, 25*(9), 1699-1715.
doi:10.1177/0886260509354578.
- Bedfordshire Domestic Abuse Partnership. (2021). Victim support – independent domestic violence advisory service Bedfordshire. Bedfordshire Domestic Abuse Partnership.
<https://bedsdv.org.uk/get-help/victim-support-bedfordshire/>.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Berkowitz, A. D., Bogen, K. W., Lopez, R. J. M., Mulla, M. M., & Orchowski, L. M. (2022).

Chapter 7 – The social norms approach as a strategy to prevent violence perpetrated by men and boys: A review of the literature. In L. M. Ochowski & A. D. Berkowitz (Eds.), *Engaging Boys and Men in Sexual Assault Prevention: Theory, Research and Practice*, 149-181. Academic Press: USA.

Bernado, A. B. I., & Estrellado, A. F. (2017). Subjective well-being of Filipino women who experienced intimate partner violence: A person-centred analysis. *International Journal for the Advancement of Counselling*, 39(1), 360-376. doi:10.1007/s10447-017-9303-1.

Berntsen, D., & Rubin, D. C. (2006). The centrality of event scale: A measure of integrating a trauma into one's identity and its relation to post-traumatic stress disorder symptoms. *Behaviour Research and Therapy*, 44(2), 219-231. doi:10.1016/j.brat.2005.01.009.

Birkley, E. L., & Eckhardt, C. I. (2015). Anger, hostility, internalising negative emotions, and intimate partner violence perpetration: A meta-analytic review. *Clinical Psychology Review*, 37(1), 40-56. doi:10.1016/j.cpr.2015.01.002.

Bliton, C. F., Wolford-Clevenger, C., Zapor, H., Elmquist, J., Brem, M. J., Shorey, R. C., & Stuart, G. L. (2016). Emotion dysregulation, gender, and intimate partner violence perpetration: An exploratory study in college students. *Journal of Family Violence*, 31(1), 371-377. doi:10.1007/s10896-015-9772-0.

Blotner, C., Webster, G. D., & Wongsomboon, V. (2023). Measurement invariance of the Short Dark Tetrad across cultures and genders. *European Journal of Psychological Assessment*, 39(5), 331-336. doi:10.1027/1015-5759/a000715.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

- Book, A. S., Starzyk, K. B., Quinsey, V. L. (2001). The relationship between testosterone and aggression: A meta-analysis. *Aggression and Violent Behaviour, 6*(6), 579-599. doi:10.1016/S1359-1789(00)00032-X.
- Boullier, M., & Blair, M. (2018). Adverse childhood experiences. *Paediatrics and Child Health, 28*(3), 132-137. doi:10.1016/j.paed.2017.12.008.
- Bowlby, J. (1969). *Attachment. Attachment and loss: Vol.1. Loss*. New York: Basic Books.
- Bratter, J. L., & Eschbach, K. (2005). Race/ Ethnic differences in non-specific psychological distress: Evidence from the National Health Interview Survey. *Social Science Quarterly, 86*(3), 620-644. doi:10.1111/j.0038-4941.2005.00321.x.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101. doi:10.1191/1478088706qp063oa.
- Breiding, M. J., Basile, K. C., Smith, S. G., Black, M. C., & Mahendra, R. (2015). Intimate partner violence surveillance – Uniform definitions and recommended data elements. Version 2.0. *Centers for Disease and Control Prevention*. <https://stacks.cdc.gov/view/cdc/31292>.
- Brink, J., Cullen, P., Beek, K., & Peters, S. A. E. (2021). Intimate partner violence during the COVID-19 pandemic in Western and Southern European countries. *European Journal of Public Health, 31*(5), 1058-1063. doi:10.1093/eurpub/ckab093.
- Brosi, M. W., & Rolling, E. S. (2010). A narrative journey for intimate partner violence: From victim to survivor. *The American Journal of Family Therapy, 38*(3), 237-250. doi:10.1080/01926180902961761.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Brown, R. P., Baughman, K., & Carvallo, M. (2017). Culture, masculine honor, and violence toward women. *Personality and Social Psychology Bulletin*, *44*(4), 538-549.

doi:10.1177/0146167217744195.

Buckels, E. E. (2023). Multi-faceted assessment of sadistic tendencies. In P. K. Jonason (Ed.), *Shining Light on the Dark Side of Personality: Measurement Properties and Theoretical Advances* (pp. 194-204). Hogrefe.

Buckels, E. E., Jones, D. N., & Paulhus, D. L. (2013). Behavioural confirmation of everyday sadism. *Psychological Science*, *24*(11), 2201-2209. doi:10.1177/0956797613490749.

Bulinska-Stangrecka, H., & Bagienska, A. (2021). The role of employee relations in shaping job satisfaction as an element promoting positive mental health at work in the era of COVID-19. *International Journal of Environmental Research and Public Health*, *18*(4), 1903. doi:10.3390/ijerph18041903.

Burris, C. T., & Leitch, R. (2016). Your pain, my gain: The interpersonal context of sadism.

In K. Aumer (ed.), *The psychology of love and hate in intimate relationships*.

Springer, Cham. doi:10.1007/978-3-319-39288-6.6.

Bushman, B. J., & Anderson, C. A. (2020). General aggression model. *Research Gate*.

[https://www.researchgate.net/profile/Craig-Anderson-](https://www.researchgate.net/profile/Craig-Anderson-19/publication/345431358_General_Aggression_Model/links/624f09f0b0cee02d69587b93/General-Aggression-Model.pdf)

[19/publication/345431358_General_Aggression_Model/links/624f09f0b0cee02d6958](https://www.researchgate.net/profile/Craig-Anderson-19/publication/345431358_General_Aggression_Model/links/624f09f0b0cee02d69587b93/General-Aggression-Model.pdf)

[7b93/General-Aggression-Model.pdf](https://www.researchgate.net/profile/Craig-Anderson-19/publication/345431358_General_Aggression_Model/links/624f09f0b0cee02d69587b93/General-Aggression-Model.pdf).

Bushman, B. J., Bonacci, A. M., Pedersen, W. C., Vasquez, E. A., & Miller, N. (2005).

Chewing on it can chew you up: Effects of rumination on triggered displaced aggression. *Journal of Personality and Social Psychology*, *88*(6), 969-983.

doi:10.1037/0022-3514.88.6.969.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

- Buss, A. H., & Perry, M. (1992). The aggression questionnaire. *Journal of Personality and Social Psychology*, 63(3), 452-459.
- Buttell, F., & Ferreira, R. J. (2020). The hidden disaster of COVID-19: Intimate partner violence. *Psychological Trauma: Theory, Research, Practice, and Policy*. doi:10.1037/tra0000646.
- Butters, R. P., Droubay, B. A., Seawright, J. L., Tollefson, D. R., Lundahl, B., & Whitaker, L. (2021). Intimate partner violence perpetrator treatment: Tailoring interventions to individual needs. *Clinical Social Work Journal*, 49(1), 391-404. doi:10.1007/s10615-020-00763-y.
- Byun, S. H. (2012). What happens before intimate partner violence? Distal and proximal antecedents. *Journal of Family Violence*, 27(8), 783-799. doi:10.1007/s10896-012-9464-y.
- Caetano, R., Cunradi, C. B., Alter, H. J., Mair, C., & Yau, R. K. (2019). Drinking and intimate partner violence severity levels among US ethnic groups in an urban emergency department. *Academic Emergency Medicine*, 26(8), 897-907. doi:10.1111/acem.13706.
- Caldwell, J. E., Swan, S. C., & Woodbrown, V. D. (2012). Gender differences in intimate partner violence outcomes. *Psychology of Violence*, 2(1), 42-57. doi:10.1037/a0026296.
- Cantos, A. L., & O'Leary, K. D. (2014). One size does not fit all in treatment of intimate partner violence. *Partner Abuse*, 5(2). doi:10.1891/1946-6560.5.2.204.
- Catalá-Miñana, A., Walker, K., Bowen, E., & Lila, M. (2014). Cultural differences in personality and aggressive behaviour in intimate partner violence offenders: A

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

comparison of English and Spanish offenders. *Journal of Interpersonal Violence*, 29(14), 2652-2669. doi:10.1177/0886260513517301.

Cepukiene, V. (2021). Adults' psychosocial functioning through the lens of Bowen Theory: The role of interparental relationship quality, attachment to parents, differentiation of self, and satisfaction with couple relationship. *Journal of Adult Development*, 28(1), 50-63. doi:10.1007/s10804-020-09351-3.

Chadambuka, C., & Warria, A. (2022). Intimate partner violence: Understanding barriers in seeking formal support services in a rural area in Zimbabwe. *Journal of Family Violence*, 37(1), 521-532. doi:10.1007/s10896-021-00275-4.

Chandan, J. S., Taylor, J., Bradbury-Jones, C., Nirantharajumar, K., Kane, E., & Bandyopadhyay, S. (2020). COVID-19: A public health approach to manage domestic violence is needed. *The Lancet – Public Health*, 5(6), 397-360. doi:10.1016/S2468-2667(20)30112-2.

Chandola, T., Kumari, M., Booker, C. L., & Benzeval, M. J. (2020). The mental health impact of COVID-19 and pandemic-related stressors among adults in the UK. *Psychological Medicine*, 1-10. doi:10.1017/S0033291720005048.

Chang, D. F., Shen, B. J., & Takeuchi, D. T. (2009). Prevalence and demographic correlates of intimate partner violence in Asian Americans. *International Journal of Law and Psychiatry*, 32(3), 167-175. doi:10.1016/j.ijlp.2009.02.004.

Chatterji, S., Johns, N., Ghule, M., Begum, S., Averbach, S., Battala, M., & Raj, A. (2022). Examining the longitudinal relationship between intimate partner violence and couples' marital quality in rural India. *Journal of Family Violence*. doi:10.1007/s10896-022-00363-z.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

- Chatters, L. M., Taylor, R. J., Bullard, K. M., & Jackson, J. S. (2009). Race and ethnic differences in religious involvement: African Americans, Caribbean blacks and non-Hispanic whites. *Ethnic and Racial Studies*, *32*(7), 1143-1163.
doi:10.1080/01419870802334531.
- Chester, D. S., & DeWall, C. N. (2019). Intimate partner violence perpetration corresponds to dorsal-ventral gradient in medial PFC reactivity to interpersonal provocation. *Social Neuroscience*, *14*(2), 173-182. doi:10.1080/1740919.2018.1430613.
- Chesworth, B. R. (2018). Intimate partner violence perpetration: Moving toward a comprehensive conceptual framework. *Partner Abuse*, *9*(1), 75-100.
doi:10.1891/1946-6560.9.1.75.
- Cho, H. (2011). Racial differences in the prevalence of intimate partner violence against women and associated factors. *Journal of Interpersonal Violence*, *27*(2).
doi:10.1177/0886260511416469.
- Cho, H. (2012). Examining gender differences in the nature and context of intimate partner violence. *Journal of Interpersonal Violence*, *27*(13), 2665-2684.
doi:10.1177/0886260512436391.
- Cho, H., Seon, J., Choi, G. Y., An, S., Kwon, I., Choi, Y. J., Hong, S., Lee, J. O., Son, E., & Yun, S. H. (2020). Gender differences in intimate partner violence victimisation, help-seeking, and outcomes among college students. *Advances in Social Work*, *20*(1).
doi:10.18060/23675.
- Cho, H., Seon, J., Han, J. B., Shamrova, D., & Kwon, I. (2019). Gender differences in the relationship between the nature of intimate partner violence and the survivor's help-

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

seeking. *Violence Against Women*, 26(6-7), 712-729.

doi:10.1177/1077801219841440.

Cho, H., Shamrova, D., Han, J. B., & Levchenko, P. (2017). Patterns of intimate partner violence victimisation and survivors' help-seeking. *Journal of Interpersonal Violence*, 35(1-2), 4558-4582. doi:10.1177/0886260517715027.

Cho, H., & Wilke, D. J. (2010). Gender differences in the nature of the intimate partner violence and effects of perpetrator arrest on revictimisation. *Journal of Family Violence*, 25(1), 393-400. doi:10.1007/s10896-009-9300-1.

Christiansen, D. M. (2015). Examining sex and gender differences in anxiety disorders. In F. Durbano (ed.), *A Fresh Look at Anxiety Disorders*. InTech: Rijeka, Croatia.
doi:10.5772/60662.

Christie, R., & Geis, F. L. (1970). *Studies in Machiavellianism*. Academic Press: USA.
doi:10.1016/C2013-0-10497-7.

Cihangir, S. (2012). Gender specific honour codes and cultural change. *Group Processes & Intergroup Relations*, 16(3), 319-333. doi:10.1177/1368430212463543.

Clare, C. A., Velasquez, G, Martorell, G. M. M., Fernandez, D., Dinh, J., & Montague, A. (2021). Risk factors for male perpetration of intimate partner violence: A review. *Aggression and Violent Behaviour*, 56(1). doi:10.1016/j.avb.2020.101532.

Clark, C. J., Ferguson, G., Shrestha, B., Shrethsa, P. N., Batayeh, B., Bergenfeld, I., Chang, S., & McGhee, S. (2019). Mixed methods assessment of women's risk of intimate partner violence in Nepal. *BMC Women's Health*, 19(20). doi:10.1186/s12905-019-0715-4.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

- Clemmow, C., Rottweiler, B., Marchment, Z., Wolfowicz, M., Kyprianides, A., Doherty, P., Seaward, A., & Gill, P. (2023). Risk and protective factors for domestic abuse perpetration. *UCL Discovery – Department of Security and Crime Science*.
<https://discovery.ucl.ac.uk/id/eprint/10165656/1/Clemmow%20et%20al.%20%282023%29%20Risk%20%26%20protective%20factors%20for%20DA.pdf>.
- Cohen, S. (1994). Perceived Stress Scale. *North Ottawa Wellness Foundation*.
<https://www.northottawawellnessfoundation.org/wp-content/uploads/2018/04/PerceivedStressScale.pdf>.
- Coll, C. V. N., Ewerling, F., García-Moreno, C., Hellwig, F., & Barros, A. J. D. (2020). Intimate partner violence in 46 low-income and middle-income countries: An appraisal of the most vulnerable groups of women using national health surveys. *BMJ Global Health*, 5(1). doi:10.1136/bmjgh-2019-002208.
- College of Policing. (2022). Domestic abuse risk assessment (DARA) – Rationale for development, structure and content. *College of Policing*.
<https://library.college.police.uk/docs/college-of-policing/Domestic-Abuse-Risk-Assessment-Rationale-2022.pdf>.
- Copp, J. E., Giordano, P. C., Longmore, M. A., & Manning, W. D. (2016). The development of attitudes toward intimate partner violence: An examination of key correlates among a sample of young adults. *Journal of Interpersonal Violence*, 34(7), 1357-1387. doi:10.1177/0886260516651311.
- Coston, B. M. (2021). Power and inequality: Intimate partner violence against bisexual and non-monosexual women in the United States. *Journal of Interpersonal Violence*, 36(1-2), 381-405. doi:10.1177/0886260517726415.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Courtney, F. (2009). Negotiating face and conflict in romantic relationships: A cross-cultural comparison of Uganda and Ethiopia. *University of Mexico Digital Repository*.

https://digitalrepository.unm.edu/cj_etds/7/.

Crick, N. R., & Dodge, K. A. (1994). A review and reformulation of social information-processing mechanisms in children's social adjustment. *Psychological Bulletin*, *115*(1), 74-101. doi:10.1037/0033-2909.115.1.74.

Cunha, O., Caridade, S., de Castro Rodrigues, A., Cruz, A. R., & Peixoto, M. M. (2023). Perpetration of intimate partner violence and COVID-19-related anxiety during the second lockdown in Portugal: The mediating role of anxiety, depression, and stress. *Journal of Family Violence* (in press). doi:10.1007/s10896-023-00498-7.

Daly, M., Wilson, M., & Weghorst, S. J. (1982). Male sexual jealousy. *Ethology and Sociobiology*, *3*(1), 11-27. doi:10.1016/0162-3095(82)90027-9.

Dannisworo, C. A., Adiningsih, H. B., & Christia, M. (2019). The moderating role of trait anger in the relationship between masculine stress and intimate partner violence. *Psychological Research on Urban Society*, *2*(2), 106-117. doi:10/7454/proust.v2i2.71.

Decker, M. R., Holliday, C. N., Hameeduddin, Z., Shah, R., Miller, J., Dantzer, J., & Goodmark, L. (2019). "You do not think of me as a human being": Race and gender inequities intersect to discourage police reporting of violence against women. *Journal of Urban Health*, *96*(1), 772-783. doi:10.1007/s11524-019-00359-z.

DeKeseredy, W. S., & Schwartz, M. D. (2008). Separation/ divorce sexual assault in rural Ohio: Survivors' perceptions. *Journal of Prevention & Intervention in the Community*, *36*(1-2), 105-119. doi:10.1080/10852350802022365.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

- DeKeseredy, W. S., Schwartz, M. D., Harris, B., Woodlock, D., Nolan, J., & Hall-Sanchez, A. (2019). Technology-facilitated stalking and unwanted sexual messages/ images in a college campus community: The role of negative peer support. *SAGE Open*, 9(1). doi:10.1177/2158244019828231.
- Delaney, A. X. (2023). Socio-cultural contexts for normative gender violence: Pathways of risk for intimate partner violence. *Social Sciences*, 12(7), 378. doi:10.3390/socsci12070378.
- Delicato, F. (2021). Are dark triad traits related with intimate partner violence and stalking behaviour? A survey on an Italian sample. Advance. Preprint. *Rivista di Psicodinamica Criminale*, 1(1), 1-20. doi:10.31124/advance.13514900.v1.
- Devries, K. M., Child, J. C., Bacchus, L. J., Mak, J., Falder, G., Graham, K., Watts, C., & Heise, L. (2013). Intimate partner violence victimisation and alcohol consumption in women: A systematic review and meta-analysis. *Addiction*, 109(3), 379-391. doi:10.1111/add/12393.
- Devries, K. M., Kishor, S., Johnson, H., Stockl, H., Bacchus, L. J., Garcia-Moreno, C., & Watts, C. (2010). Intimate partner violence during pregnancy: Analysis of prevalence data from 19 countries. *Reproductive Health Matters*, 18(1), 158-170. doi:10.1016/S0968-8080(10)36533-5.
- Di Napoli, I., Carnevale, S., Esposito, C., Block, R., Arcidiacono, C., & Procentese, F. (2020). “Kept in check”: representations and feelings of social and health professionals facing intimate partner violence (IPV). *International Journal of Environmental Research & Public Health*, 17(21). doi:10.3390/ijerph17217910.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Dichter, M. E., & Rhodes, K. V. (2011). Intimate partner violence survivors' unmet social service needs. *Journal of Social Service Research, 37*(5), 481-489.

doi:10.1080/01488376.2011.587747.

Dierkhising, C. B., Ford, J. D., Branson, C., Grasso, D. J., & Lee, R. (2019). Developmental timing of polyvictimisation: Continuity, change, and association with adverse outcomes in adolescence. *Child Abuse & Neglect, 87*(1), 40-50.

doi:10.1016/j.chiabu.2018.07.022.

Dietrich, D. M., & Schuett, J. M. (2013). Culture of honour and attitudes toward intimate partner violence in Latinos. *SAGE Open, 3*(2). doi:10.1177/2158244013489685.

Dobash, R. E., & Dobash, R. (1979). *Violence against wives – A case against the patriarchy*.

New York: USA.

Domestic Abuse Act. (2021). Domestic Abuse Act 2021: Overarching factsheet. *Gov UK*.

<https://www.gov.uk/government/publications/domestic-abuse-bill-2020-factsheets/domestic-abuse-bill-2020-overarching-factsheet>.

Douglas, E. M., & Hines, D. A. (2011). The help-seeking experiences of men who sustain intimate partner violence: An overlooked population and implications for practice.

Journal of Family Violence, 26(6), 473-485. doi:10.1007/s10896-011-9382-4.

Dutton, D. G. (1988). Profiling of wife assaulters: Preliminary evidence for trimodal analysis.

Violence and Victims, 3(1), 5-29.

Dutton, D. G. (1995). Male abusiveness in intimate relationships. *Clinical Psychology Review, 15*(6), 567-581. doi:10.1016/0272-7358(95)00028-N.

Review, 15(6), 567-581. doi:10.1016/0272-7358(95)00028-N.

Dutton, D. G. (2012). The prevention of intimate partner violence. *Prevention Science, 13*(1),

395-397. doi:10.1007/s11121-012-0306-1.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

- Dutton, D. G., Webb, A. N., & Ryan, L. (1994). Gender differences in anger/ anxiety reactions to witnessing dyadic family conflict. *Canadian Journal of Behavioural Science*, 26(3), 353-364. doi:10.1037/0008-400X26.3.353.
- Dye, M. L., & Eckhardt, C. I. (2000). Anger, irrational beliefs, and dysfunctional attitudes in violent dating relationships. *Violence and Victims*, 15(3). doi:10.1891/0886-6708.15.3.337.
- Eckstein, J. J. (2011). Reasons for staying in intimately violent relationships: Comparisons of men and women and messages communicated to self and others. *Journal of Family Violence*, 26(1), 21-30. doi:10.1007/s10896-010-9338-0.
- Edhammer, H., Petersson, J., & Strand, S. J. M. (2024). Vulnerability factors of intimate partner violence among victims of partner only and generally violent perpetrators. *Journal of Family Violence*, 39(1), 235-245. doi:10.1007/s10896-022-00476-5.
- Eggers del Campo, I., & Steinert, J. I. (2020). The effect of female economic empowerment interventions on the risk of intimate partner violence: A systematic review and meta-analysis. *Trauma, Violence & Abuse*, 23(3), 810-826. doi:10.1177/1524838020976088.
- Eisner, M., & Ghuneim, L. (2013). Honour killing attitudes amongst adolescents in Amman, Jordan. *Aggressive Behaviour*, 39(5), 405-417. doi:10.1002/ab.21485.
- El Morr, C., & Layal, M. (2020). Effectiveness of ICT-based intimate partner violence interventions: A systematic review. *BMC Public Health*, 20(1), 1372. doi:10.1186/s12889-020-09408-8.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

- Eriksson, L., & Mazerolle, P. (2014). A cycle of violence? Examining family-of-origin violence, attitudes, and intimate partner violence perpetration. *Journal of Interpersonal Violence, 30*(6), 945-964. doi:10.1177/0886260514539759.
- Estrellado, A. F., & Loh, J. (2016). To stay in or leave an abusive relationship: Losses and gains experienced by battered Filipino women. *Journal of Interpersonal Violence, 34*(9), 1843-1863. doi:10.1177/0886260516657912.
- Ewert v. Canada. (2018). Ewert v. Canada, 2018 SCC 30. *Supreme Court of Canada*.
<https://www.bccla.org/wp-content/uploads/2018/06/Ewert-en.pdf>.
- Fanslow, J., Robinson, E., Crengle, S., & Perese, L. (2010). Juxtaposing beliefs and reality: Prevalence rates of intimate partner violence and attitudes to violence and gender roles reported by New Zealand women. *Violence Against Women, 16*(7), 812-831. doi:10.1177/1077801210373710.
- Farrer, T. J., Frost, R. B., & Hedges, D. W. (2012). Prevalence of traumatic brain injury in intimate partner violence offenders compared to the general population: A meta-analysis. *Trauma, Violence & Abuse, 13*(2), 77-82. doi:10.1177/1524838012440338.
- Fatfouta, R., Sawicki, A., & Zemojtel-Piotrowska, M. (2021). Are individualistic societies really more narcissistic than collectivistic ones? A five-world region cross-cultural re-examination of narcissism and its facets. *Personality and Individual Differences, 183*(1), 1-6. doi:10.1016/j.paid.2021.111163.
- Fattah, K. N., & Camellia, S. (2020). Gender norms and beliefs, and men's violence against women in rural Bangladesh. *Journal of Interpersonal Violence, 35*(3-4), 771-793. doi:10.1177/0886260517690875.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences study. *American Journal of Preventive Medicine, 14*(4), 245-258. doi:10.1016/S0749-3797(98)00017-8.
- Femi-Ajao, O., Kendal, S., & Lovell, K. (2020). A qualitative systematic review of published work on disclosure and help-seeking for domestic violence and abuse among women from ethnic minority populations in the UK. *Ethnicity & Health, 25*(5), 732-746. doi:10.1080/13557858.2018.1447652.
- Ferraro, K. J. (2012). Gender matters in intimate partner violence. In B. Russell (ed.), *Perceptions of Female Offenders*. Springer: New York. doi:10.1007/978-1-4614-5871-5_9.
- Ferrer-Perez, V. A., Bosch-Fiol, E., Sanchez-Prada, A., & Delgado-Alvarez, C. (2019). Beliefs and attitudes about intimate partner violence against women in Spain. *Psicothema, 31*(1), 38-45. doi:10.7334/psicothema2018.206.
- Field, C. A., & Caetano, R. (2004). Ethnic differences in intimate partner violence in the US general population: The role of alcohol use and socioeconomic status. *Trauma, Violence & Abuse, 5*(4), 303-317. doi:10.1177/1524838004269488.
- Finkel, E. J., DeWall, C. N., Slotter, E. B., Oaten, M., & Foshee, V. A. (2009). Self-regulatory failure and intimate partner violence perpetration. *Journal of Personality and Social Psychology, 97*(3), 483-499. doi:10.1037/a0015433.
- Finkelhor, D., Shattuck, A., Turner, H., & Hamby, S. (2015). A revised inventory of Adverse Childhood Experiences. *Child Abuse & Neglect, 48*(9), 13-21. doi:10.1016/j.chiabu.2015.07.011.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

- Fischbein, R., Nicholas, L., Aultman, J., Baughman, K., & Falletta, L. (2018). Twin-twin transfusion syndrome screening and diagnosis in the United States: A triangulation design of patient experiences. *PLoS ONE*, *13*(7). doi:10.1371/journal.pone.0200087.
- Fischer, A. H. (1993). Sex differences in emotionality: Fact or stereotype? *Feminism & Psychology*, *3*(3), 303-318. doi:10.1177/0959353593033002.
- Fischer, A. H., & Evers, C. (2009). Anger in the context of gender. In M. Potegal, G. Stemmler, & C. Spielberger (eds.), *International Handbook of Anger*. Springer: New York, NY. doi:10.1007/978-0-387-89676-2_20.
- Fitzpatrick, M. K., Salgado, D. M., Suvak, M. K., King, L. A., & King, D. W. (2004). Associations of gender and gender-role ideology with behavioural and attitudinal features of intimate partner aggression. *Psychology of Men & Masculinity*, *5*(2), 91-102. doi:10.1037/1524-9220.5.2.91.
- Fok, C. C. T., Allen, J., Henry, D., & People Awakening Team. (2014). The Brief Family Relationship Scale: A brief measure of the relationship dimension in family functioning. *Assessment*, *21*(1), 67-72. doi:10.1177/107319111425856.
- Forrest-Bank, S. S., & Cuellar, M. J. (2018). The mediating effects of ethnic identity on the relationships between racial microaggression and psychological well-being. *Social Work Research*, *42*(1), 44-56. doi:10.1093/swr.svx023.
- Forster, M., Grigsby, T. J., Rogers, C. J., & Benjamin, S. M. (2018). The relationship between family-based adverse childhood experiences and substance use behaviours among a diverse sample of college students. *Addictive Behaviours*, *76*(1), 298-304. doi:10.1016/j.addbeh.2017.08.037.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

- Forster, M., Grigsby, T. J., Soto, D. W., Sussman, S. Y., & Unger, J. B. (2017). Perceived discrimination, cultural identity development, and intimate partner violence among a sample of Hispanic young adults. *Cultural Diversity and Ethnic Minority Psychology, 23*(4), 576-582. doi:10.1037/cdp0000154.
- Foster, J. D., Campbell, W. K., & Twenge, J. M. (2003). Individual differences in narcissism: Inflated self-views across the lifespan and around the world. *Journal of Research in Personality, 37*(6), 469-486. doi:10.1016/S00092-6566(03)00026-6.
- Frey, K. S., Onyewuenyi, A. C., Hymel, S., Gill, R., & Pearson, C. R. (2020). Honor, face, and dignity norm endorsement among diverse North American adolescents: Development of a Social Norms Survey. *International Journal of Behavioural Development, 45*(3), 256-268. doi:10.1177/0165025420949690.
- Gao, F., Luo, N., Thumboo, J., Fones, C., Li, S. C., & Cheung, Y. B. (2004). Does the 12-item General Health Questionnaire contain multiple factors, and do we need them? *Health and Quality of Life Outcomes, 2*(63).
<https://link.springer.com/article/10.1186/1477-7525-2-63>.
- Garcia, L. C., Shanafelt, T. D., West, C. P., Sinsky, C. A., Trockel, M. T., Nedelec, L., Maldonado, Y. A., Tutty, M., Dyrbye, L. N., & Fassiotto, M. (2020). Burnout, Depression, Career Satisfaction, and Work-Life Integration by Physician Race/Ethnicity. *Jama Network Open, 3*(8), doi:10.1001/jamanetworkopen.2020.12762.
- Geniole, S. N., Bird, B. M., McVittie, J. S., Purcell, R. B., Archer, J., & Carre, J. M. (2020). Is testosterone linked to human aggression? A meta-analytic examination of the relationship between baseline, dynamic, and manipulated testosterone on human aggression. *Hormones and Behaviour, 123*(1). doi:10.1016/j.yhbeh.2019.104644.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

- Gennari, M., Tamanza, G., Molgora, S. (2018). Intimate partner violence and child custody evaluation: A model for preliminary clinical intervention. *Frontiers Psychology*, 9(1), 1471. doi:10.3389/fpsyg.2018.01471.
- George, D., & Mallery, P. (2003). *SPSS for Windows step by step: A simple guide and reference. 11.0 update* (4th ed.). Boston: Allyn & Bacon.
- George, L. S., Park, C. L., & Chaudoir, S. R. (2016). Examining the relationship between trauma centrality and posttraumatic stress disorder symptoms: A moderated mediation approach. *Traumatology*, 22(2), 85-93. doi:10.1037/trm0000063.
- Gerino, E., Caldarera, A. M., Curti, L., Brustia, P., & Rollè, L. (2018). Intimate partner violence in the golden age: Systematic review of risk and protective factors. *Frontiers in Psychology*, 9(1). doi:10.3389/fpsyg.2018.01595.
- Gezinski, L. B., & Gonzalez-Pons, K. M. (2022). Legal barriers and re-victimisation for survivors of intimate partner violence navigating courts in Utah, United States. *Women & Criminal Justice*, 32(5), 454-466. doi:10.1080/08974454.2021.1900991.
- Gharaibeh, M., & Oweis, A. (2009). Why do Jordanian women stay in an abusive relationship: Implications for health and social wellbeing. *Journal of Nursing Scholarship*, 41(4), 376-384. doi:10.1111/j.1547-5069.2009.01305.x.
- Gibson, C. L., Ward, J. T., Wright, J. P., Beaver, K. M., & Delisi, M. (2010). Where does gender fit in the measurement of self-control? *Criminal Justice and Behaviour*, 37(8), 883-903. doi:10.1177/0093854810369082.
- Gilchrist, E. A. (2021). Chapter 30 – Intimate Partner Abuse. In D. A. Crighton & G. J. Towl (Eds.), *Forensic Psychology – 3rd Edition* (pp. 630-661). UK: Wiley.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Gilchrist, G., Dennis, F., Radcliffe, P., Henderson, J., Howard, L. M., & Gadd, D. (2019).

The interplay between substance use and intimate partner violence perpetration: A meta-ethnography. *International Journal of Drug Policy*, *65*(1), 8-23.

doi:10.1016/j.drugpo.2018.12.009.

Gilchrist, G., Radcliffe, P., Noto, A. R., Pires, A. F., & D'Oliveira, L. (2016). The prevalence and factors associated with ever perpetrating intimate partner violence by men receiving substance use treatment in Brazil and England: A cross-cultural comparison.

Drug and Alcohol Review, *36*(1), 34-51. doi:10.1111/dar.12436.

Gildner, D. J., Kirwan, M., Pickett, S. M., & Parkhill, M. R. (2021). Impulse control difficulties and hostility toward women as predictors of relationship violence

perpetration in an undergraduate male sample. *Journal of Interpersonal Violence*, *36*(9-10), 4653-4678. doi:10.1177/0886260518792972.

Gil-González, D., Vives-Cases, C., Ruiz, M. T., Carrasco-Portiño, M., & Álvarez-Dardet, C. (2008). Childhood experiences of violence in perpetrators as a risk factor of intimate

partner violence: A systematic review. *Journal of Public Health*, *30*(1), 14-22.

doi:10.1093/pubmed/fdm071.

Gill, A. K., & Walker, S. (2020). On honour, culture and violence against women in Black

and Minority Ethnic communities. In S. Walklate, K. Fitz-Gibbon, J. Maher, and J. McCulloch (Eds.), *The Emerald Handbook of Feminism, Criminology and Social*

Change. Emerald Publishing Limited: Leeds. doi:10.1108/978-1-78769-955-720201014.

Gliem, J. A., & Gliem, R. R. (2003). Calculating, interpreting and reporting Cronbach's alpha

reliability coefficient for Likert-type scales. *Midwest Research-to-Practice*

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Conference in Adult, Continuing, and Community Education.

<https://scholarworks.iupui.edu/items/63734e75-1604-45b6-aed8-40dddd7036ee>.

Glowacz, F., Dziewa, A., & Schmits, E. (2022). Intimate partner violence and mental health during lockdown of the COVID-19 pandemic. *International Journal of Environmental Research and Public Health*, 19(5). doi:10.3390/ijerph19052535.

Glowacz, F., & Schmits, E. (2020). Psychological distress during the COVID-19 lockdown: The young adults most at risk. *Psychiatry Research*, 293(1). doi:10.1016/j.psychres.2020.113486.

Gnambs, T., & Staufienbiel, T. (2018). The structure of the General Health Questionnaire (GHQ-12): Two meta-analytic factor analyses. *Health Psychology Review*, 12(2), 179-194. doi:10.1080/17437199.2018.1426484.

Goddard, C., & Wierzbicka, A. (2004). Cultural scripts: What are they and what are they good for? *Intercultural Pragmatics*, 1(2), 153-166. doi:10.1515/iprg.2004.1.2.153.

Goodson, A., & Hayes, B. E. (2018). Help-seeking behaviours of intimate partner violence victims: A cross-national analysis in developing nations. *Journal of Interpersonal Violence*, 36(9-10), 4705-4727. doi:10.1177/0886260518794508.

Gov UK. (2014). Social services and wellbeing (Wales) act 2014; Section 130. *Legislation Gov UK*. <https://www.legislation.gov.uk/anaw/2014/4/section/130>.

Gov UK. (2015). Coercive or controlling behaviour now a crime. *Gov UK*. <https://www.gov.uk/government/news/coercive-or-controlling-behaviour-now-a-crime>.

Gov UK. (2018). Domestic abuse: Findings from the crime survey for England and Wales: Year ending March 2018. *Gov UK*.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusefindingsfromthecrimesurveyforenglandandwales/yearendingmarch2018#the-long-term-trends-in-domestic-abuse>.

Gov UK. (2020a). Writing about ethnicity. *Gov UK*. <https://www.ethnicity-facts-figures.service.gov.uk/style-guide/writing-about-ethnicity#:~:text=Ethnic%20minorities%20We%20use%20%E2%80%98ethnic%20minorities%E2%80%99%20to%20refer,such%20as%20Gypsy,%20Roma%20and%20Irish%20Traveller%20groups>.

Gov UK. (2020b). Population of England and Wales. *Gov UK*. <https://www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/national-and-regional-populations/population-of-england-and-wales/latest#by-ethnicity>.

Gov UK. (2022). Domestic abuse in England and Wales overview: November 2022. *Gov UK*. <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwalesoverview/november2022#:~:text=2.,million%20women%20and%20699%2C000%20men>).

Goyal, K., Kumar, S., Rao, P., Colombage, S., & Sharma, A. (2021). Financial distress and COVID-19: Evidence from working individuals in India. *Qualitative Research in Financial Markets*, 13(4), 503-528. doi:10.1108/QRFM-08-2020-0159.

Gracia, E. (2014). Intimate partner violence against women and victim-blaming attitudes among Europeans. *Bulletin of the World Health Organisation*, 92(5), 380-381. doi:10.2471/BLT.13.131391.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

- Gracia, E., Lila, M., & Santirso, F. A. (2020). Attitudes toward intimate partner violence against women in the European Union: A systematic review. *European Psychologist, 25*(2). doi:10.1027/1016-9040/a000392.
- Green, A., MacLean, R., & Charles, K. (2020). Unmasking gender differences in narcissism within intimate partner violence. *Personality and Individual Differences, 167*(1). doi:10.1016/j.paid.2020.110247.
- Green, J., Satyen, L., & Toumbourou, J. W. (2023). Influence of cultural norms on formal service engagement among survivors of intimate partner violence: A qualitative meta-synthesis. *Trauma, Violence & Abuse, 25*(1), 738-751. doi:10.1177/15248380231162971.
- Grest, C. V., Amaro, H., & Unger, J. (2018). Longitudinal predictors of intimate partner violence perpetration and victimisation in Latino emerging adults. *Journal of Youth and Adolescence, 47*(1), 560-574. doi:10.1007/s10964-017-0663-y.
- Gul, P., Cross, S. E., & Uskul, A. K. (2021). Implications of culture of honour theory and research for practitioners and prevention researchers. *American Psychologist, 76*(3), 502-515. doi:10.1037/amp0000653.
- Guler, A., Lee, R. C., Rojas-Guyler, L., Lambert, J., & Smith, C. R. (2023). The influences of sociocultural norms on women's decision to disclose intimate partner violence: Integrative review. *Nursing Inquiry, 30*(4). doi:10.1111/nin.12589.
- Gulledge, L. M., Sellers, C. S., & Cochran, J. K. (2023). Self-control and intimate partner violence: Does gender matter? *Deviant Behaviour, 44*(5), 785-804. doi:10.1080/01639625.2022.2102454.
- Hahn, J. W., Aldarondo, E., Silverman, J. G., McCormick, M. C., & Koenen, K. C. (2015). Examining the association between posttraumatic stress disorder and intimate partner

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

violence perpetration. *Journal of Family Violence*, 30(1), 743-752.

doi:10.1007/s10896-015-9710-1.

Hall, M., Hill, E., Moreland, G., Hales, G. K., Boduszek, D., & Debowska, A. (2022).

Profiles of intimate partner violence victimisation: A systematic review. *Trauma, Violence & Abuse*, 24(5), 3280-3296. doi:10.1177/15248380221126183.

Hamberger, L. K., Larsen, S. E., & Lehrner, A. (2017). Coercive control in intimate partner violence. *Aggression and Violent Behaviour*, 37(1), 1-11.

doi:10.1016/j.avb.2017.08.003.

Hameed, M., O'Doherty, L., Gilchrist, G., Tirado-Munoz, J., Taft, A., Chondros, P., Feder, G., Tan, M., & Hegarty, K. (2020). Psychological therapies for women who experience intimate partner violence. *Cochrane Database of Systematic Reviews*, 7(1).

doi:10.1002/14651858.CD013017.pub2.

Hammett, J. F., Karney, B. R., & Bradbury, T. N. (2020). Adverse childhood experiences, stress, and intimate partner violence among newlywed couples living with low incomes. *Journal of Family Psychology*, 34(4), 436-447. doi:10.1037/fam0000629.

Han, Y. R., & Choi, H. Y. (2021). Risk factors affecting intimate partner violence occurrence in South Korea: Findings from the 2016 Domestic Violence Survey. *PLoS ONE*, 16(3), 1-16. doi:10.1371/journal.pone.0247916.

Hanson, G. C., Messing, J. T., Anderson, J. C., Thaller, J., Perrin, N. A., & Glass, N. E.

(2019). Patterns and usefulness of safety behaviours among community-based women survivors of intimate partner violence. *Journal of Interpersonal Violence*, 36(17-18), 8768-8791. doi:10.1177/0886260519853401.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

- Hare, R. D., Harpur, T. D., Hakstian, A. R., Forth, A. E., & Hart, S. D. (1990). The revised psychopathy checklist: Reliability and factor structure. *Psychological Assessment*, 2(3), 338-341. doi:10.1037/1040-3590.2.3.338.
- Harper, F. W. K., Austin, A. G., Cercone, J. J., & Arias, I. (2005). The role of shame, anger, and affect in regulation in men's perpetration of psychological abuse in dating relationships. *Journal of Interpersonal Violence*, 20(12), 1648-1662. doi:10.1177/0886260505278717.
- Harris, K. M., Edlund, M. J., & Larson, S. (2005). Racial and ethnic differences in the mental health problems and use of mental health care. *Medical Care*, 43(8), 775-784.
- Hart, S. D. (2016). Culture and violence risk assessment: The case of Ewert v. Canada. *Journal of Threat Assessment and Management*, 3(2), 76-96. doi:10.1037/tam0000068.
- Hashem, H. M., & Awad, G. H. (2021). Religious identity, discrimination, and psychological distress among Muslima and Christian Arab Americans. *Journal of Religion and Health*. doi:10.1007/s10943-020-01145-x.
- Hayes, B. E., & Boyd, K. A. (2016). Influence of individual- and national-level factors on attitudes toward intimate partner violence. *Sociological Perspectives*, 60(4), 685-701. doi:10.1177/0731121416662028.
- Heim, D., Hunter, S. C., & Jones, R. (2011). Perceived discrimination, identification, social capital, and well-being: Relationships with physical health and psychological distress in a UK minority ethnic community sample. *Journal of Cross-Cultural Psychology*, 42(7), 1145-1164. doi:10.1177/0022022110383310.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

- Heise, L. L. (1998). Violence against women: An integrated, ecological framework. *Violence Against Women, 4*(3), 262-290. doi:10.1177/10877801298004003002.
- Herbert, A., Heron, J., Barter, C., Szilassy, E., Barnes, M., Howe, L. D., Feder, G., Fraser, A. (2021). Risk factors for intimate partner violence and abuse among adolescents and young adults: Findings from a UK population-based cohort. *Wellcome Open Research, 21*(5), 176. doi:10.12688/wellcomeopenres.16106.3.
- Heron, R. L., & Eisma, M. C., & Browne, K. (2021). Barriers and facilitators of disclosing domestic violence to the UK health service. *Journal of Family Violence, 37*(1), 533-543. doi:10.1007/s10896-020-00236-3.
- Heron, R. L., Eisma, M., & Browne, K. (2022). Why do female domestic violence victims remain in or leave abusive relationships? A qualitative study. *Journal of Aggression, Maltreatment & Trauma, 31*(1), 677-694. doi:10.1080/10926771.2021.2019154.
- Hilton, N. Z., Harris, G. T., Rice, M. E., Houghton, R. E., & Eke, A. W. (2008). An in-depth actuarial assessment for wife assault recidivism : The Domestic Violence Risk Appraisal Guide. *Law and Human Behaviour, 32*(1), 150-163. doi:10.1007/s10979-007-9088-6.
- Hilton, N. Z., Harris, G. T., Rice, M. E., Lang, C., Cormier, C. A., & Lines, K. J. (2004). A brief actuarial assessment for the prediction of wife assault recidivism: The Ontario Domestic Assault Risk Assessment. *Psychological Assessment, 16*(3), 267-275. doi:10.1037/1040-3590.16.3.267.
- Hilton, N. Z., & Radatz, D. L. (2023). The effects of race and gender when predicting intimate partner violence recidivism in police reports using the Ontario Domestic

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Assault Risk Assessment. *Crime & Delinquency*, 70(5), 1541-1562.

doi:10.1177/00111287231178679.

Hirschi, T. (2002). Self-Control and Crime. In R. F. Baumeister & K. D. Vohs (Eds.), *Handbook of Self-Regulation* (pp. 537-552). New York, New York: The Guilford Press.

Hirschi, T., & Gottfredson, M. (1994). The generality of deviance. In T. Hirschi & M. Gottfredson (Eds.), *The generality of deviance* (pp. 1-22). New Brunswick, NJ: Transaction.

Hogan, K. F., Clarke, V., & Ward, T. (2021). Men's experiences of help-seeking for female-perpetrated intimate partner violence: A qualitative exploration. *Counselling and Psychotherapy Research*, 21(4), 934-945. doi:10.1002/capr.12409.

Holtzworth-Munroe, A., & Clements, K. (2007). The association between anger and male perpetration of intimate partner violence. In T. A. Cavell & K. T. Malcolm (Eds.), *Anger, Aggression and Interventions for Interpersonal Violence*, 313-348. Lawrence Erlbaum Associates Publishers: USA.

Homans, G. C. (1961). *Social Behaviour: Its elementary forms*. Harcourt, Brace: USA.

Home Office. (2015). Coercive or controlling behaviour now a crime. *Gov UK*.

<https://www.gov.uk/government/news/coercive-or-controlling-behaviour-now-a-crime>.

Hope, E. C., Gugwor, R., Riddick, K. N., & Pender, K. N. (2019). Engaged against the machine: Institutional and cultural racial discrimination and racial identity as predictors of Activism Orientation among Black Youth. *American Journal of Community Psychology*, 63(1-2), 61-72. doi:10.1002/ajcp.12303.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

- Howell, K. H., Thurston, I. B., Schwartz, L. E., Jamison, L. E., & Hasselle, A. J. (2018). Protective factors associated with resilience in women exposed to intimate partner violence. *Psychology of Violence, 8*(4), 438-447. doi:10.1037/vio0000147.
- Huda, S., & Kamal, A. (2020). Development and validation of attitude towards honour killing scale. *Pakistan Journal of Psychological Research, 35*(2), 227-251. doi:10.33824/PJPR.2020.35.2.13.
- Hughes, S., & Samuels, H. (2021). Dark desires: The Dark Tetrad and relationship control. *Personality and Individual Difference, 171*(1). doi:10.1016/j.paid.2020.110548.
- Hulley, J., Bailey, L., Kirkman, G., Gibbs, G. R., Gomersall, T., Latif, A., & Jones, A. (2022). Intimate partner violence and barriers to help-seeking among Black, Asian, minority ethnic and immigrant women: A qualitative metasynthesis global research. *Trauma, Violence & Abuse, 24*(2), 1001-1015. doi:10.1177/15248380211050590.
- Hunnicut, G. (2009). Varieties of patriarchy and violence against women: Resurrecting “patriarchy” as a theoretical tool. *Violence Against Women, 15*(5), 553-573. doi:10.1177/1077801208331246.
- Iliadis, M., Fitz-Gibbon, K., & Walklate, S. (2021). Improving justice responses for victims of intimate partner violence: Examining the merits of the provision of independent legal representation. *International Journal of Comparative and Applied Criminal Justice, 45*(1), 105-114. doi:10.1080/01924036.2019.1695639.
- James, D. V., & Sheridan, L. P. (2020). What works in risk assessment in stalking cases. In J. S. Wormith, L. A. Craig, & T. E. Hogue (Eds.), *The wiley handbook of what works in violence risk management: Theory, research, and practice* (pp. 527-542). Wiley Blackwell. doi:10.1002/9781119315933.ch27.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

- Jaspal, R., da Silva Lopes, B. C., & Breakwell, G. M. (2021). British national identity and life satisfaction in ethnic minorities in the United Kingdom. *National Identities, 23*(5), 455-472. doi:10.1080/1468944.2020.1822793.
- Jo, Y., & Bouffard, L. (2014). Stability of self-control and gender. *Journal of Criminal Justice, 42*(4), 356-365. doi:10.1016/j.jcrimjus.2014.05.001.
- Johnson, M. P. (1995). Patriarchal terrorism and common couple violence: Two forms of violence against women. *Journal of Family and Marriage, 57*(1), 283-294. doi:10.2307/353683.
- Johnson, M. P. (2006). Chapter 30 – Violence and abuse in personal relationships: Conflict, terror, and resistance in intimate partnerships. In A. L. Vangelisti & D. Perlman (Eds.), *The Cambridge Handbook of Personal Relationships, 557-578*. Cambridge University Press: USA.
- Johnson, M. P., & Ferraro, K. J. (2004). Research on domestic violence in the 1990s: Making distinctions. *Journal of Marriage and Family, 62*(4), 948-963. doi:10.1111/j.1741-3737.2000.00948.x.
- Jol, G., & Stommel, W. (2016). Ethical considerations of secondary data use: What about informed consent? *Dutch Journal of Applied Linguistics, 5*(2), 180-195. doi:10.1075/dujal.5.2.06jol.
- Jones, D. N., & Paulhus, D. L. (2013). Introducing the Short Dark Triad (SD3): A brief measure of dark personality traits. *Assessment, 21*(1), 28-41. doi:10.1177/1073191113514105.
- Jones, M. S., Worthen, M. G. F., Sharp, S. F., & McLeod, D. A. (2018). Life as she knows it: The effects of adverse childhood experiences on intimate partner violence among

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

women prisoners. *Child Abuse & Neglect*, 85(1), 68-79.

doi:10.1016/j.chiabu.2018.08.005.

Jones, M. S., Pierce, H., & Hoffman, J. P. (2023). Gender differences in adverse childhood experiences, self-control, and delinquency. *Crime & Delinquency*, 69(6-7), 1256-1281. doi:10.1177/00111287221134494.

Jordan, C. E., & Pritchard, A. J. (2021). Mandatory reporting of domestic violence: What do abuse survivors think and what variables influence those opinions? *Journal of Interpersonal Violence*, 36(7-8), 10.1177/0886260518787206.

Joseph-Salisbury, R., Connelly, L., & Wangari-Jones, P. (2021). “The UK is not innocent”: Black Lives Matter, policing and abolition in the UK. *Equality, Diversity and Inclusion*, 40(1), 21-28. doi:10.1108/EDI-06-2020-0170.

Kalmakis, K. A., & Chandler, G. E. (2015). Health consequences of adverse childhood experiences: A systematic review. *Journal of the American Association of Nurse Practitioners*, 27(8), 457-465. doi:10.1002/2327-6924.12215.

Kane, E. W. (2000). Racial and ethnic variations in gender-related attitudes. *Annual Review of Sociology*, 26(1), 419-439. doi:10.1146/annurev.soc.26.1.419.

Karakurt, G., Koc, E., Katta, P., Jones, N., & Bolen, S. D. (2022). Treatments for female victims of intimate partner violence: Systematic review and meta-analysis. *Frontiers in Psychology*, 13(1), 1-13. doi:10.3389/fpsyg.2022.793021.

Karakurt, G., Smith, D., & Whiting, J. (2014). Impact of intimate partner violence on women’s mental health. *Journal of Family Violence*, 29(7), 693-702. doi:10.1007/s10896-014-9633-2.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

- Karnitschnig, L., & Bowker, S. (2020). Intimate partner violence screening in the emergency department: A quality improvement project. *Journal of Emergency Nursing, 46*(3), 345-353. doi:10.1016/j.jen.2020.02.008.
- Katernhahl, D. A., Burge, S. K., Ferrer, R. L., Becho, J., & Wood, R. (2010). Complex dynamics in intimate partner violence: A time series study of 16 women. *Psychiatrist.com*. <https://www.psychiatrist.com/pcc/mental/women/complex-dynamics-intimate-partner-violence-series/>.
- Katz, J., & Rich, H. (2015). Partner co-victimisation and post-breakup stalking, pursuit, and violence: A retrospective study of college women. *Journal of Family Violence, 30*(1), 189-199. doi:10.1007/s10896-014-9665-7.
- Kaufman-Parks, A. M., DeMaris, A., Giordano, P. C., Manning, W. D., & Longmore, M. A. (2018). Familial effects on intimate partner violence perpetration across adolescence and young adulthood. *Journal of Family Issues, 39*(7), 1933-1961. doi:10.1177/0192513X17734586.
- Kaukinen, C. (2020). When stay-at-home orders leave victims unsafe at home: Exploring the risk and consequences of intimate partner violence during the COVID-19 pandemic. *American Journal of Criminal Justice, 45*(1), 668-679. doi:10.1007/s12103-020-09533-5.
- Keefe, S. (1992). Ethnic identity: The domain of perceptions of and attachment to ethnic groups and cultures. *Human Organisation, 51*(1), 35-43. doi:10.17730/humo.51.1.1r55476555563w25.
- Kelly, L. C., Spencer, C. M., Keilholtz, B., McAllister, P., & Stith, S. M. (2022). Is separate the new equal? A meta-analytic review of correlates of intimate partner violence

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

victimisation for Black and White women in the United States. *Family Process*, 61(4), 1473-1488. doi:10.1111/famp.12754.

Kelly, U. A. (2011). Theories of intimate partner violence: From blaming the victim to acting against injustice. Intersectionality as an analytic framework. *Advances in Nursing Science*, 34(3), 29-51. doi:10.1097/ANS.0b013e3182282388.

Kennedy, A. C., Prock, K. A., Adams, A. E., Littwin, A., Meier, E., Saba, J., & Vollinger, L. (2023). Can this provider be trusted? A review of the role of trustworthiness in the provision of community-based services for intimate partner violence survivors. *Trauma, Violence & Abuse*, 25(2), 982-999. doi:10.1177/15248380231168641.

Kiire, S. (2017). Psychopathy rather than Machiavellianism or narcissism facilitates intimate partner violence via fast life strategy. *Personality and Individual Differences*, 104(1), 401-406. doi:10.1016/j.paid.2016.08.043.

Kim, C. (2019). Social isolation, acculturative stress and intimate partner violence (IPV) victimisation among Korean immigrant women. *International Journal of Intercultural Relations*, 72(1), 87-95. doi:10.1016/j.ijintrel.2019.07.005.

Kim, C., & Ferrareso, R. (2022). Examining technology-facilitated intimate partner violence: A systematic review of journal articles. *Trauma, Violence & Abuse*, 24(3), 1325-1343. doi:10.1177/15248380211061402.

Kim, C., & Schmuhl, M. (2020). Understanding intimate partner violence in the Asian communities in America: A systematic review. *Trauma, Violence and Abuse*, 21(4), 779-787. doi:10.1177/1524838018791537.

Kim, I. J., & Zane, N. W. S. (2004). Ethnic and cultural variations in anger regulation and attachment patterns among Korean American and European American male batterers.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Cultural Diversity and Ethnic Minority Psychology, 10(2), 151-168.

doi:10.1037/1099-9809.10.2.151.

Kimber, M., Adham, S., Gill, S., McTavish, J., & MacMillan, H. L. (2018). The association between child exposure to intimate partner violence (IPV) and perpetration of IPV in adulthood – A systematic review. *Child Abuse & Neglect*, 76(1), 273-286.

doi:10.1016/j.chiabu.2017.11.007.

Klencakova, L. E., Pentaraki, M., & McManus, C. (2021). The impact of intimate partner violence on young women's educational well-being: A systematic review of literature.

Trauma, Violence & Abuse, 24(2), 1172-1187. doi:10.1177/15248380211052244.

Konrad, S. C. (2016). Parent-adolescent conflict style and conflict outcome: Age and gender differences. *Psihologija*, 49(3), 245-262. <https://www.ceeol.com/search/article-detail?id=688805>.

Kroenke, K., Spitzer, R. L., Williams, J. B. W., Monahan, P. O., & Lowe, B. (2007). Anxiety disorders in primary care: Prevalence, impairment, comorbidity, and detection. *Annals of Internal Medicine*, 146(5), 317-325. doi:10.7326/0003-4819-146-5-200703060-00004.

Kulkarni, S. (2018). Intersectional trauma-informed intimate partner violence (IPV) services: Narrowing the gap between IPV service delivery and survivor needs. *Journal of Family Violence*, 34(1), 55-64. doi:10.1007/s10896-018-0001-5.

Kulkarni, S., Bell, H., & Rhodes, D. M. (2012). Back to basics: Essential qualities of services for survivors of intimate partner violence. *Violence Against Women*, 18(1), 85-101. doi:10.1177/1077801212437137.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

- Kurdyla, V., Messinger, A. M., & Ramirez, M. (2019). Transgender intimate partner violence and help-seeking patterns. *Journal of Interpersonal Violence, 36*(19-20), 11046-11069. doi:10.1177/0886260519880171.
- Lacey, K. K., McPherson, M., D., Samuel, P. S., Sears, K. P., & Head, D. (2012). The impact of different types of intimate partner violence on the mental and physical health of women in different ethnic groups. *Journal of Interpersonal Violence, 28*(2), 359-385. doi:10.1177/0886260512454743.
- Lagdon, S., Armour, C., & Stringer, M. (2014). Adult experience of mental health outcomes as a result of intimate partner violence victimisation: A systematic review. *European Journal of Psychotraumatology, 5*(1), 24794. doi:10.3402/ejpt.v5.24794.
- Lavoie, J. A. A., & Douglas, K. S. (2012). The perceived stress scale: Evaluating configural, metric and scalar invariance across mental health status and gender. *Journal of Psychopathology and Behavioural Assessment, 34*(1), 48-57. doi:10.1007/s10862-011-9266-1.
- Lawley, K. A., Caley, T. C. S., & Lehman, B. J. (2022). Financial strain and the health and wellbeing of college students during the COVID-19 pandemic. *Journal of American College Health, 1*-8. doi:10.1080/07448481.2023.2253919.
- Lawson, J. (2012). Sociological theories of intimate partner violence. *Journal of Human Behaviour in the Social Environment, 22*(5), 572-590. doi:10.1080/10911359.2011.598748.
- Lelaurain, S., Graziani, P., & Lo Monaco, G. (2017). Intimate partner violence and help-seeking. *European Psychologist, 22*(4). doi:10.1027/1016-9040/a000304.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

- Leon-Carrion, J., & Ramos, F. J. C. (2003). Blows to the head during development can predispose to violent criminal behaviour: Rehabilitation of consequences of head injury is a measure for crime prevention. *Brain Injury, 17*(3), 207-216. doi:10.1080/0269905021000010249.
- Ler, P., Sivakami, M., & Monarrez-Espino, J. (2017). Prevalence and factors associated with intimate partner violence among young women aged 15 to 24 years in India: A social-ecological approach. *Journal of Interpersonal Violence, 35*(19-20), 4083-4116. doi:10.1177/0886260517710484.
- Leung, A. K. Y., & Cohen, D. (2011). Within- and between-culture variation: Individual differences and the cultural logics of honour, face, and dignity cultures. *Journal of Personality and Social Psychology, 100*(3), 507-526. doi:10.10137/a0022151.
- Levin, J. S., Taylor, R. J., & Chatters, L. M. (1994). Race and gender differences in religiosity among older adults: Findings from four national surveys. *Journal of Gerontology, 49*(3), 137-145. doi:10.1093/geronj/49.3.S137.
- Levin, J. S., Taylor, R. J., & Chatters, L. M. (1995). A multidimensional measure of religious involvement for African Americans. *The Sociological Quarterly, 36*(1), 157-173. doi:10.1111/j.1533-8525.1995.tb0235.x.
- Li, C. K. W. (2022). The applicability of social structure and social learning theory to explain intimate partner violence perpetration across national contexts. *Journal of Interpersonal Violence, 37*(23-24), 22475-22500. doi:10.1177/08862605211072166.
- Li, L., Sun, I. Y., & Button, D. M. (2020). Tolerance for intimate partner violence: A comparative study of Chinese and American college students. *Journal of Interpersonal Violence, 35*(21-22), 4533-4557. doi:10.1177/0886260517716941.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

- Li, S., Zhao, F., & Yu, G. (2019). Childhood maltreatment and intimate partner violence victimisation: A meta-analysis. *Child Abuse & Neglect*, 88(1), 212-224. doi:10.1016/j.chiabu.2018.11.012.
- Lilly, M. M., Howell, K. H., & Graham-Bermann, S. (2014). World assumptions, religiosity, and PTSD in survivors of intimate partner violence. *Violence Against Women*, 21(1), 87-104. doi:10.1177/1077801214564139.
- Lindgren, M. S., & Renck, B. (2008). Intimate partner violence and the leaving process: Interviews with abused women. *International Journal of Qualitative Studies on Health and Wellbeing*, 3(2), 113-124. doi:10.1080/17482620801945805.
- Lindhorst, T., & Tajima, E. (2008). Reconceptualising and operationalising context in survey research on intimate partner violence. *Journal of Interpersonal Violence*, 23(3), 362-388. doi:10.1177/0886260507312293.
- Lippy, C., Jumarali, S. N., Nnawulezi, N. A., Williams, E. P., & Burk, C. (2020). The impact of mandatory reporting laws on survivors of intimate partner violence: Intersectionality, help-seeking and the need for change. *Journal of Family Violence*, 35(1), 255-267. doi:10.1007/s10896-019-00103-1.
- Lipsky, S., Caetano, R., Field, C. A., & Larkin, G. L. (2006). The role of intimate partner violence, race, and ethnicity in help-seeking behaviours. *Ethnicity & Health*, 11(1), 81-100. doi:10.1080/13557850500391410.
- Logan, T. K. (2020). Examining stalking experiences and outcomes for men and women stalked by (ex)partners and non-partners. *Journal of Family Violence*, 35(1), 729-739. doi:10.1007/s10896-019-001110w.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Logan, T. K., Evans, L., Stevenson, E., & Jordan, C. E. (2005). Barriers to services for rural and urban survivors of rape. *Journal of Interpersonal Violence, 20*(5), 591-616.

doi:10.1177/0886260504272899.

Lombard, N., & McMillan, L. (2013). Taking stock: Theory and practice in violence against women. In N. Lombard & L. McMillan (eds.), *Violence Against Women: Current Theory and Practice in Domestic Abuse, Sexual Violence and Exploitation*, 233-244.

Jessica Kingsley Publishers: London, UK.

Lopez-Zafra, E., Rodriguez-Espartal, N, & Ramos-Alvarez, M. M. (2019). Women's and men's role in culture of honour endorsement within families. *European Journal of Women's Studies, 27*(1), 72-88.

doi:10.1177/1350506818824369.

Lovallo, W. R. (2013). Early life adversity reduces stress reactivity and enhances impulsive behaviour: Implications for health behaviours. *International Journal of Psychophysiology, 90*(1), 8-16.

doi:10.1016/j.ijpsycho.2012.10.006.

Lowe, M., Khan, R., Thanzami, V., Barzy, M., & Karmaliani, R. (2018). Attitudes toward intimate partner "honour"-based violence in Indian, Iran, Malaysia and Pakistan.

Journal of Aggression, Conflict and Peace Research, 10(4), 283-292.

doi:10.1108/JACPR-09-2017-0324.

Lundh, A. A., Tannlund, C., & Ekwall, A. (2022). More support, knowledge and awareness are needed to prepare emergency department nurses to approach potential intimate partner violence victims. *Scandinavian Journal of Caring Sciences, 37*(2), 397-405.

doi:10.1111/scs.13123.

Lyons, M., & Brewer, G. (2022). Experiences of intimate partner violence during lockdown and the COVID-19 pandemic. *Journal of Family Violence, 37*, 969-977.

doi:10.1007/s10896-021-00260-x.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Lysova, A., Hanson, K., Dixon, L., Douglas, E. M., Hines, D. A., & Celi, E. M. (2020).

Internal and external barriers to help seeking: Voices of men who experienced abuse in intimate relationships. *International Journal of Offender Therapy and Comparative Criminology*, 66(5), 538-559. doi:10.1177/0306624X20919710.

Mager, K. L., Bresin, K., & Verona, E. (2014). Gender, psychopathy factors, and intimate partner violence. *Personality disorders: Theory, research and treatment*, 5(3), 257-267. doi:10.1037/per0000072.

Maguire-Jack, K., Lanier, P., & Lombardi, B. (2020). Investigating racial differences in clusters of adverse childhood experiences. *American Journal of Orthopsychiatry*, 90(1), 106-114. doi:10.1037/ort0000405.

Mahenge, B., Stockl, H., Mizinduko, M., Mazalale, J., & Jahn, A. (2018). Adverse childhood experiences and intimate partner violence during pregnancy and their association to postpartum depression. *Journal of Affective Disorders*, 229(15), 159-163. doi:10.1016/j.jad.2017.12.036.

Mair, C., Cunradi, C. B., & Todd, M. (2012). Adverse childhood experiences and intimate partner violence: Testing psychosocial mediational pathways among couples. *Annals of Epidemiology*, 22(12), 832-839. doi:10.1016/j.annepidem.2012.09.008.

Makridis, C., & Schloetzer, J. D. (2022). Does working from home increase job satisfaction and retention? Evidence from the COVID-19 pandemic. *Georgetown McDonough School of Business*. https://papers.ssrn.com/sol3/Papers.cfm?abstract_id=4016657.

Maldonado, A. I., Cunradi, C. B., & Napoles, A. M. (2020). Racial/ ethnic discrimination and intimate partner violence perpetration in Latino men: The mediating effects of mental health. *International Journal of Environmental Research and Public Health*, 17(21). doi:10.3390/ijerph17218148.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

- Mantler, T., Jackson, K. T., Shillington, K., Walsh, E. J., Tobah, S., Jackson, B., & Davidson, C. A. (2021). Factors influencing rural women's disclosure of intimate partner violence: A qualitative study. *SN Social Sciences, 1*(19), 1-19. doi:10.1007/s43545-020-00027-z.
- Marganski, Al., & Melander, L. (2015). Intimate partner violence victimisation in the cyber and real world: Examining the extent of cyber aggression experiences and its association with in-person dating violence. *Journal of Interpersonal Violence, 33*(7), 1071-1095. doi:10.1177/0886260515614283.
- Martin, S. L., Harris-Britt, A., Li, Y., Moracco, K. E., Kupper, L. L., & Campbell, J. C. (2004). Changes in intimate partner violence during pregnancy. *19*(1), 201-210. doi:10.1023/B:JOFV.0000032630.50593.93.
- Massa, A. A., Eckhardt, C. I., Sprunger, J. G., Parrott, D. J., & Subramani, O. S. (2019). Trauma cognitions and partner aggression: Anger, hostility, and rumination as intervening mechanisms. *Psychology of Violence, 9*(4), 392-399. doi:10.1037/vio0000127.
- Mason, R., Hyman, I., Berman, H., Guruge, S., Kanagaratnam, P., & Manuel, L. (2008). 'Violence is an international language' – Tamil women's perceptions of intimate partner violence. *Violence Against Women, 14*(12). doi:10.1177/1077801208325096.
- Mateos, P., Singleton, A., & Longley, P. (2009). Uncertainty in the analysis of ethnicity classification: Issues of extent and aggregation of ethnic groups. *Journal of Ethnic and Migration Studies, 35*(9), 1437-1460. doi:10.1080/13691830903125919.
- Mazza, M., Marano, G., Gonzalez del Castillo, A., Chieffo, D., Monti, L., Janiri, D., Moccia, L., & Sani, G. (2021). Intimate partner violence: A loop of abuse, depression and

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

victimisation. *World Journal of Psychiatry*, *11*(6), 215-221.

doi:10.5498/wjp.v11.i6.215.

McCleary-Sills, J., Namy, S., Nyoni, J., Rqwywamu, D., Salvatory, A., & Steven, E.

(2015). Stigma, shame and women's limited agency in help-seeking for intimate partner violence. *Global Public Health*, *11*(1-2), 224-235.

doi:10.1080/17441692.2015.1047391.

McCloskey, L. A., Boonzaier, F., Steinbrenner, S. Y., & Hunter, T. (2016). Determinants of intimate partner violence in Sub-Saharan Africa: A review of prevention and intervention programs. *Partner Abuse*, *7*(3). doi:10.1891/1946-6560.7.3.277.

McDermott, R. C., & Lopez, F. G. (2013). College men's intimate partner violence attitudes: Contributions of adult attachment and gender role stress. *Journal of Counselling Psychology*, *60*(1), 127-136. doi:10.1037/a0030353.

McEwan, T. E., Shea, D. E., Nazarewicz, J., & Senkans, S. (2017). Reassessing the link between stalking and intimate partner abuse. *Partner Abuse*, *8*(3). doi:10.1891/1946-6560.8.3.223.

McLean, C. P., Asnaani, A., Litz, B. T., & Hofmann, S. G. (2011). Gender differences in anxiety disorders: Prevalence, course of illness, comorbidity and burden of illness. *Journal of Psychiatric Research*, *45*(8), 1027-1035.
doi:10.1016/j.jpsychires.2011.03.006.

McMahon, M., McGorry, P., & Burton, K. (2019). Prosecuting non-physical abuse between current intimate partners: Are stalking laws an under-utilised resources? *Melbourne University Law Review*, *42*(2), 551-592.

<https://search.informit.org/doi/abs/10.3316/ielapa.666972911003855>.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

- McManus, S., Walby, S., Barbosa, E. C., Appleby, L., Brugha, T., Bebbington, P. E., Cook, E. A., & Knipe, D. (2022). Intimate partner violence, suicidality, and self-harm: A probability sample survey of the general population in England. *The Lancet Psychiatry*, *9*(7), 574-583. doi:10.1016/S2215-0366(22)00151-1.
- McNeil, A., Hicks, L., Yalcinoz-Ucan, B., & Browne, D. T. (2023). Prevalence & correlates of intimate partner violence during COVID-19: A rapid review. *Journal of Family Violence*, *38*(1), 241-261. doi:10.1007/s10896-022-00386-6.
- Mellar, B. M., Gulliver, P. J., Selak, V., Hashemi, L., McIntosh, T. K. D., & Fanslow, J. L. (2023). Association between men's exposure to intimate partner violence and self-reported health outcomes in New Zealand. *JAMA Network Open*, *6*(1). doi:10.1001/jamanetworkopen.2022.52578.
- Melton, H. C., & Belknap, J. (2003). He hits, she hits: Assessing gender differences and similarities in officially reported intimate partner violence. *Criminal Justice and Behaviour*, *30*(3), 328-348. doi:10.1177/0093854803030003004.
- Merkin, R. S. (2017). Individualism-collectivism and saving face. In *Saving Face in Business*. Palgrave Macmillan: New York. doi:10.1057/978-1-137-59174-6_4.
- Mersky, J. P., Choi, C., Lee, C. T. P., & Janczewski, C. E. (2021). Disparities in adverse childhood experiences by race/ ethnicity, gender, and economic status: Intersectional analysis of a nationally representative sample. *Child Abuse & Neglect*, *117*(1). doi:10.1016/j.chiabu.2021.105066.
- Messing, J. T., Amanor-Boadu, Y., Cavanaugh, C. E., Glass, N. E., & Campbell, J. C. (2013). Culturally competent intimate partner violence risk assessment: Adapting the danger

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

assessment for immigrant women. *Social Work Research*, 37(3), 263-275.

doi:10.1093/swr/svt019.

Messinger, A. M., Fry, D. A., Rickert, V. I., Catalozzi, M., & Davidson, L. L. (2014).

Extending Johnson's intimate partner violence typology: Lessons from an adolescent sample. *Violence Against Women*, 20(8), 948-971. doi:10.1177/1077801214546907.

Miles-McLean, H. A., LaMotte, A. D., Williams, M. R., & Murphy, C. M. (2019). Trauma

exposure and PTSD among women receiving treatment for intimate partner violence perpetration. *Journal of Interpersonal Violence*, 36(13-14), 6803-6826.

doi:10.1177/0886260518820634.

Mitchell, M. S., Cropanzano, R. S., & Quisenberry, D. M. (2012). Social Exchange Theory,

exchange resources, and interpersonal relationships: A modest resolution of theoretical difficulties. In K. Tornblom & A. Kazemi (eds.), *Handbook of Social Resource Theory: Theoretical Extensions, Empirical Insights, and Social Applications*. Springer: New York, USA.

Moilanen, K. L., & Raffaellim, M. (2010). Support and conflict in ethnically diverse young

adults' relationships with parents and friends. *International Journal of Behavioural Development*, 34(1), 46-52. doi:10.1177/0165025409348553.

Moir, J. (2024). Police legitimacy in relation to equality, diversity and inclusion: An analysis

of strategic plan. *Academic Journal of International Economics and Management Research*, 5(1), 1-14. <https://rke.abertay.ac.uk/en/publications/police-legitimacy-in-relation-to-equality-diversity-and-inclusion-2>.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Montalvo-Liendo, N. (2008). Cross-cultural factors in disclosure of intimate partner violence: An integrated review. *Journal of Advanced Nursing*, 65(1), 20-34.

doi:10.1111/j.1365-2648.2008.04850.x.

Monterrosa, A. E. (2019). How race and gender stereotypes influence help-seeking for intimate partner violence. *Journal of Interpersonal Violence*, 36(17-18), 9153-9174.

doi:10.1177/0886260519853403.

Moreira, D. N., & Pinto da Costa, M. (2020). The impact of the COVID-19 pandemic in the precipitation of intimate partner violence. *International Journal of Law and Psychiatry*, 71(1). doi:10.1016/j.ijlp.2020.101606.

Morgan, K., Buller, A. M., Evans, M., Trevillion, K., Williamson, E., & Malpass, A. (2016).

The role of gender, sexuality and context upon help-seeking for intimate partner violence: A synthesis of data across five studies. *Aggression and Violent Behaviour*, 31(1), 136-146. doi:10.1016/j.avb.2016.09.001.

Murphy, C. M. (2013). Social information processing and the perpetration of intimate partner violence: It is (and isn't) what you think. *Psychology of Violence*, 3(3), 212-217.

doi:10.1037/a0033344.

Murphy, C., Norwood, A. E. Q., & Poole, G. M. (2014). Intimate partner violence: A biopsychosocial, social information processing perspective. In C. R. Agnew & S. C.

South (eds.), *Interpersonal Relationships and Health: Social and clinical psychological mechanisms*, 156-178. Oxford University Press: New York, USA.

doi:10.1093/acprof:oso/9780199936632.003.0008.

Nabavi, R. T., & Bijandi, M. S. (2011). Bandura's Social Learning Theory & Social

Cognitive Learning Theory. *Research Gate*.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

<https://www.researchgate.net/profile/Mohammad->

[Bijandi/publication/367203768_Bandura's_Social_Learning_Theory_Social_Cognitive_Learning_Theory/links/63c6a10bd7e5841e0bd70276/Banduras-Social-Learning-Theory-Social-Cognitive-Learning-Theory.pdf](https://www.researchgate.net/publication/367203768_Bandura's_Social_Learning_Theory_Social_Cognitive_Learning_Theory/links/63c6a10bd7e5841e0bd70276/Banduras-Social-Learning-Theory-Social-Cognitive-Learning-Theory.pdf).

Nabors, E. L., & Jasinski, J. L. (2009). Intimate partner violence perpetration among college students – The role of gender role and gendered violence attitudes. *Feminist Criminology*, 4(1), 57-82. doi:10.1177/1557085108325235.

Nabors, E. L., & Jasinski, J. L. (2009). Intimate partner violence perpetration among college students. *Feminist Criminology*, 4(1), 57-82. doi:10.1177/1557085108325235.

Nayak, M. B., Byrne, C. A., Martin, M. K., & Abraham, A. G. (2003). Attitudes toward violence against women: A cross-nation study. *Sex Roles*, 49(1), 333-342. doi:10.1023/A:1025108103617.

Neilson, E. C., Gulati, N. K., Stappenbeck, C. A., George, W. H., & Davis, K. C. (2021). Emotion regulation and intimate partner violence perpetration in undergraduate samples: A review of the literature. *Trauma, Violence & Abuse*, 24(2), 576-596. doi:10.1177/15248380211036063.

Nemteanu, M. S., Dinu, V., & Dabija, D. C. (2021). Job insecurity, job instability, and job satisfaction in the context of the COVID-19 pandemic. *Journal of Competitiveness*, 13(2), 65-82. doi:10.7441/joc.2021.02.04.

Nesset, M. B., Bjorngaard, J. H., Whittington, R., & Palmstierna, T. (2021). Does cognitive behavioural therapy or mindfulness-based therapy improve mental health and emotion regulation among men who perpetrate intimate partner violence? A randomised controlled trial. *International Journal of Nursing Studies*, 113(1). doi:10.1016/j.ijnurstu.2020.103795.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

- Neumann, C. S., Jones, D. N., & Paulhus, D. L. (2021). Examining the Short Dark Tetrad (SD4) across models, correlates, and gender. *Assessment, 29*(4), 651-667.
doi:10.1177/1073191120986624.
- Nguyen, A. W. (2020). Religion and mental health in racial and ethnic minority populations: A review of the literature. *Innovation in Aging, 4*(5), 1-13.
doi:10.1093/geroni.igaa035.
- NHS England. (2020). Domestic abuse during COVID-19: A reminder of advice for NHS staff. *NHS England*. <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/05/C0376-domestic-abuse-duringpcovid-19-letter.pdf>.
- NHS. (2022). Domestic Violence and Abuse. *NHS*. <https://www.nhs.uk/live-well/getting-help-for-domestic-violence/>.
- Nije-Carr, V. P. S., Sabri, B., Messing, J. T., Suarez, C., Ward-Lasher, A., Wachter, K., Marea, C. X., & Campbell, J. (2020). Understanding intimate partner violence among immigrant and refugee women: A Grounded Theory analysis. *Journal of Aggression, Maltreatment & Trauma*. doi:10.1080/10926771.2020.1796870.
- Noble, H., & Heale, R. (2019). Triangulation in research, with examples. *Evidence-Based Nursing, 22*(3), 67-68. doi:10.1136/ebnurs-2019-103145.
- Nugraheni, S. E., & Hastings, J. F. (2021). Family-based caregiving: Does lumping Asian Americans together do more harm than good? *Journal of Social, Behavioural and Health Sciences, 15*(1), 87-103. doi:10.5590/JSBHS.2021.15.1.07.
- O'Connor, J., Nikolova, K., Cardenas, I., & Snyder, S. (2022). The mediating effect of traditional gender beliefs on the relationship between gender disparities and intimate

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

partner violence perpetration. *Journal of Aggression, Maltreatment & Trauma*, 32(1-2), 53-70. doi:10.1080/10926771.2022.2088322.

O'Driscoll, G., Bawden, D. (2022). Health information equity: Rebalancing healthcare collections for racial diversity in UK public service contexts. *Education for Information*, 38(4), 315-336. doi:10.3233/EFI-220051.

Ogbe, E., Harmon, S., Van de Bergh, R., & Degomme, O. (2020). A systematic review of intimate partner violence interventions focused on improving social support and mental health outcomes of survivors. *PLOS ONE*, 15(6). doi:10.1371/journal.pone.0235177.

Olive, P. (2016). Classificatory multiplicity: Intimate partner violence diagnosis in emergency department consultations. *Journal of Clinical Nursing*, 26(15-16), 2229-243. doi:10.1111/jocn/13673.

ONS. (2020A). Domestic abuse victim characteristics, England and Wales: year ending March 2020. *Office for National Statistics*.
<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusevictimcharacteristicsenglandandwales/yearendingmarch2020>.

ONS. (2020B). Appendix tables: Homicide in England and Wales. *Office for National Statistics*.
<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/appendixtableshomicideinenglandandwales>.

ONS. (2023). Domestic abuse in England and Wales overview: November 2023. *Office for National Statistics*.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwalesoverview/november2023>.

Pailing, A., Boon, J., & Egan, V. (2014). Personality, the Dark Triad and violence.

Personality and Individual Differences, 67(1), 81-86. doi:10.1017/j.paid.2013.11.018.

Panovska-Griffiths, J., Szilassy, E., Johnson, M., Dixon, S., De Simoni, A., Wileman, V.,

Dowrick, A., Emsley, E., Griffiths, C., Barbosa, E. C., & Feder, G. (2022). Impact of the first national COVID-19 lockdown on referral of women experiencing domestic violence and abuse in England and Wales. *BMC Public Health*, 22(504).

doi:10.1186/s12889-022-12825-6.

Panuzio, J., & DiLillo, D. (2010). Physical, psychological and sexual intimate partner aggression among newlywed couples: Longitudinal prediction of marital satisfaction.

Journal of Family Violence, 25(7), 689-699. doi:10.1007/s108960-010-9328-2.

Paulhus, D. L., & Williams, K. M. (2002). The Dark Triad of personality: Narcissism,

Machiavellianism and psychopathy. *Journal of Research in Personality*, 36(6), 556-563. doi:10.1016/S0092-6566(02)00505-6.

Pearson, B., & McCoy, M. A. (2024). Having a significant other reduced financial strain during the COVID-19 pandemic. *Journal of Financial Counselling and Planning*,

35(2). doi:10.1891/JFCP-2022-0105.

Pence, E., & Paymar, M. (2004). Defense of the Duluth model. *Law & Order*, 52(2), 376.

Pereira, M. E., Azeredo, A., Moreira, D., Brandao, I., & Almeida, F. (2020). Personality characteristics of victims of intimate partner violence: A systematic review.

Aggression and Violent Behaviour, 52(1). doi:10.1016/j.avb.2020.101423.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Perelli-Harris, B., Hoherz, S., Lappegard, T., & Evans, A. (2019). Mind the 'happiness' gap:

The relationship between cohabitation, marriage, and subjective well-being in the United Kingdom, Australia, Germany and Norway. *Demography*, *56*(4), 1219-1246. doi:10.1007/s13524-019-00792-4.

Perry, K. J., Ostrov, J. M., Shisler, S., Eiden, R. D., Nickerson, A. B., Godleski, S. A., & Schuetze, P. (2021). Pathways from early violence to adolescent reactive aggression and violence victimisation. *Journal of Family Violence*, *36*(1), 75-86. doi:10.1007/s10896-019-00109-4.

Perry-Parish, C., Webb, L., Zeman, J., Spencer, S., Malone, C., Borowski, S., Reynolds, E., Hankinson, J., Specht, M., & Ostrander, R. (2017). Anger regulation and social acceptance in early adolescence: Associations with gender and ethnicity. *Journal of Early Adolescence*, *37*(4), 475-501. doi:10.1177/0272431615611255.

Pina, A., Storey, J. E., Duggan, M., & Franqueira, V. (2021). *Technology-Facilitated Intimate Partner Violence: A multi-disciplinary examination of prevalence, methods used by perpetrators and the impact of COVID-19*. Home Office. <https://kar.kent.ac.uk/95001/1/Home%20Office%20TFIPV%20Final%20Report%20University%20of%20Kent%5B74%5D.pdf>.

Pineda, D., Galan, M., Martínez-Martínez, A., Campagne, D. M., & Piqueras, J. A. (2021). Same personality, new ways to abuse: How dark tetrad personalities are connected with cyber intimate partner violence. *Journal of Interpersonal Violence*, *37*(13-14). doi:10.1177/0886260521991307.

Pineda, D., Martínez-Martínez, A., Galán, M., Rico-Bordera, P., & Piqueras, J. A. (2023). The Dark Tetrad and online sexual victimisation: Enjoying in the distance. *Computers in Human Behaviour*, *142*(1), 107659. doi:10.1016/j.chb.2023.107659.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

- Pinto, L. A., Sullivan, E. L., Rosenbaum, A., Wyngarden, N., Umhau, J. C., Miller, M. W., & Taft, C. T. (2010). Biological correlates of intimate partner violence perpetration. *Aggressive Violent Behaviour, 15*(5), 387-398. doi:10.1016/j.avb.2010.07.001.
- Plouffe, R. A., Wilson, C. A., & Saklofske, D. H. (2020). Examining the relationships between childhood exposure to intimate partner violence, the Dark Tetrad of Personality, and Violence Perpetration in Adulthood. *Journal of Interpersonal Violence, 37*(5-6), 3449-3473. doi:10.1177/0886260520948517.
- Plouffe, R. A., Wilson, C. A., & Saklofske, D. H. (2020). The role of dark personality traits in intimate partner violence: A multi-study investigation. *Current Psychology, 41*(1), 3481-3500. doi:10.1007/s12144-020-00871-5.
- Pokharel, B., Hegadoren, K., & Papathanassoglou, E. (2020). Factors influencing silencing of women who experience intimate partner violence: An integrative review. *Aggression and Violent Behaviour, 52*(1). doi:10.1016/j.avb.2020.101422.
- Postmus, J. L. (2015). Women from different ethnic groups and their experiences with victimisation and seeking help. *Violence Against Women, 21*(3), 376-393. doi:10.1177/1077801214568254.
- Powell, S. K., Saali, A., Serafini, R. A., O'Shea, C. P., Frere, J. J., & Katz, C. L. (2022). Psychological impacts of the COVID-19 pandemic. *Frontiers of COVID-19*. https://link.springer.com/chapter/10.1007/978-3-031-08045-6_10#citeas.
- Próspero, M., & Kim, M. (2008). Mutual partner violence: Mental health symptoms among female and male victims in four racial/ ethnic groups. *Journal of Interpersonal Violence, 24*(12), 2039-2056. doi:10.1177/0886260508327705.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

- Proto, E., & Quintana-Domeque, C. (2021). COVID-19 and mental health deterioration by ethnicity and gender in the UK. *PLOS ONE*, *16*(1).
doi:10.1371/journal.pone.0244419.
- Rader, N. E., & Haynes, S. H. (2011). Gendered fear of crime socialisation: An extension of Akers' Social Learning Theory. *Feminist Criminology*, *6*(4), 291-307.
doi:10.1177/1557085111408278.
- Ragusa, A. T. (2012). Rural Australian women's legal help seeking for intimate partner violence: Women intimate partner violence victim survivors' perceptions of criminal justice support services. *Journal of Interpersonal Violence*, *28*(4), 685-717.
doi:10.1177/0886260512455864.
- Raine, A., & Scerbo, A. (1991). Biological theories of Violence. In Milner, J. S. (ed.), *Neuropsychology of Aggression – Foundations of Neuropsychology, Vol.4*. Springer: Boston, MA. doi:10.1007/978-1-4615-3878-1_1.
- Rayhan, I., & Akter, K. (2021). Prevalence and associated factors of intimate partner violence (IPV) against women in Bangladesh amid COVID-19 pandemic. *Heliyon*, *7*(3).
doi:10.1016/j.heliyon.2021.e06619.
- Reddy, R. (2008). Gender, culture and the law: Approaches to 'Honour Crimes' in the UK. *Feminist Legal Studies*, *16*(1), 305-321. doi:10.1007/s10691-008-9098-x.
- Reese-Weber, M., & Kahn, J. H. (2005). Familial predictors of sibling and romantic partner conflict resolution: COMparing late adolscents from intact and divorced families. *Journal of Adolescence*, *28*(4), 479-493. doi:10. 1016/j.adolescence.2004.09.004.
- Reingle, J. M., Jennings, W. G., Connell, N. M., Businelle, M. S., & Chartier, K. (2014). On the pervasiveness of event-specific alcohol use, general substance use, and mental

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

health problems as risk factors for intimate partner violence. *Journal of Interpersonal Violence*, 29(16), 2951-2970. doi:10.1177/0886260514527172.

Reisenhofer, S., & Seibold, C. (2012). Emergency healthcare experiences of women living with intimate partner violence. *Journal of Clinical Nursing*, 22(15-16), 2253-2263. doi:10.1111/j.1365-2702.2012.04311.x.

Renner, L. M., Wang, Q., Logeais, M. E., & Clark, C. J. (2019). Health care providers; readiness to identify and respond to intimate partner violence. *Journal of Interpersonal Violence*, 36(19-20), 9507-9534. doi:10.1177/0886260519867705.

Reyes, H. L. M., Foshee, V. A., Niolon, P. H., Reidy, D. E., & Hall, J. E. (2016). Gender role attitudes and male adolescent dating violence perpetration: Normative beliefs as moderators. *Journal of Youth and Adolescence*, 45(1), 350-360. doi:10.1007/s10964-015-0278-0.

Reyes, L. R., Meininger, J. C., Liehr, P., Chan, W., & Mueller, W. H. (2003). Sex, ethnicity, age differences, and psychometric properties. *Nursing Research*, 52(1), 2-11. https://journals.lww.com/nursingresearchonline/abstract/2003/01000/anger_in_adolescents__sex,_ethnicity,_age.2.aspx.

Rich, R., Evans, J. L., Klimek, S., & Wilson, L. (2022). US college women's understandings of definitions of intimate partner violence. *Health Education Journal*, 81(3), 251-264. doi:10.1177/00178969211073031.

Richards, L. (2009). Domestic abuse, stalking and harassment and honour-based violence (DASH, 2009) risk identification and assessment and management tool. *Reducing the Risk*. <https://reducingtherisk.org.uk/wp-content/uploads/2022/08/DASH-2009.pdf>.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

- Richardson, T., Elliott, P., Roberts, R., & Jansen, M. (2017). A longitudinal study of financial difficulties and mental health in a National sample of British undergraduate students. *Community Mental Health Journal, 53*(1), 344-352. doi:10.1007/s10597-016-0052-0.
- Roberts, A. L., McLaughlin, K. A., Conron, K.J., & Koenen, K. C. (2011). Adulthood stressors, history of childhood adversity and risk of perpetration of intimate partner violence. *American Journal of Preventive Medicine, 40*(2), 128-138. doi:10.1016/j.amepre.2010.10.016.
- Robertson, E. L., Walker, T. M., & Frick, P. J. (2020). Intimate partner violence perpetration and psychopathy: A comprehensive review. *European Psychologist, 25*(2), 134-145. doi:10.1027/1016-9040/a000397.
- Robinson, S. R., Ravi, K., & Voth Schrag, R. J. (2020). A systematic review of barriers to formal help seeking for adult survivors of IPV in the United States, 2005-2019. *Trauma, Violence & Abuse, 22*(5), 1279-1295. doi:10.1177/1524838020916254.
- Rogoza, R., Zemojtel-Piotrowska, M., Jonason, P. K., Piotrowski, J., Campbell, K. W., Gebauer, J. E., Maltby, J., Sedikides, C., Adamovic, M., Adams, B. G., Ang, R. P., Ardi, R., Atitsogbe, K. A., Baltatescu, S., Bilic, S., Bodroza, B., Brulin, J. G., Poonosamy, H. Y. B., Chaleeraktragoon, T., ... & Włodarczyk, A. (2021). Structure of dark triad dirty dozen across eight world regions. *Assessment, 28*(4), 1125-1135. doi:10.1177/1073191120922611.
- Romano, E., Weegar, K., Gallitto, E., Zak, S., & Saini, M. (2019). Meta-analysis on interventions for children exposed to intimate partner violence. *Trauma, Violence & Abuse, 22*(4), 728-738. doi:10.1177/1524838019881737.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

- Romero-Martínez, A., Lila, M., & Moya-Albiol, L. (2016). Empathy impairments in intimate partner violence perpetrators with antisocial and borderline traits: A key factor in the risk of recidivism. *Violence and Victims, 31*(2), 347-360. doi:10.1891/0886-6708.VV-D-14-00149.
- Rosenbaum, A., & Hoge, S. K. (1989). Head injury and marital aggression. *The American Journal of Psychiatry, 146*(8), 1048-1051. doi:10.1176/ajp.146.8.1048.
- Rowlands, E. (2022). Constructing victimisation as masculine honour: Men and intimate partner violence in Johannesburg. *South-North Cultural and Media Studies, 36*(3-4), 44-59. doi:10.1080/02560046.2022.2144922.
- Ruddle, A., Pina, A., & Vasquez, E. (2017). Domestic violence offending behaviours: A review of the literature examining childhood exposure, implicit theories, trait aggression and anger rumination as predictive factors. *Aggression and Violent Behaviour, 34*(1), 154-165. doi:10.1016/j.avb.2017.01.016.
- Rumjaun, A., & Narod, F. (2020). Social Learning Theory – Albert Bandura. In B. Akpan and T. J. Kennedy (eds.), *Science Education in Theory and Practice*. Springer Texts in Education: Springer, Cham. doi:10.1007/978-3-030-43620-9_7.
- Sabina, C., Cuevas, C. A., & Zadnik, E. (2015). Intimate partner violence among Latino women: Rates and cultural correlates. *Journal of Family Violence, 30*(1), 35-47. doi:10.1007/s10896-014-9652-z.
- Sabri, B., Hartley, M., Saha, J., Murray, S., Glass, N., & Campbell, J. C. (2020). Effect of COVID-19 pandemic on women's health and safety: A study of immigrant survivors of intimate partner violence. *Health Care for Women International, 41*(11-12), p.1294-1312. doi:10.1080/07399332.2020.1833012.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

- Sabri, B., Simonet, M., & Campbell, J. C. (2018). Risk and protective factors of intimate partner violence among South Asian immigrant women and perceived need for services. *Cultural Diversity and Ethnic Minority Psychology, 24*(3), 442-452. doi:10.1037/cdp0000189.
- Sabri, B., Tharmarajah, S., Nije-Carr, V. P. S., Messing, J. T., Loerzel, E., Arscott, J., & Campbell, J. C. (2021). Safety planning with marginalised survivors of intimate partner violence: Challenges of conducting safety planning intervention research with marginalised women. *Trauma, Violence & Abuse, 23*(5), 1728-1751. doi:10.1177/15248380211013136.
- Sarapata, M., Herrmann, D., Johnson, T., & Aycok, R. (1998). The role of head injury in cognitive functioning, emotional adjustment, and criminal behaviour. *Brain Injury, 12*(10), 821-842. doi:10.1080/026990598122061.
- Sardinha, L., Maheu-Girouz, M., Stockl, H., & Meyer, S. R. (2022). Global, regional, and national prevalence estimates of physical or sexual, or both, intimate partner violence against women in 2018. *The Lancet, 399*(10327), 803-813. doi:10.1016/S0140-6736(21)02664-7.
- Satyen, L., Rogic, A. C., & Supol, M. (2019). Intimate partner violence and help-seeking behaviour: A systematic review of cross-cultural differences. *Journal of Immigrant and Minority Health, 21*(1), 879-892. doi:10.1007/s10903-018-0803-9.
- Saxton, M. D., Jaffe, P. G., Dawson, M., Straatman, A. L., & Olszowy, L. (2020). Complexities of the police response to intimate partner violence: Police officers' perspectives on the challenges of keeping families safe. *Journal of Interpersonal Violence, 37*(5-6), 2557-2580. doi: 10.1177/0886260520934428.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Scheer, J. R., Martin-Storey, A., & Baams, L. (2020). Help-seeking barriers among sexual and gender minority individuals who experience intimate partner violence victimisation. In B. Russell (ed.), *Intimate Partner Violence and the LGBT+ community*. Springer, Cham. doi:10.1007/978-3-030-44762-5_8.

Schmid, L., Wörn, J., Hank, K., Sawatzki, B., & Walper, S. (2020). Changes in employment and relationship satisfaction in times of the COVID-19 pandemic: Evidence from the German family panel. *European Societies*, 23(1), 743-758.
doi:10.1080/14616696.2020.1836385.

Schster, I., & Tomaszewska, P. (2021). Pathways from child sexual and physical abuse to sexual and physical intimate partner violence victimisation through attitudes toward intimate partner violence. *Journal of Family Violence*, 36(1), 443-453.
doi:10.1007/s10896-020-00180-2.

Schudson, Z. C., & Morgenroth, T. (2022). Non-binary gender/ sex identities. *Current Opinion in Psychology*, 48(1), 1-5. Retrieved 8 March 2024 from
<https://www.sciencedirect.com/science/article/pii/S2352250X22002202>.

Schulz, A., Israel, B., Williams, D., Parker, E., Becker, A., & James, S. (2000). Social inequalities, stressors and self reported health status among African American and white women in the Detroit metropolitan area. *Social Science & Medicine*, 51(11), 1639-1653. doi:10.1016/S0277-9536(00)00084-8.

Scott, E. (2015). A brief guide to intimate partner violence and abuse. *NHS Health Scotland*.
https://www.healthscotland.scot/media/1166/brief-guide-to-intimate-partner-violence_5466.pdf;

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

- Sears, K. P. (2021). Intimate partner violence, cultural belief systems, and help-seeking among African American and Jamaican women in the United States. *Journal of Ethnographic & Qualitative Research, 15*(4), 300-314.
<https://web.p.ebscohost.com/abstract?direct=true&profile=ehost&scope=site&authType=crawler&jrnl=19353308&AN=152960018&h=PsSiEtY0bdEWsmtT8fG6WS9ahBjlQ0AVAED8gHanCcxm4K0IROPooUU%2fwDpeXFUcApe5PEcYTaznN9nHUisQE A%3d%3d&crl=c&resultNs=AdminWebAuth&resultLocal=ErrCrlNotAuth&crlhashurl=login.aspx%3fdirect%3dtrue%26profile%3dehost%26scope%3dsite%26authType%3dcrawler%26jrnl%3d19353308%26AN%3d152960018>.
- Sedikides, C., Oliver, M. B., & Campbell, W. K. (1994). Perceived benefits and costs of romantic relationships for women and men: Implications for exchange theory. *Personal Relationships, 1*(1), 5-21. doi:10.1111/j.1475-6811.1994.tb00052.x.
- Seon, J., Cho, H., Choi, G. Y., Son, E., Allen J., Nelson, A., Kwon, I. (2022). Adverse childhood experiences, intimate partner violence victimisation, and self-perceived health and depression among college students. *Journal of Family Violence, 37*(1), 691-706. doi:10.1007/s10896-021-00286-1.
- Severance, L., Bui-Wrzonsinska, L., Gelfand, M. J., Lyons, S., Nowak, A., Borkowski, W., Soomro, N., Rafaeli, A., Treister, D. E., Lin, C. C., & Yamaguchi, S. (2013). The psychological structure of aggression across cultures. *Journal of Organisational Behaviour, 34*(6), 835-865. doi:10.1002/job.1873.
- Shearson, K. M. (2017). Seeking help from police for intimate partner violence: Applying a relationship phase framework to the exploration of victims' evolving needs. *Journal of Interpersonal Violence, 36*(1-4), 1745-1771. doi:10.1177/0886260517744185.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

- Shekarkhar, Z., Gibson, & Gibson, C. L. (2011). Gender, self-control, and offending behaviours among Latino youth. *Journal of Contemporary Criminal Criminal Justice*, 27(1), 63-80. doi:10.1177/1043986211402224.
- Shepherd, S. M., & Lewis-Fernandez, R. (2016). Forensic risk assessment and cultural diversity: Contemporary challenges and future directions. *Psychology, Public Policy, and Law*, 22(4), 427-438. doi:10.1037/law0000102.
- Shorey, R. C., Elmquist, J., Ninnemann, A., Brasfield, H., Febres, J., Rothman, E. F., Schonbrun, Y. C., Temple, J. R., & Stuart, G. L. (2012). The association between intimate partner violence perpetration, victimisation, and mental health among women arrested for domestic violence. *Partner Abuse*, 3(1), 3-21. doi:10.1891/1946-6560.3.1.3.
- Shorter-Gooden, K. (2004). Multiple resistance strategies: How African American women cope with racism and sexism. *Journal of Black Psychology*, 30(3), 406-425. doi:10.1177/0095798404266050.
- Sigurvinsdottir, R., Riger, S., & Ullman, S. E. (2016). The impact of disclosure of intimate partner violence on friends. *Journal of Interpersonal Violence*, 31(18), 2940-2957. doi:10.1177/0886260515584334.
- Sikweyiya, Y., Addo-Lartey, A. A., Alangea, D. O., Dako-Gyeke, P., Chirwa, E. D., Coker-Appiah, D., Adanu, R. M. K., & Jewkes, R. (2020). Patriarchy and gender-inequitable attitudes as drivers of intimate partner violence against women in the central region of Ghana. *BMC Public Health*, 20(1), 682. doi:10.1186/s12889-020-08825-z.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

- Simmons, C. A., Farrar, M., Frazer, K., Thompson, M. J. (2011). From the voices of women: Facilitating survivor access to IPV services. *Violence Against Women, 17*(10), 1226-1243. doi:10.1177/1077801211424476.
- Simon, T. R., Anderson, M., Thompson, M. P., Crosby, A. E., Shelley, G., & Sacks, J. J. (2001). Attitudinal acceptance of intimate partner violence among US adults. *Violence and Victims, 16*(2), 115-126. doi:10.1891/0886-6708.16.2.115.
- Singh, J. P., Grann, M., & Fazel, S. (2011). A comparative study of violence risk assessment tools: A systematic review and metaregression analysis of 68 studies involving 25,980 participants. *Clinical Psychology Review, 31*(3), 499-513. doi:10.1016/j.cpr.2010.11.009.
- Slakoff, D. C., Aujla, W., & PenzeyMoog, E. (2020). The role of service providers, technology, and mass media when home isn't safe for intimate partner violence victims: Best practices and recommendations in the era of COVID-19 and beyond. *Archives of Sexual Behaviour, 49*(1), 2779-2788. doi:10.1007/s10508-020-01820-w.
- Slep, A. M. S., Foran, H. M., Heyman, R. E., Snarr, J. D., & USAF Family Advocacy Research Program. (2015). Identifying unique and shared risk factors for physical intimate partner violence and clinically-significant physical intimate partner violence. *Aggressive Behaviour, 41*(1), 227-241. doi:10.1002/ab.21565.
- Smith, B. A., Thompson, S., Tomaka, J., & Buchanan, A. C. (2005). Development of the Intimate Partner Violence Attitudes Scales (IPVAS) with a predominantly Mexican American college sample. *Hispanic Journal of Behavioural Sciences, 27*(4), 442-454. doi:10.1177/0739986305281233.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

- Smith, P. B., Easterbrook, M. J., Koc, Y., Lun, V. M. C., Papastylianou, D., Grigoryan, L., Torres, C., Efremova, M., Hassan, B., Abbas, A., Ahmad, A. H., Al-Bayati, A., Selim, H. A., Anderson, J., Cross, S. E., Delfino, G. I., Gamsakhurdia, V., Gavreliuc, D., Gul, P., Gunsoy, C., ... & Chobthamkit, P. (2021). Is an emphasis on dignity, honour and face more an attribute of individuals or of cultural groups? *Cross-Cultural Research*, 55(2-3), 95-126. doi:10.1177/1069397120979571.
- Smoker, M., & March, E. (2017). Predicting perpetration of intimate partner cyberstalking: Gender and the Dark Tetrad. *Computers in Human Behaviour*, 72(1), 390-396. doi:10.1016/j.chb.2017.03.012.
- Snell-Rood, C. (2015). Informal support for women and intimate partner violence: The crucial yet ambivalent role of neighbours in urban India. *Culture, Health & Sexuality*, 17(1), 63-77. doi:10.1080/13691058.2014950333.
- Snowden, R. J., Gray, N. S., & Taylor, J. (2010). Risk assessment for future violence in individuals from an ethnic minority group. *International Journal of Forensic Mental Health*, 9(2), 118-123. doi:10.1080/14999013.2010.50184.
- Soler, H., Vinayak, P., & Quadagno, D. (2000). Biosocial aspects of domestic violence. *Psychoneuroendocrinology*, 25(7), 721-739. doi:10.1016/S0306-4530(00)00022-6.
- Son, C., Hegde, S., Smith, A., Wang, X., & Sasangohar, F. (2020). Effects of COVID-19 on college students' mental health in the United States: Interview survey study. *Journal of Medical Internet Research*, 22(9). doi:10.2196/21279.
- Spangaro, J., Toole-Anstey, C., MacPhail, C. L., Rambaldini-Gooding, D. C., Keevers, L., & Garcia-Moreno, C. (2021). The impact of interventions to reduce risk and incidence of intimate partner violence and sexual violence in conflict and post-conflict states

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

and other humanitarian crises in low and middle income countries: A systematic review. *Conflict and Health*, 15(86). doi:10.1186/s13031-021-00417-x.

Spangaro, J., Vajda, J., Klineberg, E., Lin, S., Griffiths, C., McNamara, L., Saberi, E., Gield, E., & Miller, A. (2022). Emergency department staff experiences of screening and response for intimate partner violence in a multi-site feasibility study: Acceptability, enablers and barriers. *Australasian Emergency Care*, 25(3), 179-184. doi:10.1016/j.auec.2021.12.004.

Speizer, I. S. (2009). Intimate partner violence attitudes and experience among women and men in Uganda. *Journal of Interpersonal Violence*, 25(7), 1224-1241. doi:10.1177/0886260509340550.

Spencer, C. M., Keilholtz, B. M., Palmer, M., & Vail, S. L. (2022). Mental and physical health correlates for emotional intimate partner violence perpetration and victimisation: A meta-analysis. *Trauma, Violence & Abuse*. doi:10.1177/15248380221137686.

Spencer, C. M., Stith, S. M., & Cafferky, B. (2019). Risk markers for physical intimate partner violence victimisation: A meta-analysis. *Aggression and Violent Behaviour*, 44(1), 8-17. doi:10.1016/j.avb.2018.10.009.

Spencer, C., Mallory, A. B., Cafferky, B. M., Kimmes, J. G., Beck, A. R., & Stith, S. M. (2019). Mental health factors and intimate partner violence perpetration and victimisation: A meta-analysis. *Psychology of Violence*, 9(1), 1-17. doi:10.1037/vio0000156.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

- Sprecher, S. (2004). Equity and social exchange in dating couples: Associations with satisfaction, commitment, and stability. *Journal of Marriage and Family*, 63(3), 599-613. doi:10.1111/j.1741-3737.2001.00599.x.
- Stanziani, M., Newman, A. K., Cox, J., & Coffey, A. (2020). Role call: Sex, gender roles, and intimate partner violence. *Psychology, Crime & Law*, 26(3), 208-225. doi:10.1080/1068316X.2019.1652746.
- Stevens, S. A. (2013). Pathological narcissism as it relates to intimate partner violence. *ProQuest*.
https://www.proquest.com/openview/e573f074602437ee3b32e257b96793be/1?pq-origsite=gscholar&cbl=18750&casa_token=uf5H3fr81b4AAAAA:MklK1kVtQ2hTN_YHGz6iWIJ7oXzw2QK4PY1Z8393G5ZR2UFFrNlwqAHe0qlA7wwovJW9V1y0Z-I.
- Stivers, T. (2019). How we manage social relationships through answers to questions: The case of interjections. *Discourse Processes*, 56(3), 191-209. doi:10.1080/0163853X.2018.1441214.
- Stockman, J. K., Lucea, M. B., Bolyard, R., Bertand, D., Callwood, G. B., Sharps, P. W., Campbell, D. W., & Campbell, J. C. (2014). Intimate partner violence among African American and African Caribbean women: Prevalence, risk factors, and the influence of cultural attitudes. *Global Health Action*, 7(1). doi:10.3402/gha.v7.24772.
- Straus, M., Hamby, S., Boney-McCoy, S., & Sugarman, D. (1996). The Revised Conflict Tactics Scale (CTS2): Development and preliminary psychometric data. *Journal of Family Issues*, 17(3), 283-316. doi:10.1177/019251396017003001.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

- Streatfield, A. J., Rahman, M. M., Khan, S., Haider, M. M., Rahman, M., Nahar, Q., & Jamil, K. (2023). What shapes attitudes on gender roles among adolescents in Bangladesh? *Frontiers in Public Health, 11*(1). doi:10.3389/fpubh.2023.1121858.
- Stuart, G. L., McGuey, J. E., Shorey, R. C., Knopik, V. S., Beaucage, K., & Temple, J. R. (2014). Genetic associations with intimate partner violence in a sample of hazardous drinking men in batterer intervention programs. *Violence Against Women, 20*(4), 385-400. doi:10.1177/1077801214528587.
- Svalin, K., & Levander, S. (2020). The predictive validity of intimate partner violence risk assessments conducted by practitioners in different settings – a review of the literature. *Journal of Police and Criminal Psychology, 35*(1), 115-130. doi:10.1007/s11896-019-09343-4.
- Taccini, F., & Mannarini, S. (2023). An attempt to conceptualise the phenomenon of stigma toward intimate partner violence survivors: A systematic review. *Behavioural Sciences, 13*(1). doi:10.3390/bs13030194.
- Tai, D. B. G., Shah, A., Doubeni, C. A., Sia, I. G., & Wieland, M. L. (2020). The disproportionate impact of COVID-19 on racial and ethnic minorities in the United States. *Clinical Infectious Diseases*. doi:10.1093/cid/ciaa815.
- Tangney, J. P., Baumeister, R. F., & Boone, A. L. (2004). High self-control predicts good adjustment, less pathology, better grades, and interpersonal success. *Journal of Personality, 72*(2), 271-324. doi:10.1111/j.0022-3506.2004.00263.x. <https://onlinelibrary.wiley.com/doi/epdf/10.1111/j.0022-3506.2004.00263.x>.
- Tani, M., Cheng, Z., Mendolia, S., Paloyo, A., & Savage, D. (2020). Working parents, financial insecurity and child-care: Mental health in the time of COVID-19. *IZA*

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Discussion Paper No. 13588.

https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3674309.

Tanimu, T. S., Yohanna, S., & Omeiza, S. Y. (2016). The pattern and correlates of intimate partner violence among women in Kano, Nigeria. *African Journal of Primary Health Care and Family Medicine*, 8(1), 1-6. doi:10.4102/phcfm.v8i1.1209.

Tarzia, L., Cornelio, R., Forsdike, K., & Hegarty, K. (2018). Women's experiences receiving support online for intimate partner violence: How does it compare to face-to-face support from a health professional? *Interacting with Computers*, 30(5), 433-443. doi:10.1093/iwc/iwy019.

Tasew, A. S., Getahun, K. K., & Prete, G. (2021). Marital conflict among couples: The case of Durbete town, Amhara region, Ethiopia. *Cogent Psychology*, 8(1), 1903127. doi:10.1080/23311908.2021.1903127.

Teague, R., Mazerolle, P., Legosz, M., & Sanderson, J. (2008). Linking childhood exposure to physical abuse and adult offending: Examining mediating factors and gendered relationships. *Justice Quarterly*, 25(2), 313-348. doi:10.1080/07418820802024689.

Tejada, E. (2016). Transgressing gender normativity through gender identity development: Exploring transgender, non-conforming, and non-binary identities of college students. *Department of Educational Administration: Dissertations, Theses and Student Research*. <https://digitalcommons.unl.edu/cehsedaddiss/260/>.

Thibaut, J., & Kelley, H. H. (1959). *The social psychology of groups*. John Wiley: New York, USA.

Thomas, A. J., Witherspoon, K. M., & Speight, S. L. (2008). Gendered racism, psychological distress, and coping styles of African American women. *Cultural Diversity and Ethnic Minority Psychology*, 14(4), 307-314. doi:10.1037/1099-9809.14.4.307.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

- Thomas, L., & Egan, V. (2022). A systematic review and meta-analysis examining the relationship between everyday sadism and aggression: Can subclinical sadistic traits predict aggressive behaviour within the general population? *Aggression and Violent Behaviour, 65*(1). doi:10.1016/j.avb.2022.101750.
- Thulin, E. J., Heinze, J. E., & Zimmerman, M. A. (2021). Adolescent adverse childhood experiences and risk of adult intimate partner violence. *American Journal of Preventive Medicine, 60*(1), 80-86. doi:10.1016/j.amepre.2020.06.030.
- Tjaden, P. G., & Thoennes, N. (2000). *Extent, nature, and consequences of intimate partner violence: Research report*. Washington, DC: National Institute of Justice and the Centre for Disease Control and Prevention.
- Trabold, N., McMahon, J., Alsobrooks, S., Whitney, S., & Mittal, M. (2020). A systematic review of intimate partner violence interventions: State of the field and implications for practitioners. *Trauma, Violence & Abuse, 21*(2), 311-325. doi:10.1177/1524838018767934.
- Tran, T. D., Nguyen, H., & Fisher, J. (2016). Attitudes towards intimate partner violence against women among women and men in 39 low- and middle-income countries. *PLoS ONE, 11*(11), 1-14. doi:10.1371/journal.pone.0167438.
- Tungjitchareon, W., Bernsten, D. (2022). Cultural life scripts across religions: The influences of religion on expectations of life events. *Psychology of Religion and Spirituality, 14*(1), 59-69. doi:10.1037/rel0000392.
- Turner, E., Brown, G., & Medina-Ariza, J. (2022). Predicting domestic abuse (fairly) and police risk assessment. *Psychosocial Intervention, 31*(3), 145-157. doi:10.5093/pi2022a11.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Ulbrich, P. M., Warheit, G. J., & Zimmerman, R. S. (1989). Race, socioeconomic status, and psychological distress: An examination of differential vulnerability. *Journal of Health and Social Behaviour*, 30(1), 131-146. doi:10.2307/2136918.

University of Essex, Institute for Social and Economic Research. (2022). *Understanding Society: Waves 1-11, 2009-2020 and Harmonised BHPS: Waves 1-18, 1991-2009*. [data collection]. 15th Edition. UK Data Service. SN:6614, doi:10.5255/UKDA-SN-6614-16.

Uskul, A. K., & Cross, S. E. (2019). The social and cultural psychology of honour: What have we learned from researching honour in Turkey? *European Review of Social Psychology*, 30(1), 39-73. doi:10.1080/10463283.2018.1542903.

Uskul, A. K., Cross, S. E., & Gunsoy, C. (2022). The role of honour in interpersonal, intrapersonal and intergroup processes. *Social and Personality Psychology Compass*, 17(1), 1-13. doi:10.1111/spc3.12719.

Uthman, O. A., Lawoko, S., & Moradi, T. (2009). Factors associated with attitudes towards intimate partner violence against women: A comparative analysis of 17 sub-Saharan countries. *BMC International Health and Human Rights*, 9(14). doi:10.1186/1472-698X-9-14.

Valera, E. M., Colantonio, A., Haag, H. L., Toccalino, D., Estrella, M. J., Moore, A., & Colantonio, A. (2022). The shadow pandemic: A qualitative exploration of the impacts of COVID-19 on service providers and women survivors of intimate partner violence and brain injury. *Journal of Head Trauma and Rehabilitation*, 37(1), 43-52. doi:10.1097/HTR.0000000000000751.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

- Van de Vijver, F. J. R. (2007). Cultural and gender differences in gender-role beliefs, sharing household task and child-care responsibilities, and well-being among immigrants and majority members in The Netherlands. *Sex Roles, 57*(1), 813-824. doi:10.1007/s11199-007-9316-z.
- Vandello, J. A., & Cohen, D. (2003). Male honour and female fidelity: Implicit cultural scripts that perpetuate domestic violence. *Journal of Personality and Social Psychology, 84*(5), 997-1010. doi:10.1037/0022-3514.84.5.997.
- Vanhee, G., Lemmens, G. M. D., Stas, L., Loeys, T., & Verhofstadt, L. L. (2016). Why are couples fighting? A need frustration perspective on relationship conflict and dissatisfaction. *Journal of Family Therapy, 40*(5), 4-23. doi:10.1111/1467-6427.12126.
- Vargas, E. D., & Sanchez, G. R. (2020). COVID-19 is having a devastating impact on the economic well-being of Latino families. *Journal of Economics, Race and Policy, 3*(1), 262-269. doi:10.1007/s41996-020-00071-0.
- Vatnar, S. K. B., Leer-Salvesen, K., & Bjorkly, S. (2019). Mandatory reporting of intimate partner violence: A mixed methods systematic review. *Trauma, Violence & Abuse, 22*(4), 635-655. doi:10.1177/1524838019869102.
- Vázquez, J. J., Panadero, S., & Rivas, E. (2014). Happiness among poor women victims of intimate partner violence in Nicaragua. *Social Work in Public Health, 30*(1), 18-29. doi:10.1080/19371918.2014.938389.
- Verdejo-Roman, J., Bueso-Izquierdo, N., Daugherty, J. C., Perez-Garcia, M., & Hidalgo-Ruzzante, N. (2019). Structural brain differences in emotional processing and

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

regulation areas between male batterers and other criminals: A preliminary study.

Social Neuroscience, 14(4), 390-397. doi:10.1080/17470919.2018.1481882.

Victim Support. (2024). Domestic Abuse. *Victim Support*.

<https://www.victimsupport.org.uk/crime-info/types-crime/domestic-abuse/>.

Vishwanath, J., & Palakonda, S. C. (2011). Patriarchal ideology of honour and honour crimes

in India. *Official Journal of the South Asian Society of Criminology and Victimology*,

6(1&2), 386-395. <http://www.sascv.org/ijcjs/pdfs/jyothiicjs2011i&iind.pdf>.

VKPP (Vulnerability Knowledge and Practice Programme). (2023). Victims' voices and experiences in response and investigation: A study of police personnel in England and Wales in responding to vulnerability-related risk and harm. *Vulnerability Knowledge and Practice Programme Publications*.

<https://www.vkpp.org.uk/assets/Files/Victims-Voices-and-Experiences-in-Response-and-Investigation-V3.pdf>.

Voith, L. A., Anderson, R. E., & Cahill, S. P. (2017). Extending the ACEs framework:

Examining the relations between childhood abuse and later victimisation and

perpetration with college men. *Journal of Interpersonal Violence*, 35(17-18), 3487-

3512. doi:10.1177/0886260517708406.

Wagers, S. M., Piquero, A. R., Narvey, C., Reid, J. A., & Loughran, T. A. (2021). Variation

in exposure to violence in early adolescence distinguishes between intimate partner

violence victimisation and perpetration among young men involved in the justice

system. *Journal of Family Violence*, 36(1), 99-108. doi:10.1007/s10896-020-00170-4.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

- Wagman, J., Francisco, L., Glass, N., Sharps, P. W., & Campbell, J. C. (2008). Ethical challenges of research on and care for victims of intimate partner violence. *The Journal of Clinical Ethics, 19*(4), 371-380. doi:10.1086/JCE200819410.
- Walby, S., & Allen, J. (2004). *Domestic Violence, Sexual Assault and Stalking Findings from the British Crime Survey*. Home Office Research Study 276. London: Home Office.
- Walby, S., & Towers, J. (2017). Measuring violence to end violence: Mainstreaming gender. *Journal of Gender-Based Violence, 1*(1), 11-31.
doi:10.1332/239868017X14913081639155.
- Walby, S., Towers, J., Francis, B. (2016). Is violent crime increasing or decreasing? A new methodology to measure repeat attacks making visible the significance of gender and domestic relations. *The British Journal of Criminology, 56*(6), 1203-1234.
doi:10.1093/bjc/azv131.
- Walker, L. A. (1984). Battered women, psychology, and public policy. *American Psychologist, 39*(1), 1178-1182.
<https://web.s.ebscohost.com/abstract?direct=true&profile=ehost&scope=site&authtype=crawler&db=pdh&jrnl=0003066X&asa=N&AN=1985-27979-001&h=6jO99%2fwNypTlEssGTsQyYDCa8i%2bbNoSTm0yrA%2b0xPqcxtgkUuIuVCS3Rehr0WBG4ID%2f3%2fFtOKDyw0pKtoXAEw%3d%3d&crl=c&resultNs=AdminWebAuth&resultLocal=ErrCrlNotAuth&crlhashurl=login.aspx%3fdirect%3dtrue%26profile%3dehost%26scope%3dsite%26authtype%3dcrawler%26db%3dpdh%26jrnl%3d0003066X%26asa%3dN%26AN%3d1985-27979-001>.
- Waller, B. Y., & Bent-Goodley, T. B. (2022). "I have to fight to get out": African American women intimate partner violence survivors' construction of agency. *Journal of Interpersonal Violence, 38*(3-4), 4166-4188. doi:10.1177/08862605221113008.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Wang, E. (2004). Social Exchange Theory applied to romantic relationships.

<http://web.mit.edu/wangfire/pub9.00/essay3rewrite.pdf>.

Webermann, A. R., Maldonado, A., Singh, R., Torres, S., Bushee, S., & Murphy, C. M.

(2020). Centrality of traumatic events and men's intimate partner violence perpetration. *Psychological Trauma: Theory, Research, Practice and Policy*, 12(2), 200-206. doi:10.1037/tra0000497.

Weissman, J., Russell, D., & Mann, J. J. (2020). Sociodemographic characteristics, financial

worries and serious psychological distress in US adults. *Community Mental Health Journal*, 56(1), 606-613. doi:10.1007/s10597-019-00519-0.

Weldon, S., & Gilchrist, E. (2012). Implicit theories in intimate partner violence offenders.

Journal of Family Violence, 27(1), 761-777. doi:10.1007/s10896-012-9465-x.

Wenjuan, G., Siqing, P., & Xinqiao, L. (2020). Gender differences in depression, anxiety, and

stress among college students: A longitudinal study from China. *Journal of Affective Disorders*, 263(1), 292-300. doi:10.1016/j.jad.2019.11.121.

Williams, M., & Bailey, R. K. (2021). Intimate partner violence during SARS-Cov-2

(COVID-19) pandemic. In R. K. Bailey (Ed.), *Intimate Partner Violence: An Evidence-Based Approach* (pp. 137-141). USA: Springer.

Williams, K. R., Stansfield, R., & Campbell, J. (2021). Persistence and potential lethality in

intimate partner violence: Evaluating the concurrent and predictive validity of a dual risk assessment protocol. *Violence Against Women*, 28(1), 298-315.

doi:10.1177/1077801220988347.

Wills, T. A., Murry, V. M., Brody, G. H., Gibbons, F. X., Gerrard, M., Walker, C., & Ainette,

M. G. (2007). Ethnic pride and self-control related to protective and risk factors: Test

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

of the theoretical model for the strong African American families programme.

Healthy Psychology, 26(1), 50-59. doi:10.1037/0278-6133.26.1.50.

Wisler, A. (2020). Financial issues and Millennials' partnered relationship satisfaction.

ProQuest. <https://www.proquest.com/docview/2403114466?pq-origsite=gscholar&fromopenview=true>.

Withaecx, S., & Coene, G. (2014). 'Glad to have Honour': Continuity and change in

minority women's lived experience of honour. *Journal of Gender Studies*, 23(4), 376-390. doi:10.1080/09589236.2013.785940.

Wolfe, S. E., (2015). Low self-control, gender, race, and offending in late life. *Psychology,*

Crime & Law, 21(5), 426-451. doi:10.1080/1068316X.2014.989169.

Women's Aid. (2014). Domestic Abuse is a gendered crime. *Women's Aid*.

<https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/domestic-abuse-is-a-gendered-crime/>.

Women's Aid. (2022). Domestic Abuse is a gendered crime. *Women's Aid*.

<https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/domestic-abuse-is-a-gendered-crime/>.

Women's Aid. (2024). Domestic abuse, the facts. *Women's Aid*.

<https://www.womensaid.org.uk/what-we-do/research/domestic-abuse-the-facts/>.

World Health Organisation (WHO). (2009). Changing cultural and social norms that support violence. *World Health Organisation*.

https://www.who.int/violence_injury_prevention/violence/norms.pdf.

World Health Organisation (WHO). (2012). Understanding and addressing violence against women – Intimate partner violence. *World Health Organisation*.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

https://apps.who.int/iris/bitstream/handle/10665/77432/WHO_RHR_12.36_eng.pdf;jsessionid=CD07B6DE44AFE5D78068AD8A8C76668B?sequence=1.

World Health Organisation (WHO). (2013). Global and regional estimates of violence against women. *World Health Organisation*.

<https://www.who.int/publications/i/item/9789241564625>.

World Health Organisation (WHO). (2024). Violence against women. *World Health Organisation*. <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>.

Wormann, X., Wilmes, S., Seifert, D., & Anders, S. (2021). Males as victims of intimate partner violence – results from a clinical-forensic medical examination centre. *International Journal of Legal Medicine*, 135(1), 2107-2115. doi:10.1007/s00414-021-02615-x.

Wright, E. N., Anderson, J., Phillips, K., & Miyamoto, S. (2021). Help-seeking and barriers to care in intimate partner sexual violence: A systematic review. *Trauma, Violence & Abuse*, 23(5), 1510-1528. doi:10.1177/1524838021998305.

Wright, J. P., Morgan, M. A., Almeida, P. R., Almosaed, N. F., Moghrabi, S. S., & Bashatah, F. S. (2016). Malevolent forces: Self-control, the Dark Triad, and crime. *Youth Violence and Juvenile Justice*, 15(2), 191-215. doi:10.1177/1541204016667995.

Xu, X., Zhu, F., O'Campo, P., Koenig, M. A., Mock, V., & Campbell, J. (2005). Prevalence of and risk factors for intimate partner violence in China. *American Journal of Public Health*, 95(1), 78-85.

<https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2003.023978>.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

- Yang, M., Beybutyan, A., Rios, R. P., & Soria-Verde, M. A. (2020). Public attitudes towards intimate partner violence against women and influential factors in China and Spain. *Anuario de Psicología Jurídica 2021*, *31*(1), 101-108. doi:10.5093/apj2021a13.
- Yang, Y. (2021). Religion and attitudes toward intimate partner violence: A cross-national study. *The Arbutus Review*, *12*(1), 104-120. doi:10.18357/tarl121202120181.
- Yao, J., Ramirez-Marin, J., Brett, J., Aslani, S., & Semnani-Azad, Z. (2017). A measurement model for dignity, face, and honour cultural norms. *Management and Organisation Review*, *13*(4), 713-738. doi:10.1017/mor.2017.49.
- Yoshihama, M., Ramakrishnan, A., & Khaliq, M. (2012). Intimate partner violence prevention program in an Asian immigrant community: Integrating theories, data, and community. *Violence Against Women*, *18*(7), 763-783. doi:10.1177/1077801212455163.
- Yu, R., Nevado-Holgado, A. J., Molero, Y., D'Onofrio, B. M., Larsson, H., Howard, L. M., & Fazel, S. (2019). Mental disorders and intimate partner violence perpetrated by men towards women: A Swedish population-based longitudinal study. *PLOS Medicine*, *16*(12). doi:10.1371/journal.pmed.1002995.
- Zapata-Calvente, A. L., Medias, J. L., Moya, M., Schoebi, D. (2019). Gender-related ideological and structural macrosocial factors associated with intimate partner violence against European women. *Psychology Quarterly*, *43*(3), 317-334. doi:10.1177/0361684219839367.
- Zark, L., & Satyen, L. (2022). Cross-cultural differences in student attitudes toward intimate partner violence: A systematic review. *Trauma, Violence, & Abuse*, *23*(3), 1007–1022. doi:10.1177/1524838020985565.

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Zark, L., Toumbourou, J. W., & Satyen, L. (2022). Intimate partner and family violence among women tertiary students in Australia: Prevalence and cross-cultural differences. *Violence Against Women*, 1-32. doi:10.1177/10778012221137922.

Zavala, E., & Perez, G. (2022). Using Hirschi's reconceptualization of self-control to explain intimate partner violence perpetration and victimisation via attitudinal self-control. *Crime & Delinquency*. 10.1177/0011128722130962.

Zerquera, D. D., Haywood, J., & De Mucha Flores, M. (2020). More than nuance - recognising and serving the diversity of the Latinx community. In R. T. Teranishi, B. M. D. Nguyen, C. M. Alcantar, & E. R. Curammeng (Eds.), *Measuring Race - Why Disaggregating Data Matters for Addressing Educational Inequality* (pp. 154 - 169). Teachers College Press.

Zhang, J., Lu, H., Zeng, H., Zhang, S., Du, Q., Jiang, T., & Du, B. (2020). The differential psychological distress of populations affected by the COVID-19 pandemic. *Brain, Behaviour and Immunity*, 87(1), 49-50. doi:10.1016/j.bbi.2020.04.031.

Appendices

Appendix A

Main Survey Questionnaire Items

Please refer to the link below for the full questionnaire items:

<https://drive.google.com/drive/folders/1PXoHpXYBVuyieXgqCkp2-WP57qAOxue6?usp=sharing>

Appendix B

Understanding Society Ethical Approval Statement – University of Essex Ethics Committee

“The University of Essex Ethics Committee has approved all data collection on Understanding Society main study and innovation panel waves, including asking consent for all data linkages except to health records. Requesting consent for health record linkage was approved at Wave 1 by the National Research Ethics Service (NRES) Oxfordshire REC A (08/H0604/124), at BHPS Wave 18 by the NRES Royal Free Hospital & Medical School (08/H0720/60) and at Wave 4 by NRES Southampton REC A (11/SC/0274). Approval for the collection of biosocial data by trained nurses in Waves 2 and 3 of the main survey was obtained from the National Research Ethics Service (Understanding Society - UK Household Longitudinal Study: A Biosocial Component, Oxfordshire A REC, Reference: 10/H0604/2).”

Appendix C

List of Support Services Included in the Study

Childmaintenance_w9. **Cmservice.** Support service used

Type	Don't Know	Refused	Inapplicable	Missing
multichoice	-1	-2	-8	-9

Source

DWP

Version

1.0

Text

What is the name of the support service provider that you used?

Interviewer Instruction

PLEASE CODE FROM LIST, PROMPT ONLY WITH "ANY OTHERS"

CODE ALL THAT APPLY

Options

21	CM Service	CM Service
1	4 Children	4 Children
2	Action for Children	Action for Children
3	Barnardos	Barnardos
4	Children and Family Court Advisory Service (CAFCASS)	Children and Family Court Advisory Service (CAFCASS)
5	Centre for Separated Families	Centre for Separated Families
6	Citizens Advice Bureau	Citizens Advice Bureau
7	Community Legal Services	Community Legal Services
8	Families Need Fathers	Families Need Fathers
9	Family Lives	Family Lives
10	Gingerbread	Gingerbread
11	Marriage Care	Marriage Care
12	Money Advice Service	Money Advice Service
13	National Domestic Violence Helpline	National Domestic Violence Helpline
14	National Family Mediation	National Family Mediation
15	One Plus One	One Plus One
16	Relate	Relate
17	Resolution	Resolution
18	Shelter	Shelter
19	Tavistock Centre for Couple Relationships	Tavistock Centre for Couple Relationships
20	Women's Aid	Women's Aid
97	Other	Other

Appendices D and E

Please access the following link to see Appendix D (the Chapter Four Questionnaire) and

Appendix E (Chapters Five and Six questionnaire) in full:

<https://drive.google.com/drive/folders/1PXoHpXYBVuyieXgqCkp2-WP57qAOxue6?usp=sharing>

Tables

Table 3*Significant One-Way ANOVA Results; Wave Nine Correlates by Ethnic Group*

Measure	<i>df</i>	<i>F</i>
GHQ	(5, 29902)	6.20 *
Subjective Financial Situation	(5, 31222)	201.62 *
Degree of Happiness in Relationship	(5, 18903)	5.79 *
Job Satisfaction	(5, 17661)	6.17 *
Quarrelling	(5, 18926)	4.47 *

Note. * $p < .001$

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Table 6

Significant One-Way ANOVA Results; Wave 11 Correlates by Ethnic Group

Measure	<i>df</i>	<i>F</i>
GHQ	(5, 27417)	5.92 **
Subjective Financial Situation	(5, 28265)	164.91 **
Degree of Happiness in Relationship	(5, 16378)	10.611 **
Job Satisfaction	(5, 15609)	2.33 *
Quarrelling	(5, 17406)	9.50 **

Note. * $p < .05$

** $p < .001$

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Table 11

Significant One-Way ANOVA Results; Risk Factors by Ethnic Group

Measure	<i>df</i>	<i>F</i>
Conflict	(5, 243)	3.07 *
Dignity Norms	(5, 221)	8.55 ***
Face Norms	(5, 222)	7.27 ***
Honour Norms	(5, 224)	10.89 ***
Religious Impact	(5, 221)	3.93 **

Note. * $p < .05$

** $p < .01$

*** $p < .001$

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Table 12

Significant One-Way ANOVA Results; Risk Factors and IPV Attitudes by Gender Group

Measure	<i>df</i>	<i>F</i>
Honour Beliefs	(2, 226)	24.21 *
Honour Norms	(2, 226)	15.04 *
Social Roles	(2, 203)	15.83 *
IPV Victimization Attitudes	(2, 157)	14.66 *
IPV Perpetration Attitudes	(2, 198)	9.70 *

Note. * $p < .001$

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Table 15

Significant One-Way ANOVA Results; Risk Factors by Ethnic Group

Measure	<i>df</i>	<i>F</i>
Religiosity	(5, 397)	5.59 **
Social Roles	(5, 373)	5.38 **
Anger	(5, 409)	3.89 *
Self-Control	(5, 384)	5.14 **
Narcissism	(5, 399)	6.60 **
Psychopathy	(5, 390)	10.73 **
Sadism	(5, 395)	5.94 **
IPV Victimization	(5, 373)	17.10 **
IPV Perpetration	(5, 383)	17.89 **

Note. IPV = Intimate Partner Violence.

* $p < .01$

** $p < .001$

CROSS-CULTURAL ANALYSIS OF INTIMATE PARTNER VIOLENCE

Table 16

Significant One-Way ANOVA Results; Risk Factors by Gender Group

Measure	<i>df</i>	<i>F</i>
ACEs	(3, 341)	3.60 *
Honour Beliefs	(3, 375)	4.73 **
Social Roles	(3, 389)	12.37 ***
Anxiety	(4, 426)	2.72 *
Machiavellianism	(3, 401)	4.47 **
Psychopathy	(4, 391)	6.11 ***
Sadism	(4, 396)	9.45 ***
IPV Support Service Experience	(3, 59)	17.94 ***

Note. ACEs = Adverse Childhood Experiences. IPV = Intimate Partner Violence.

* $p < .05$

** $p < .01$

*** $p < .001$