



Factors influencing attitude toward intimate partner violence



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ABSTRACT

Attitude toward intimate partner violence has been consistently demonstrated as one of the prominent predictors of IPV. Studies have frequently indicated several factors influencing attitude concerning IPV including age, gender, education, residency, economic status, patriarchal gender role and so on. Yet there is surprisingly little research focusing on the relationship of those factors. To promote the understanding of attitude toward IPV, and to contribute to the campaign of IPV-prevention, this study reviewed the factors associated with attitude concerning IPV and concluded that education might be the most crucial one among all the factors, as factors such as age, gender and residency were substantively reflected different education level, and factors as economic status, participating in household decision, ability to access media, and patriarchal gender role were deeply rooted in education. As a result, further research of specific population-based which might offer clearer insight into factors influencing attitude concerning IPV is required, and more effort of government in promoting individual's education level is demanded.

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1. Introduction

Intimate partner violence (IPV), caused by both current and former spouses and partners, is defined as behavior within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviors (World Health Organization, 2010). It is a serious global issue (Ali & Naylor, 2013; Varma, Chandra, Thomas, & Carey, 2007), with most of the victims being women (Flynn & Graham, 2010; Winstok & Straus, 2014). According to WHO multi-country study on woman's health and domestic violence against women, the rate of women experienced physical and/or sexual violence by an intimate partner at some point in their lives ranged between 15% and 71%

(García-Moreno, Jansen, Ellsberg, Heise, & Watts, 2005). Given that most victims of IPV suffer in silence (Hassan, Kashanian, Hassan, Roohi, & Yousefi, 2014; Lazenbatt, Taylor, & Cree, 2009), the rate could be even higher.

Violence is a significant social health problem (Ishida, Stupp, Melian, Serbanescu, & Goodwin, 2010; Krantz, Van Phuong, Larsson, Thi Bich Thuan, & Ringsberg, 2005). It is responsible for both women's adverse physical (Ford-Gilboe et al., 2009; Stein & Kennedy, 2001) and mental health (Lindhorst & Oxford, 2008). Studies have demonstrated relationships between IPV and physical injuries (Macy, Giattina, Sangster, Crosby, & Montijo, 2009), homicide (McLaughlin, O'Carroll, & O'Connor, 2012), deliberate self-harm (Jaquier, Hellmuth, & Sullivan, 2013), depression (Huang, Yang, & Omaye, 2011; Taft, Bryant-Davis, Woodward, Tillman, & Torres, 2009), post-traumatic stress disorders (Nixon, Resick, & Nishith, 2004; Peltzer, Pengpid, McFarlane, & Banyini, 2013), suicide thoughts and behaviors (Devries et al., 2011; Gold, Singh, Marcus, &

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Palladino, 2012) and human immunodeficiency virus (HIV) (El-Bassel, Gilbert, Wu, Go, & Hill, 2005; Sareen, Pagura, & Grant, 2009). Research has also proved that IPV had profound harmful effect on woman's well-being (Beccaria et al., 2013).

Studies have suggested that intimate partner violence is positively associated with factors such as age (Millett, Seay, & Kohl, 2015; Walker, Bowen, & Brown, 2013), residency (Tang & Lai, 2008), marital duration (Babu & Kar, 2010), education (Shorey, Tirone, & Stuart, 2014; VanderEnde, Yount, Dynes, & Sibley, 2012), occupation (Heath, 2012; Krishnan et al., 2010), economic status (Hines, 2007; Koenig, Stephenson, Ahmed, Jejeebhoy, & Campbell, 2006), problem alcohol use (Chang, Shen, & Takeuchi, 2009; Jewkes, Levin, & Penn-Kekana, 2002), traditional ideas (Lichter & McCloskey, 2004; Taylor, Nair, & Braham, 2013), gender inequity (Gomez, Speizer, & Moracco, 2011), liberal ideas on woman's role (Jewkes et al., 2002), culture (Wendt, 2009), witnessing parental violence in childhood (Abrahams, Jewkes, Laubsher, & Hoffman, 2006; Speizer, 2010) and attitude toward IPV (Fincham, Cui, Braithwaite, & Pasley, 2008; Stith, Smith, Penn, Ward, & Tritt, 2004).

Attitude toward intimate partner violence has been demonstrated as one of the prominent predictors of IPV (Gage & Hutchinson, 2006; Jewkes et al., 2002). Studies showed that there was a close relationship between individual's attitude toward intimate partner violence and the actual occurrence of spouse abuse (Doe, 2000; Straus, 2004). In the International Dating Violence Study, Straus (2004) found that the higher the percentage of university students who tolerated physical aggression, the higher the percentage of students who assaulted a dating partner. Women who hold positive attitude toward IPV may be at a greater risk of continuous abuse than those who do not (Gage, 2005). A research using data from the 1995 Egyptian DHS found that 60% of ever-beaten women took beating as a normal part of marriage (Diop-Sidibé, Campbell, & Becker, 2006). Utilized data collected from a nationally representative telephone survey of 5238 adults, another study found that participants who were victims of violence had a significantly higher acceptance of IPV (Simon et al., 2001). Similarly, for men, supportive attitude of wife beating were predictive of IPV perpetration (Abrahams, Jewkes, Hoffman, & Laubsher, 2004; Sambisa, Angeles, Lance, Naved, & Curtis, 2010). Johnson and Das (2009) conducted a survey of 2780 men in Bangladesh which concluded that supportive attitude toward wife-beating was the strongest predictor of violence. The result showed that men who held positive attitude toward wife-beating were more than 4 times as likely to report recent violence against their spouses compared to men who did not.

In addition, attitude of women toward wife beating may serve as an indicator of both women's status in the society and social norms toward IPV (Hindin, 2003; Uthman, Lawoko, & Moradi, 2009). In a society, individual's acceptance of intimate partner violence can offer a measurement for the stage of social, cultural and behavioral transformation of a given society in its process of evolution toward the gender egalitarian society (Uthman et al., 2009). Though some writers argued that changes in knowledge and attitude toward intimate partner violence did not mean changes in people's behavior (Lundgren & Amin, 2015), most scholars took the position that attitude toward IPV was very important to the success of violence elimination programs (Abrahams et al., 2006; Fincham et al., 2008).

Research has suggested that education (Antai & Antai, 2008; Dalal, Lee, & Gifford, 2012), gender (Bryant & Spencer, 2003; Koenig et al., 2003), age (Hindin, 2003; Khawaja, Linos, & El-Roueiheb, 2007), residence (Antai & Antai, 2009; Waltermaurer, Butsashvili, Avaliani, Samuels, & McNutt, 2013) etc. may account for variations in attitude toward IPV. Although such elements are complex (Flood & Pease, 2009), further understanding of the relationship among those factors is important. A clear comprehension of the internal relationship of those factors would be crucial to governments in developing effective intervention of IPV by improving individual's attitude toward IPV efficiently.

Research on IPV has increased considerably since 1970; however, study on attitude and cognition of IPV lags behind. Moreover, research on factors influencing attitude concerning IPV is limited, and study on relationship of these factors is even rare. Consequently, to fill the knowledge gap in literature, to promote the understanding of attitude toward IPV, and to contribute to the campaign of IPV-prevention, this study, different from previous studies, focuses on factors associated with attitude toward IPV. To our best knowledge, this is one of the first studies which examine the relationship of factors affecting attitude toward IPV.

2. Surveys of attitude toward IPV

There are two categories of surveys of attitude toward IPV, population-based studies and specific population-based studies. Population-based research draws an outline of attitude toward IPV in different countries all over the world. Such surveys investigate the attitude toward partner's action such as going out without permission, neglecting kids, arguing back, refusing sex, doing wrong in housework, and being unfaithful. Literature revealed that the rate of acceptance of IPV of sample in western/developed/rich countries was lower than that in Asian and African/developing/poor countries. In a comparison study of seven countries between 1998 and 2001, Rani and Bonu (2009) found that the rate of endorsing wife beating in Kazakhstan was 26%, whereas the rates of that in India and Turkey were 57% and 56% respectively. A study of ever-married women from the Republic of Georgia revealed that over 19% of the Georgian women justified IPV in at least one scenario (Waltermaurer et al., 2013), while another study conducted in Moscow indicated a rate of 0.8% through 18.6% for men and 0.4% through 7.4% for women (Sticklely, Kislitsyna, Timofeeva, & Vägerö, 2008). However, victim-blaming attitude was popular in western countries. For example, the rate in the European Union ranged from 33% (in Spain) to 86% (in Lithuania). Shockingly, even in United Kingdom of Great Britain and Northern Ireland, the rate was as high as 63% (Gracia, 2014). Similarly, victims of IPV were also often considered to be partially responsible for their victimization or to have evoked the incident of IPV (Harrison & Esqueda, 1999).

By contrast, attitude toward IPV in developing/poor countries was more positive. In a survey in rural Uganda, 70% of men and 90% of women justified IPV in some circumstances (Koenig et al., 2003). Another study conducted at a Palestinian refugee camps in Jordan revealed that 60.1% of man and 61.8% of women endorsed wife beating (Khawaja et al., 2007). Similar rate was found in Zimbabwe (53%) (Hindin, 2003), Ethiopia (74%), Kenya (62%) (Uthman et al., 2009), and Ethiopia (85%) (Deyessa et al., 2010).

However, the number of population-based studies is limited, especially study in developing/poor countries though the rates of IPV are relatively high in those countries. Furthermore, it is difficult to figure out the decisive factor which influences attitude toward IPV through the population-based research, as the personal characteristics of sample are different. As a result, specific population-based survey is required to probe the relationship of different factors influencing attitude toward IPV.

Investigated attitude toward IPV of the sample who are in common in some points, specific population-based research offers a relatively clear view of factors influencing attitude concerning IPV. To date, mainly two sorts of such studies are found: surveys of sample with same education attainment and surveys of respondent with similar occupation.

Of the surveys of sample with same education, the studies of pre-adolescents and adolescents were rare, and the surveys of university students were a little bit more. Such research demonstrated that education played a crucial role in shaping the attitude toward IPV. On the one hand, a progressive attitude concerning IPV could be seen clearly with the increase of educational level. In a survey of children with only primary school education, aged between seven and twelve, whose mothers were victims of IPV, Deboard-Lucas and Grych (2011) found

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