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# The Influence of Intimate Partner Violence Public Service Announcements on Help Seeking, Attitudes, and Bystanders

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THE INFLUENCE OF INTIMATE PARTNER VIOLENCE PUBLIC SERVICE  
ANNOUNCEMENTS ON HELP SEEKING, ATTITUDES, AND BYSTANDERS

By

REBECCA A. COLLINS, Bachelor of Science

Presented to the Faculty of the Graduate School of

Stephen F. Austin State University

In Partial Fulfillment

Of the Requirements

For the Degree of

Master of Arts in Psychology

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May, 2018

THE INFLUENCE OF INTIMATE PARTNER VIOLENCE PUBLIC SERVICE  
ANNOUNCEMENTS ON HELP SEEKING, ATTITUDES, AND BYSTANDERS

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## **ABSTRACT**

The current study used the IPVAS-R, CTS2S, Bystander Efficacy Scale, Bystander Intentions to Help Scale, Bystander Behaviors Scale, and the MHSS to test the hypothesis that the IPV PSA would produce greater intentions to seek help in the event of victimization, lower minimization scores, and increased confidence and intentions to help. The current study also examined the influence of victimization on intentions to seek help, as well as the influence of previous bystander experience on bystander efficacy and intentions to help. Two MANOVAs indicated support for the two latter hypotheses and only partial support for the influence of the IPV PSA. Bystander efficacy was the only variable that suggested a significant influence of the IPV PSA. Additional research is needed to determine what aspects of the IPV PSA were effective in influencing outcome variables and to determine the influence of the type of abuse experienced (e.g., physical, sexual, psychological) on intentions to seek help. Limitations and implications are discussed.

**Keywords:** intimate partner violence, public service announcements, bystander intervention, help-seeking

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## THE INFLUENCE OF INTIMATE PARTNER VIOLENCE PUBLIC SERVICE ANNOUNCEMENTS ON HELP SEEKING, ATTITUDES, AND BYSTANDERS

In 2010, a national survey indicated that 1 in 3 women in the United States would be victims of intimate partner violence (IPV) in their lifetime (Black et al., 2011). IPV is characterized by consistent physical, emotional, or sexual abuse by one's intimate partner as a means for control (Tjaden & Thoennes, 2000). IPV falls under the category of domestic violence, which includes a more broad range of violence including child abuse, abuse by extended family members, and financial abuse (Sohal, Feder, & Johnson, 2012). In the United States, IPV accounts for approximately 20% of the violence offenses against women (Kohlman et al., 2014). In 2001, the United States Bureau of Statistics denoted that offenders of 691,710 nonfatal and 1,247 fatal acts of violence were intimate partners (Rennison, 2003). While both males and females can be victims of IPV, data sources have indicated that reported IPV incidents predominately involve female victims by a male offender (Tjaden & Thoennes, 2000). The Bureau of Justice Statistics indicated that between 2002-2012, approximately three out of four reported victims were female (Truman & Morgan, 2014).

Research has indicated a link between victims of IPV and various negative outcomes concerning their physical and mental health (Black, 2011; Campbell et

al., 2002; Rizo, 2016). Physically, victims often withstand bodily injuries as a direct result of an instance of IPV (Capaldi et al., 2009). Medical attention is frequently required to treat injuries sustained due to an episode of violence. Additionally, IPV has been correlated with an increased risk of chronic illness including frequent headaches, chronic pain, and digestive issues (Black, 2011). Victims of IPV can experience serious psychological issues such as depression, anxiety, post-traumatic stress disorder, and overall quality of life (Rizo, 2016).

These negative outcomes have driven researchers to study the underlying mechanisms of IPV. This research often focuses on the removal of the victims from the abuse and the processes that accompany the process to seek help. Liang, Goodman, Tummala-Narra, and Weintraub (2005) proposed a theoretical framework for help-seeking in IPV victims. The model suggests that victims go through a process of problem recognition and definition, the initial decision to seek help, and support selection. Further, individual, interpersonal, and sociocultural aspects can influence these concepts. Recognition and definition of the problem refers to the victims' recognition that they are in an abusive relationship by means of defining the abusive behaviors. This can vary based on what behaviors they themselves see as abusive, what those around them (including their abuser) consider abusive, and what is defined as abusive by social factors such as gender, class, race, and even depictions on media outlets (e.g., pictures, news, movies, etc.). The recognition and definition of the problem

can lead to the victim's initial decision to seek help. If victims don't define certain behaviors as a problem, they may not feel as though they need to seek help to leave the situation. Further, if the victim doesn't seek help, they will not select a support system that could potentially aid in the removal of the victim from the situation. This is an issue because the victim may remain in the abusive relationship and experience a greater amount and potentially long-term negative outcomes (Liang, 2005).

In regards to efforts of understanding mechanisms of IPV, research has also focused on intervention methods and coping strategies that would be implemented following the abuse. Coping is categorized as the strategies utilized by an individual following the occurrence of an event perceived as stressful or precarious (Lazarus, 1993). Victims of IPV implement coping methods in order to manage stress levels, remove themselves from the violent situation, and develop a sense of security (Bauman et al., 2008; Rizo, 2016). Researchers have indicated a relationship between coping strategies and enhanced mental health (e.g., decreased symptoms of depression, anxiety, and posttraumatic stress) (Calvete, Corral, & Estévez, 2008; Krause, Kaltman, Goodman, & Dutton, 2008). Various organizations such as The National Coalition against Domestic Violence and The U.S. Department of Justice's Office on Violence against Women offer support for IPV victims through coping intervention, shelters, hotlines, and referrals. However, IPV survivors may be unaware of the means by which to

seek help from these agencies, unless they are publicly promoted. Without the support and intervention strategies that these organizations offer, victims of IPV may suffer from the negative outcomes long-term (Rizo, 2016). IPV has become an increasingly prevalent issue and a cause for concern considering the negative consequences that often results from the abuse. Research is needed to determine effective methods to raise awareness regarding the issue in order to prevent the occurrence of IPV and increase help-seeking behaviors among victims. This research is critical for defining how we can decrease the prevalence of IPV and also attempt to minimize the risk of long-term effects of the abuse.

Researchers have suggested that the prevalence of IPV can only be reduced when a broad range of the population addresses various social norms (Fabiano, Perkins, Berkowitz, Linkenbach, & Stark, 2003; Potter, 2012; Schwartz & DeKeseredy, 2000). Efforts to prevent the occurrence of IPV have been met by public service announcements (PSAs). The Federal Communications Commission (FCC) (1984) characterizes PSAs as a mean “for which no charge is made and which promotes programs, activities, or services of federal, state, or local governments or the programs, activities, or services of nonprofit organizations or any other announcements regarded as serving community interests”. The goal of PSAs is to introduce public knowledge regarding various issues and provide direction for social change (Potter, 2012). The goal of IPV ads specifically promoted through television media is to enhance public

knowledge at meso and macro levels, meaning that the audience is reached in smaller groups (e.g., locally) and on a larger scale of the population (e.g., nationally) (Kohlman et al., 2014). Furthermore, research has indicated that the framing of certain concepts can effectively influence peoples' attitudes, perceptions, and memory towards that concept (Boles, Adams, Gredler, & Manhas, 2014; Lee, 2016; Niederkrotenthaler, Reidenberg, Till, & Gould, 2014; Puhl, Peterson, & Luedicke, 2013). In order to raise awareness and reach the intended societal response, these announcements must be constructed in a way that impacts people (Flay & Cook, 1989). Subsequently, Flay and Cook (1989) suggested that social marketing often does not change peoples' behaviors directly, but rather by initially producing awareness, influencing perceptions, and providing motivation for a change of attitude regarding a certain issue. However, in certain circumstances, individual differences regarding experience with the topic of awareness may influence how the degree of efficacy of the PSA.

Previously, PSAs have been used to raise awareness for IPV with the intention of maximizing widespread knowledge regarding abusive behaviors and means to seek help (Kohlman et al., 2014). Awareness for IPV is constructed through various frameworks, such as emotional framing (e.g., depicts violence, negative outcomes, or the influence of IPV on others), informational framing (e.g., defines IPV, provides statistics, or provides information for outlets of support), and mixed framing (e.g., combination of both emotional and

informational). Kaur and Garg (2008) denoted that in order to achieve an effective social response, it is essential for awareness campaigns to address the direct needs of victims of abuse and alter the societal norms that desensitize violence against women. Intimate partner violence PSAs have recently increased and are often advertised to the public on billboards, bus stops, and television via commercials. Additionally, several of the aforementioned support organizations utilize public service announcements to encourage various behaviors that may lead to social change. Many of these PSAs are designed to increase help seeking among victims of IPV and encourage bystanders to intervene by calling an agency hotline or proper authorities for help (Potter, 2012). For example, the “Know Your Power Bystander Campaign” encourages active bystander intervention for IPV through a series of PSA images to emphasize the importance of the role of witnesses (Potter, 2012). Additionally, the National Football League aired the “NO MORE: Listen PSA” as a commercial during the 2015 Super Bowl (NO MORE, 2015). The PSA was developed to bring awareness to the issue of domestic violence and encourage viewers to openly acknowledge the issue, support victims of domestic violence by letting them know they have help and support, speak out against victim blaming and acts of violence, and donate time or funds to local help centers (NO MORE Website, n.d.) The literature regarding the efficiency of IPV PSAs is limited. Research is needed to determine the extent

of the influence IPV PSAs have on attitudes, help seeking, and bystander intervention.

### Current Study

Research suggests that in order to enhance audience response regarding the advertisement, PSAs often use images that induce strong emotions (Lang, 2006). IPV PSAs frequently induce these emotions with the use of images of battered women, often with emphasis of injuries as a result of physical violence. It has been found that IPV victims view IPV campaigns as misleading due to the focus on physical abuse. Each of the components of the aforementioned theoretical framework of help-seeking may be a considerable component of victim reactions to IPV PSAs (Liang, 2005). As aforementioned, IPV PSAs frequently depict images of physical violence, which may skew victims' recognition and definition of other aspects of IPV such as emotional and sexual as abuse. Subsequently, because victims may not see define these aspects as abuse within their relationship, they may potentially believe that they do not need to seek help. However, PSAs could potentially aid in the last concept of the model regarding support selection. PSAs are often produced by agencies and include contact information for the agency itself, anonymous hotlines, and encourage victims and bystanders to reach out for help. The inclusion of this

information may provide victims with various sources to select support, both anonymously and identified. Additionally, IPV victims suggested that IPV campaigns can have unintended effects, such as increasing victim blaming, which can impact individual, interpersonal, and sociocultural influences on help-seeking (Lang, 2006). For bystanders, data has indicated that these marketing campaigns can decrease participants' attitudes of acceptance for IPV behaviors and increase willingness or intentions to intervene as a bystander (Potter, 2012; Niederkrotenthaler et al., 2014). Previous data that has been conducted to assess bystander reactions to IPV awareness efforts have focused on bystander programs, still media, and interactive programs, rather than IPV PSA videos.

Little research has been conducted to examine the influence of IPV PSA videos on IPV attitudes regarding abusive behaviors and victims' intention to seek help. Past research efforts have focused on awareness campaigns that utilized pictures, pamphlets, and other still-frame media. The current study will address this gap in literature by examining the influence of an IPV PSA video on IPV attitudes and victims' intention to seek help and bystanders' willingness to intervene. Additionally, the current study will also examine the influence of the experience of intervention as a bystander and experience as a victim on bystander confidence and intentions, attitudes that favor IPV behaviors, and minimization and help-seeking. The following research questions were addressed in the study: (1) How does exposure to an IPV PSA video influence

participants' attitudes concerning IPV behaviors, confidence to intervene, intentions to help, and intentions to seek help? (2) How does previous experience as a bystander influence these concepts? (3) How does experience as a victim influence these concepts?

In this study, it was hypothesized that individuals who have reported higher experience as a bystander (i.e., carried out bystander behaviors) will report higher confidence and intentions to intervene as a bystander both before and after viewing the IPV PSA than the control group. It was also hypothesized that after viewing the PSA, individuals in the IPV PSA group would report greater intentions to seek help in the event of victimization, lower minimization scores, and increased confidence and intentions to help, as compared to the control group. The final exploratory hypothesis was that victims would report higher attitudes of acceptance for IPV behaviors and lower intentions to seek help, as compared to non-victims, regardless of assigned experimental group.

Data has indicated that age is a risk factor for IPV; 18-24 year old women report higher rates of victimization than all other age groups (Breiding et al., 2014; Catalano, 2012). This is traditionally the average age of college females. Further, dating violence affects approximately 20-50% among college students (Straus, 2004). For the purpose of this study, the definition of IPV is used to include physical or sexual violence and psychological abuse by a current or previous intimate partner due to the high prevalence among college students with

approximately 80-90% of students involved in verbal abuse and 20-50% involved in physical violence with an intimate partner (Shook, Gerrity, Jurich, & Segrist, 2000; Straus & Ramirez, 2002). Intimate partners are characterized by anyone with a personal relationship with the individual (Breiding et al., 2014).

## Method

### Participants

One hundred twenty participants were recruited through Stephen F. Austin State University's SONA System and were granted research credit for their participation after agreeing to the informed consent (Appendix A) and completion of the study. The average age for the sample was 20.68 ( $SD = 5.10$ ). The majority of the sample was female ( $n = 92$ ). Participants identified their race as White or Caucasian (69.4%), Black or African American (18%), American Indian/Alaskan Native (0.9%), Asian (2.7%), more than one race (3.6%), and unknown (3.6%). The majority of participants identified as Not Hispanic or Latino (74.8%). Additionally, approximately 40% of participants were classified as freshman. Participants also identified their relationship status as single ( $n = 56$ ), in a committed dating relationship ( $n = 38$ ), in a casual dating relationship ( $n = 6$ ), married ( $n = 8$ ), or "other" ( $n = 3$ ). Participants were assigned to an experimental group using randomization.

## Measures

Intimate Partner Violence Attitudes. The Intimate Partner Violence Attitude Scale (IPVAS-R, Fincham, Cui, Braithwaite, & Pasley, 2008; See Appendix B) was used to determine participants' attitudes of acceptance regarding behaviors associated with IPV. The 17-item scale consists of statements regarding abusive behaviors, to which the participants were asked to indicate whether they agree or disagree. Items include physical, psychological, and controlling behaviors that will be measured using a 5-point Likert scale from 1 (*strongly disagree*) to 5 (*strongly agree*). Sample items include "I would be flattered if my partner told me not to talk to someone of the opposite sex" and "It would not be appropriate to ever kick, bite, or hit a partner with one's fist." Attitudes were measured at pre-test and post-test for all conditions. For each participant, the average score was calculated for both the pre and post-test. Higher scores indicated attitudes that encourage IPV. Internal consistency coefficients suggest good reliability of the IPVAS with alpha coefficients of .91 (Blasko, 2008; Hernandez, 2012; Smith et al., 2005). Strong content, construct, and predictive validity has also been found (Blasko, 2008; Fincham et al., 2008; Hernandez, 2012; Smith et al., 2005). Reliability for the sample was determined by a Cronbach's alpha of .814.

Experience with IPV. To quantify history with IPV, items from the Revised Conflict Tactics Scale Short Form (CTS2S) (Straus & Douglas, 2004; See

Appendix C) were used. This scale is comprised of 20 items to establish how often participant's have been the victim and/or the abuser of physical, psychological and sexual abuse with an intimate partner in the past year. Only eight items were included in the survey, as these items directly pertain to behaviors associated with IPV victimization. Sample items of the CTS2S include "I swore or shouted or yelled at my partner" and "I pushed, shoved, or slapped my partner." Items are scored on an 8-point Likert scale, which rates the frequency of the behaviors in the past 12 months from 1 (*once in the past year*) to 8 (*this has never happened to me*). Experience with IPV was measured only at pre-test as this measure did not change throughout the duration of the study. Participant scores were dummy coded into a dichotomous variable where scores from 1 to 7 were recoded as 1 to indicate that the participant was a victim and scores of 8 were recoded as 0 to indicate non-victims. This scale was used only to determine victimization in participants.

Bystander Intervention. The Bystander Efficacy Scale (Banyard, 2008; See Appendix D) was used to determine participants' confidence in performing bystander behavior. The scale consists of 18 statements. The participants were asked to read each statement and rate their confidence to perform the bystander behavior of the statement. Responses are measured from 0 (*can't do*) to 100 (*very certain*). Sample items include "talk to a friend who I suspect is in an abusive relationship" and "speak up to someone who is making excuses for using

physical force in a relationship.” The mean of participant responses was calculated to determine their overall confidence to carry out the item behaviors. The overall reliability of this scale for the sample was determined by a Cronbach’s alpha of .92

To determine participants’ willingness to intervene, the Bystander Intention to Help Scale-Short Form (Banyard, 2008; See Appendix E) was used. The scale includes 12 items to assess participants’ likelihood to engage in the behaviors. Participant responses were measured on a 5-point Likert scale from 1 (*not at all likely*) to 5 (*extremely likely*). Sample items include “express concern to a friend if I see their partner exhibiting very jealous behavior and trying to control my friend” and “if I heard a stranger insulting their partner I would intervene.” Previous studies have determined good reliability for the scale with alpha coefficients ranging from .82 to .93 (Banyard, Moynihan, Cares, & Warner, 2014; Moynihan, Banyard, Arnold, Eckstein, & Stapleton, 2011). Participant’s scores were calculated by the mean across item responses.

The Bystander Behavior Scale (Alegría-Flores, Raker, Pleasants, Weaver, & Weinberger, 2017; Banyard, 2008; See Appendix F) was used to analyze bystander’s behavior towards intimate partner violence within two months prior to the study. The scale consisted of the 20 modified items, including the behaviors listed in the Bystander Intention to Help Scale and eight additional items. Sample items include “if I noticed someone had a large bruise, I asked how she was hurt”

and “if I heard a friend insulting their partner, I said something to them.”

Participants were asked to indicate if they have engaged in the behaviors by selecting either “yes”, “no”, or “not applicable”, to indicate that they have not experienced the situation. Previous research has found acceptable reliability for this scale, with alpha coefficients ranging from .84 to .90 (Alegría-Flores et al., 2007; Banyard, & Moynihan, 2011). The sum of responses was calculated to indicate the number of behaviors carried out. Scores were dummy coded into a three variables where initial scores of 0 (no prior experience) was coded as “0”, scores of 1-10 were recoded as “1”, and scores of 11-20 were recorded as “2”. Reliability was determined for the sample with a score of  $\alpha = .889$ .

Intimate Partner Violence PSA. The intimate partner violence PSA used for this study was the Women’s Aid video released in 2009 with actress, Keira Knightly (Womensaid, 2009). The two-minute video was produced in effort to decrease the prevalence of IPV, increase intentions to seek help for IPV victims, and increase recognition of acts of domestic violence. Although, this PSA has previously been used for domestic violence awareness, the video features violence between intimate partners that falls into the IPV definition. Therefore, it is reasonable to categorize the video as IPV for the purpose of this study.

Control PSA. The control PSA used for this study was the “I Wish I Waited” video released in 2014 by the Michigan Department of Community Health (Michigandch, 2014). The video was made to promote abstinence, in the

hopes of reducing teen pregnancy. The video is one-minute long and emphasizes the message that it is better to wait to engage in sexual activities, than to wish you hadn't.

Intention to Seek Help. To measure participants' intention to seek help in the circumstance that they are or will become a victim, the Minimization and Help-Seeking Scale (MHSS, Arnocky & Vaillancourt, 2014; See Appendix G) was included. The 22-item questionnaire was created to determine perceptions of victimization as well as victims' willingness and intentions to disclose instances of IPV by seeking assistance. For the first 14 items (Part A), participants were asked to check off any actions that would make them feel like a victim of IPV. Sample items for Part A of the MHSS include "called me hurtful names" and "pushed or shoved me." Physical, psychological, and sexual acts of violence (kicking, insulting, forcing sexual acts, etc.) are included in this section. Participant scores for this section were indicated by the sum of items selected. For the remaining eight items (Part B), participants rated the statements on a 7-point Likert scale from 1 (*I strongly disagree*) to 7 (*I strongly agree*). This section includes items such as "If my partner did something I checked above, I would tell my friends and family about what happened" and "If my partner did something I checked above, I would NOT seek assistance from my family or friends." This section included a Concealment/Minimization subscale, as well as

Disclosure/Help-Seeking. The Concealment/Minimization subscale was reverse coded and participant scores were calculated by the sum across item responses.

Demographic Questionnaire. Participants also completed a brief online demographic questionnaire through the university's SONA System. The survey included questions of age, gender, ethnicity, race, class rank (e.g., freshman), and relationship status. (See Appendix H)

Attention Check. A single was used to maintain the integrity of the data by detecting participants who were not completely engaged or paying attention and didn't necessarily provide truthful responses (e.g., selected the same response for every item). Attentive participants were those who followed the instructions.

### Procedure

The study was conducted online via the university's SONA system. Before beginning the survey, participants were presented with an informed consent describing the nature of the study, any foreseeable risks, and compensation for their time. All participants were asked to indicate whether they agree or disagree to continue with the study. Those who declined were redirected to the end of the study and did not complete any of the measures.

After receiving informed consent, participants were asked to complete the pre-test measures (IPVAS-R, MHSSa, MHSSb, CTS2S, Bystander Efficacy Scale, Bystander Intention to Help Scale, and the Bystander Behavior Scale) online. Following the questionnaire, participants viewed either the IPV or control

awareness campaign video as determined by their assigned group. After viewing the awareness campaign video, participants were asked to complete the post-test measures (IPVAS-R, MHSSa, MHSSb, Bystander Efficacy Scale and the Bystander Intention to Help Scale) as well as the demographic questions and the attention check.

To control for order effects, the presentation of the items in the pre-test and post-test measures were randomized for each participant. The attention check was consistently presented at the end of the MHSS Part B scale. After all measures were completed, participants were redirected to the debrief form to further explain the purpose of the study. The form also included contact information for the Office of Research and Sponsored, Programs and counseling services, Family Crisis Center, and the research team (see Appendix I). After viewing the debriefing form, participants were directed back to SONA and were automatically granted research credit. Participants were given one hour to complete the study.

## Results

### Data Cleaning

Data was assessed and analyzed using Statistical Package for the Social Science (SPSS) software. Data cleaning was conducted prior to data analysis.

Originally, 120 participants signed up for the study via SONA systems. Four participants were removed from the study due to unit level non-response. Participants who failed to complete 90% of all measures were excluded from analysis ( $n = 3$ ) (Bennett, 2001). Mean imputation was used to estimate responses and replace missing data for participants with less than 10% of data missing on any measure (Schafer & Graham, 2002). Univariate and multivariate outliers were assessed prior to data analysis. Participants whose responses were 3.29 standard deviation above or below the mean were identified as univariate outliers and were removed from analysis ( $n = 2$ ). Mahalanobis distance was assessed and though some participant values were out of range, longevity and severity values indicated that these values. No significant differences were found between those who failed and those who passed the attention check and were retained for analysis. One hundred eleven participants were included in the final data analysis.

Assumptions for a MANOVA were assessed and all were in acceptable range. Histograms indicated that the dependent variables met the assumption for multivariate normality. Box's M test was used to determine that the assumption of homogeneity of variance among the independent variables had been met. The assumption of independence of errors was determined to be in acceptable range for Durbin-Watson statistics. Each assumption was addressed before conducting the main analyses.

## Main Analyses

To compare the influence of bystander experience, PSA group, and victimization on attitudes favorable to IPV behaviors, bystander confidence, bystander intentions to help, and help seeking, a factorial multivariate analysis of variance (MANOVA) was run on the aforementioned variables. The five post-test measures (i.e., IPVAS-R, MHSSa, MHSSb, Bystander Efficacy Scale, and Bystander Intention to Help Scale) were included as outcome variables. Multivariate results from a MANOVA using Pillai's Trace yielded a significant main effect of victimization,  $F(5, 96) = 2.48, p = .02; \eta^2 = 0.12$ . Additionally, there was a significant main effect of bystander experience,  $F(10, 194) = 2.74, p = .00; \eta^2 = 0.11$ , and for PSA group,  $F(5, 96) = 2.96, p = .01; \eta^2 = 0.13$ . This analysis also indicated a significant interaction between victimization and bystander experience,  $F(10, 194) = 2.32, p = .01; \eta^2 = 0.10$ . No significant interactions for multivariate tests were found between victimization and PSA group, bystander experience and PSA group, or for all three independent variables.

Between-subject effects indicated significant effects for victimization on help-seeking (MHSSb),  $F(1, 110) = 4.67, p = .03; \eta^2 = 0.04$ . Results also indicated significant effects of bystander experience on bystander efficacy,  $F(2, 109) = 6.18, p = .00; \eta^2 = 0.11$ . Significant effects were also indicated for PSA group on bystander efficacy,  $F(1, 110) = 9.25, p = .00; \eta^2 = 0.08$ . The between-

subjects test also indicated significant effects for victimization and PSA group on help-seeking (MHSSb)  $F(1, 110) = 4.00, p = .04, \eta^2 = 0.03$ .

A repeated-measures MANOVA was used to examine the efficacy of the manipulation (PSA group) on the five outcome variables. A significant overall main effect was determined for time,  $F(5, 105) = 3.0, p = .01; \eta^2 = 0.12$ . Univariate tests using Greenhouse-Geisser indicated a significant interaction between time and PSA group for two outcome measures as depicted in Table 1. No significant interactions were found between time, PSA group, and bystander experience or for time, PSA group and victimization. The implications for all findings will be discussed in the next section of this paper.

Table 1

*Univariate Results of the Interaction of Time\*PSA Group on Four Outcomes*

Variables	df	F	$\eta^2$
IPVAS-R	(1, 109)	1.238	.01
MHSS	(1, 109)	3.183	.02
Bystander Efficacy	(1, 109)	7.677**	.06
Bystander Intentions	(1, 109)	6.145**	.05

$p < .05$ . \*\*

## Discussion

The purpose of the current study was to examine the influence of IPV PSAs, previous bystander experience, and victimization on attitudes regarding IPV behaviors, confidence to intervene, intentions to help, and intentions to seek help. The hypothesis that individuals with higher levels of reported bystander experience would report higher scores of confidence and intentions to intervene was supported by the data. Bystander confidence to intervene was higher among participants who reportedly carried out 11-20 bystanders behaviors than those who reported 1-10 behaviors. Significant differences in bystander intentions to help were also found in support of the second part of the hypothesis. It is not surprising that higher reported experience as a bystander influences confidence to intervene as a bystander. These results are similar to previous studies that implemented bystander intervention programs (Alegría-Flores et al., 2007; Banyard, & Moynihan, 2011).

The hypothesis that individuals in the IPV PSA group would report greater intentions to seek help in the event of victimization, lower minimization scores, and increased confidence and intentions to help, as compared to the control group was only partially supported by the data. The hypothesized outcomes were found in the data, but the only significant differences found were for the bystander efficacy variable and bystander intentions to help. This would

potentially mean that the IPV PSA was overall influential in bystander's confidence to intervene and willingness to act as a bystander.

The final exploratory hypothesis that victims of IPV would report lower intentions to seek help as opposed to non-victims was also supported by the data. Victims of IPV reported that they were less likely to seek help following an abusive incident, as compared to non-victims. It is important to consider that this difference may be caused by the lack of experience of the non-victim, which may lead to higher confidence due to the lack of understanding regarding risks involved with seeking help as a victim.

Surprisingly, none of the independent variables (PSA group, victimization, and bystander experience) significantly influenced attitudes of acceptance for IPV behaviors. Despite suggestions from previous research, attitudes did not significantly change throughout the study, regardless of the independent variables (Potter, 2012). This is important because for social change to occur, attitudes must first be adjusted (Flay & Cook, 1989).

#### Limitations and Future Directions

The current study is not without limitations, one of which included the convenience sampling. The sample consisted of undergraduate psychology students, which may not be representative of the overall population of IPV victims and bystanders. Further, it is also important to consider the generalizability of the current study due to the relatively high prevalence of intimate partner violence

among college students as compared to other populations (Breiding et al., 2014; Catalano, 2012; Straus 2004). Further, the majority of the participants in the study were female, which may have influenced the frequency of victims, as well as bystanders.

An additional limitation is the length of the study. Participants completed seven measures at pre-test and five at post-test, along with the demographic questionnaire. Only one manipulation check was included and although no significant differences were found between participants that passed and those who failed, it is important to consider that the length of the study may have contributed to participant responses. Future research may implement additional attention checks and evaluate the length of the study.

Additionally, the PSAs differed in length by approximately one minute. This is a limitation due to the consideration that exposure duration of the stimuli may have also been a contributing factor for participant responses. Future research should include stimuli with similar durations. The study also only included one IPV PSA. Research should focus on including multiple PSAs to determine what factors of the PSA influence the outcome variables.

Future research should also investigate the relationship of the type of abuse (e.g., physical, psychological, and sexual) experienced by IPV victims and reactions to IPV PSAs, as well as intentions to seek help. The current study only examined the overall experience as a victim, without considering the type of

abuse and frequency of experience. Furthermore, future research should also examine PSAs framed around each type of abusive behavior (e.g., physical, psychological, and sexual) to examine the influence each of these has on reactions at pre-test and post-test measures.

### Conclusion

The current research offered preliminary insight regarding IPV PSAs and their influence on help seeking in victims, attitudes of acceptance for abusive behaviors, and bystander attitudes. Additionally, the study called to question the influence of previous experience as a bystander and as a victim on these variables. Results indicated a significant influence of bystander experience on bystander efficacy, or confidence to intervene. This result suggests that individuals who have engaged in a greater number of bystander behaviors in the past are more confident to continue engaging in bystander behaviors. Results also indicated a significant influence of victimization (victim vs. non-victim) on intentions to seek help. This finding suggests that those who have experienced victimization of IPV are less likely to seek help in the event of an abusive episode, than their non-victim counterpart. In regards to the PSA, analysis determined a significant influence of the IPV PSA on bystander efficacy and bystander intentions to help from pre to post test. Under consideration of this finding, the IPV PSA was overall effective in regards to the goal of encouraging bystanders to intervene. Additional research is needed to determine what

aspects of IPV PSAs influence outcome measures, how the type of abuse experienced by victims influences intentions to seek help, and how PSAs should be developed to produce the intended influence. Overall, the PSA was effective for bystanders in regards to their intentions and confidence to intervene, but did not influence intentions to seek help regardless of previous experience of victimization. Future PSAs should be developed to increase victims' problem recognition and decision to seek help in order to remove the victim from the situation and prevent further negative outcomes.

## REFERENCES

- Alegría-Flores, K., Raker, K., Pleasants, R. K., Weaver, M. A., & Weinberger, M. (2017). Preventing interpersonal violence on college campuses: the effect of one act training on bystander intervention. *Journal of interpersonal violence, 32*(7), 1103-1126. doi:10.1177/0886260515587666
- Arnocky, S., & Vaillancourt, T. (2014). Sex differences in response to victimization by an intimate partner: More stigmatization and less help-seeking among males. *Journal of Aggression, Maltreatment, & Trauma, 23*(7), 705-724. doi:10.1080/10926771.2014.933465
- Banyard, V. L. (2008). Measurement and correlates of prosocial bystander behavior: The case of interpersonal violence. *Violence and Victims, 23*(1), 83-97. doi:10.1891/00866708.23.1.83
- Banyard, V. L., Moynihan, M. M., Cares, A. C., & Warner, R. (2014). How do we know if it works? Measuring outcomes in bystander-focused abuse prevention on campuses. *Psychology of Violence, 4*(1), 101. doi: 10.1037/a0033470
- Banyard, V. L., & Moynihan, M. M. (2011). Variation in bystander behavior related to sexual and intimate partner violence prevention: Correlates in a sample of college students. *Psychology of Violence, 1*(4), 287. doi: 10.1037/a0023544
- Bauman, E. M., Haaga, D. A. F., & Dutton, M. A. (2008). Coping with intimate partner violence: Battered women's use and perceived helpfulness of emotion-focused coping strategies. *Journal of Aggression, Maltreatment & Trauma, 17*, 23–41. doi:10.1080/10926770802250942.
- Bennett, D.A. (2001). How can i deal with missing data in my study?. *Australian and New Zealand Journal of Public Health, 25*(5), 464-469.
- Black, M. C. (2011). Intimate partner violence and adverse health consequences: Implications for clinicians. *American Journal of Lifestyle Medicine, 5*, 428–439. doi:10.1177/1559827611410265.

- Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, M. L., Merrick, M. T., & Stevens, M. R. (2011). *The National Intimate Partner and Sexual Violence Survey: 2010 Summary Report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Retrieved from:  
[http://www.cdc.gov/ViolencePrevention/pdf/NISVS\\_Report2010-a.pdf](http://www.cdc.gov/ViolencePrevention/pdf/NISVS_Report2010-a.pdf).
- Boles, M., Adams, A., Gredler, A., & Manhas, S. (2014). Ability of a mass media campaign to influence knowledge, attitudes, and behaviors about sugary drinks and obesity. *Preventive Medicine: An International Journal Devoted To Practice And Theory*, 67(Suppl 1), S40-S45. doi:  
 10.1016/j.ypmed.2014.07.023
- Breiding, M. J., Smith, S. G., Basile, K. C., Walters, M. L., Chen, J., and Merrick, M. T. (2014). *Prevalence and Characteristics of Sexual Violence, Stalking, and Intimate Partner Violence Victimization: National Intimate Partner and Sexual Violence Survey, United States, 2011*. Atlanta, GA: Centers for Disease Control and Prevention.
- Calvete, E., Corral, S., & Estévez, A. (2008). Coping as a mediator and moderator between intimate partner violence and symptoms of anxiety and depression. *Violence Against Women*, 14, 886–904. doi:  
 10.1177/1077801208320907.
- Campbell, J., Jones, A., Dienemann, J., Kub, J., Schollenberger, J., O'Campo, P., et al. (2002). Intimate partner violence and physical health consequences. *Archives of Internal Medicine*, 162, 1157– 1163. doi:10.1001/archinte.162.10.1157.
- Capaldi, D.M., Shortt, J.W., Kim, H.K., Wilson, J., Crosby, L., & Tucci, S. (2009). Official incidents of domestic violence: type, injury, and associations with nonofficial couple aggression. *Violence and Victims*, 24(4), 502-519. Retrieved from:  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2779018/pdf/nihms111451.pdf>

- Catalano, S. (2012). *Intimate Partner Violence, 1993-2010* (NCJ 239203). Washington, DC: Bureau of Justice Statistics.
- Fabiano, P.M., Perkins, H.W., Berkowitz, A., Linkenbach, J., Stark, C. (2003). Engaging men as social justice allies in ending violence against women: evidence for a social norms approach. *J Am Coll Health*, 52, 105–112. doi:10.1080/07448480309595732
- Faul, F., Erdfelder, E., Lang, A., & Buchner, A. (2007). GPower 3: A flexible statistical power analysis program for the social, behavioral, and biomedical sciences. *Behavior Research Methods*, 39(2), 175-191. doi:10.3758/BF03193146
- Fincham, F. D., Cui, M., Braithwaite, S. R., & Pasley, K. (2008). Attitudes towards intimate partner violence in dating relationships. *Psychological Assessment*, 20, 260-269. doi: 10.1037/1040-3590.20.3.260
- Flay, B. R., & Cook, T. D. (1989). Three models for summative evaluation of prevention campaigns with a mass media component. *Public Communication Campaigns*, 2, 175-195. Retrieved from: <http://journals.sagepub.com/doi/abs/10.1177/009365001028002004>
- Kaur, R., & Garg, S. (2008). Addressing Domestic Violence Against Women: An Unfinished Agenda. *Indian Journal of Community Medicine : Official Publication of Indian Association of Preventive & Social Medicine*, 33(2), 73–76. Retrieved from: <http://doi.org/10.4103/0970-0218.40871>
- Kohlman, S., Baig, A., Balice, G., DiRubbo, C., Placencia, L., Skale, K., ...Aquino, S. (2014). Contribution of media to the normalization and perpetuation of domestic violence. *Austin J Psychiatry Behavioral Sciences*, 1(4):1018. Retrieved from <http://austinpublishinggroup.com/psychiatry-behavioral-sciences/fulltext/download.php?file=ajpbs-v1-id1018.pdf>
- Krause, E. D., Kaltman, S., Goodman, L. A., & Dutton, M. A. (2008). Avoidant coping and PTSD symptoms related to domestic violence exposure: A longitudinal study. *Journal of Traumatic Stress*, 21, 83– 90. doi: 10.1002/jts.20288.

- Lang, A. (2006). Using the limited capacity model of motivated mediated message processing to design effective cancer communication messages. *Journal of Communication, 56*(s1), S57-S80. doi:10.1111/j.1460-2466.2006.00283.x
- Liang, B., Goodman, L. A., Tummala-Nara, P., & Weintraub, S. (2005). A theoretical framework for understanding help-seeking processes among survivors of intimate partner violence. *American Journal of Community Psychology, 36*, 71-84. doi:10.1007/s10464-005-6233-6
- Lee, M., & Chen, F. (2016). Circulating humorous anti tobacco videos on social media: Platform versus context. *Health Promotion Practice, 18*. doi:10.1177/1524839916677521.
- Michigandch. (2014, March 5). *I Wish I Waited*. [Video file]. Retrieved from: <https://www.youtube.com/watch?v=LoXvFdaj6Co>
- Moynihan, M. M., Banyard, V. L., Arnold, J. S., Eckstein, R. P., & Stapleton, J. G. (2011). Sisterhood may be powerful for reducing sexual and intimate partner violence: An evaluation of the bringing in the bystander in-person program with sorority members. *Violence Against Women, 17*(6), 703-719. doi: 10.1177/1077801211409726
- Niederkröthaler, T., Reidenberg, D. J., Till, B., & Gould, M. S. (2014). Increasing help-seeking and referrals for individuals at risk for suicide by decreasing stigma: The role of mass media. *American Journal Of Preventive Medicine, 47*(3, Suppl 2), S235-S243. doi:10.1016/j.amepre.2014.06.010
- No More. (n.d.). *No More Campaigns*. Retrieved December 5, 2017 from: <https://nomore.org/campaigns/public-service-announcements/no-more-official-super-bowl-ad/>
- NO MORE. (2015, January 26). *Listen: 60 (NO MORE's Official Super Bowl 49 Ad)*. [Video file]. Retrieved from: <https://www.youtube.com/watch?v=rTJT3fVv1vU>
- Potter, S.J. (2012). Using a multimedia social marketing campaign to increase active bystanders on the college campus. *Journal of American College Health, 60*, 282-95. doi:10.1080/07448481.2011.599350.

- Puhl, R., Peterson, J. L., & Luedicke, J. (2013). Fighting obesity or obese persons? Public perceptions of obesity-related health messages. *International Journal Of Obesity*, 37, 774-782. doi:10.1038/ijo.2012.156
- Rennison, C. M. (2003). Intimate partner violence, 1993-2001. Washington, DC: Bureau of Justice Statistics, U. S. Department of Justice.
- Rizo, C. F. (2016). Intimate partner violence related stress and the coping experiences of survivors: 'There's only so much a person can handle'. *Journal of Family Violence*, 31, 581-593. doi:10.1007/s10896-015-9787-6
- Schwartz, M.D., DeKeseredy, W.S. (2000). Aggregation bias and woman abuse: variations by male peer support, region, language, and school type. *J Interpers Violence*, 15, 555-565.
- Shook, N. J., Gerrity, D. A., Jurich, J., & Segrist, A. E. (2000). Courtship violence among college students: A comparison of verbally and physically abusive couples. *Journal of Family Violence*, 15(1), 1-22.
- Sohal, A., Feder, G., & Johnson, M. (2012). Domestic violence and abuse. *InnovAiT*, 5, 750-758. doi:10.1093/innovait/ins198
- Straus, M. A. (2004). Prevalence of violence against dating partners by male and female university students worldwide. *Violence Against Women*, 10(7), 790-811. doi:10.1177/1077801204265552
- Straus, M.A., & Douglas, E.M. (2004). A short form of the Revised Conflict Tactics Scales, and typologies for severity and mutuality. *Violence and victims*, 19, 507-20. doi:10.1891/088667004780927800.
- Straus, M. A., & Ramirez, I. L. (2002). Gender symmetry in prevalence, severity, and chronicity of physical aggression against dating partners by university students in Mexico and USA. *International Society for Research on Aggression*. Montreal, Canada.
- Tjaden, P., & Thoennes, N. (2000). *Full Report of the Prevalence, Incidence, and Consequences of Violence Against Women: Findings from the National Violence Against Women Survey* (NCJ 183781). Washington, DC: U.S. Department of Justice.

Truman, J. L., & Morgan, R. E. (2014). *Nonfatal Domestic Violence, 2003–2012* (NCJ 244697). Washington, DC: Bureau of Justice Statistics.

Womensaid. (2009, April 2). *CutMovie.co.uk – Brought to you by Women’s Aid HD version*. [Video file]. Retrieved from:  
<https://www.youtube.com/watch?v=j4RjsqPYaS0>

APPENDIX A  
Informed Consent

**Study Title:** The Influence of Intimate Partner Violence Public Service Announcements on Help-Seeking, Attitudes, and Bystander Intervention

**Introduction to the study:** We are inviting you to be in a research study conducted by Rebecca Collins under the supervision of Dr. Pearte. This experiment will seek to determine the influence of Intimate Partner PSAs and various psychological concepts.

**What will happen during the study:** You will be asked to complete surveys about intimate partner violence, as well as a demographics questionnaire, and view a brief public service announcement video. Participation in this study will take you approximately one hour.

**Who to go to with questions:** If you have any questions or concerns about being in this study, you should contact Rebecca Collins at collinsra1@jacks.sfasu.edu or Dr. Pearte at pearteca@sfasu.edu. The researchers may also be reached by phone through the psychology department: (936) 468-4402. Additionally, you may also contact the SFASU Office of Research and Sponsored Programs at orsp@sfasu.edu or 936-468-6606 if you would like more information regarding your rights as a research participant.

**How participants' privacy is protected:** The records of this study will be kept private. Your name will not be attached to answers you provide. The investigators will have access to the raw data. In any sort of report that is published or presentation that is given, we will not include any information that will make it possible to identify a participant. This number will not be tied to any type of identifying information about you. Once collected, all data will be kept in secured files, in accord with the standards SFASU, federal regulations, and the American Psychological Association.

**Risks and Discomforts:** Due to the personal nature of the surveys, you might experience some emotional discomfort.

**Your Rights:** Your participation in this study is voluntary. In addition, you may choose to not respond to individual items in the survey. Your decision whether or not to participate will not affect your current or future relations with SFASU nor any of its representatives. If you decide to participate in this study, you are free to withdraw from the study at any time without penalty.

**Compensation:** Students recruited from participating introductory psychology classes will receive one (1) credit for every 30 minutes of research participation. This study is worth two (2) research participant credit. If you decide you no longer want to participate in this study you will not be penalized and will still receive the participation credit.

### **Statement of Consent**

The procedures of this study have been explained to me and my questions have been addressed. The information that I provide is confidential and will be used for research purposes only. I am 18 years of age and I understand that my participation is voluntary and that I may withdraw anytime without penalty. I have read the information in this consent form and I agree to be in the study.

- I understand and agree to participate in this study (1)
- I do not agree to participate in this study (2)

## APPENDIX B

### Intimate Partner Violence Attitude Scale-Revised (IPVAS-R)

**Instructions:** Please indicate whether you agree or disagree with the following statements according to the following scale:

1 = Strongly Disagree, 2 = Disagree, 3 = Neither Agree Nor Disagree, 4 = Agree, 5 = Strongly Agree

1. I would be flattered if my partner told me not to talk to someone of the opposite sex.
  - Strongly disagree
  - Disagree
  - Neither agree nor disagree
  - Agree
  - Strongly agree
2. I would not like for my partner to ask me what I did every minute of the day.
  - Strongly disagree
  - Disagree
  - Neither agree nor disagree
  - Agree
  - Strongly agree
3. It is okay for me to blame my partner when I do bad things.
  - Strongly disagree
  - Disagree
  - Neither agree nor disagree
  - Agree
  - Strongly agree
4. I don't mind my partner doing something just to make me jealous.
  - Strongly disagree
  - Disagree
  - Neither agree nor disagree

- Agree
  - Strongly agree
5. I would not stay with a partner who tried to keep me from doing things with other people.
- Strongly disagree
  - Disagree
  - Neither agree nor disagree
  - Agree
  - Strongly agree
6. As long as my partner doesn't hurt me, "threats" are excused.
- Strongly disagree
  - Disagree
  - Neither agree nor disagree
  - Agree
  - Strongly agree
7. During a heated argument, it is okay for me to bring up something from my partner's past to hurt him or her.
- Strongly disagree
  - Disagree
  - Neither agree nor disagree
  - Agree
  - Strongly agree
8. I would never try to keep my partner from doing things with other people.
- Strongly disagree
  - Disagree
  - Neither agree nor disagree
  - Agree
  - Strongly agree
9. I think it helps our relationship for me to make my partner jealous.
- Strongly disagree
  - Disagree
  - Neither agree nor disagree
  - Agree
  - Strongly agree

10. It is no big deal if my partner insults me in front of others.
- Strongly disagree
  - Disagree
  - Neither agree nor disagree
  - Agree
  - Strongly agree
11. It is okay for me to tell my partner not to talk to someone of the opposite sex.
- Strongly disagree
  - Disagree
  - Neither agree nor disagree
  - Agree
  - Strongly agree
12. Threatening a partner with a knife or gun is never appropriate.
- Strongly disagree
  - Disagree
  - Neither agree nor disagree
  - Agree
  - Strongly agree
13. I think it is wrong to ever damage anything that belongs to my partner.
- Strongly disagree
  - Disagree
  - Neither agree nor disagree
  - Agree
  - Strongly agree
14. It would not be appropriate to ever kick, bit, or hit a partner with one's fist.
- Strongly disagree
  - Disagree
  - Neither agree nor disagree
  - Agree
  - Strongly agree

15. It is okay for me to accept blame for my partner doing bad things.
- Strongly disagree
  - Disagree
  - Neither agree nor disagree
  - Agree
  - Strongly agree
16. During a heated argument, it is okay for me to say something to hurt my partner on purpose.
- Strongly disagree
  - Disagree
  - Neither agree nor disagree
  - Agree
  - Strongly agree
17. It would never be appropriate to hit or try to hit one's partner with an object.
- Strongly disagree
  - Disagree
  - Neither agree nor disagree
  - Agree
  - Strongly agree

## APPENDIX C

### Revised Conflict Tactics Scale Short Form (CTS2S)

(Sample Items)

**Instructions:** No matter how well a couple gets along, there are times when they disagree, get annoyed with the other person, want different things from each other, or just have spats or fights because they are in a bad mood, are tired or for some other reason. Couples also have many different ways of trying to settle their differences. This is a list of things that might happen when you have differences. Please mark how many times you did each to these things in the past year, and how many times your partner did them in the past year. How often did this happen?

- 1 = Once in the past year
- 2 = Twice in the past year
- 3 = 3-5 times in the past year
- 4 = 6-10 times in the past year
- 5 = 11-20 times in the past year
- 6 = More than 20 times in the past year
- 7 = Not in the past year, but it did happen before
- 8 = This has never happened

1. My partner insulted or swore or shouted or yelled at me
2. I had a sprain, bruise, or small cut, or felt pain the next day because of a fight with my partner
3. My partner pushed, shoved, or slapped me
4. I punched or kicked or beat-up my partner

## APPENDIX D

### Bystander Efficacy Scale

**Instructions:** Please read each of the following behaviors. Indicate in the column *Confidence* how confident you are that you could do them. Rate your degree of confidence by recording a whole number from 0 to 100 using the scale given below:

0	10	20	30	40	50	60	70	80	90	100
Can't			Quite		Moderately					Very
Do			Uncertain		Certain					Certain

1. Express my discomfort if someone makes a joke about a woman's body.
2. Express my discomfort if someone says that IPV victims are to blame for their abuse.
3. Call for help (i.e., call 911) if I hear someone in my dorm or apartment yelling "help"
4. Talk to a friend who I suspect is in an abusive relationship
5. Get help and resources for a friend who tells me they have been abused.
6. Ask a stranger who looks very upset if they are ok or need help.
7. Ask a friend if they need to be walked home from a party.
8. Ask a stranger if they need to be walked home from a party.
9. Speak up in class if a professor is providing misinformation about sexual assault or interpersonal violence.
10. Challenge or criticize a friend who tells me that they took advantage of someone sexually.
11. Challenge or criticize a friend who tells me that they had sex with someone who was passed out or too drunk to give consent.
12. Do something to prevent someone from taking a very drunk person upstairs at a party if I suspected they might take sexual advantage of them.

13. Do something if I see a woman who looks very uncomfortable surrounded by a group of men at a party.
14. Do something if I see someone repeatedly physically groping others at a party without their permission.
15. Get help if I hear of an abusive relationship in my dorm or apartment.
16. Tell a Resident Advisor "RA" or other campus authority about information I have that might help in a case of intimate partner violence even if pressured by my peers to stay silent.
17. Speak up to someone who is making excuses for using physical force in a relationship.
18. Speak up to someone who is calling their partner names or swearing at them.



- b. Somewhat unlikely
  - c. Neither likely or unlikely
  - d. Somewhat likely
  - e. Extremely likely
5. Refuse to remain silent about instances of intimate partner violence I may know about.
- a. Not at all likely
  - b. Somewhat unlikely
  - c. Neither likely or unlikely
  - d. Somewhat likely
  - e. Extremely likely
6. If someone is being yelled at or shoved by their partner, I ask if they need help.
- a. Not at all likely
  - b. Somewhat unlikely
  - c. Neither likely or unlikely
  - d. Somewhat likely
  - e. Extremely likely
7. Express disagreement with someone who says instances of intimate partner abuse are okay.
- a. Not at all likely
  - b. Somewhat unlikely
  - c. Neither likely or unlikely
  - d. Somewhat likely
  - e. Extremely likely
8. If I saw someone taking an intoxicated person back to their room, I would intervene.
- a. Not at all likely
  - b. Somewhat unlikely
  - c. Neither likely or unlikely
  - d. Somewhat likely
  - e. Extremely likely
9. Go with my friend to talk with someone (e.g., police, counselor, crisis center, resident advisor) about intimate partner violence.
- a. Not at all likely
  - b. Somewhat unlikely

- c. Neither likely or unlikely
  - d. Somewhat likely
  - e. Extremely likely
10. Enlist the help of others if I knew someone was involved in intimate partner violence.
- a. Not at all likely
  - b. Somewhat unlikely
  - c. Neither likely or unlikely
  - d. Somewhat likely
  - e. Extremely likely
11. If I heard a stranger insulting their partner I would intervene.
- a. Not at all likely
  - b. Somewhat unlikely
  - c. Neither likely or unlikely
  - d. Somewhat likely
  - e. Extremely likely
12. Call 911 if an acquaintance needs help because they are being hurt sexually or physically.
- a. Not at all likely
  - b. Somewhat unlikely
  - c. Neither likely or unlikely
  - d. Somewhat likely
  - e. Extremely likely

## APPENDIX F

### The Bystander Behavior Scale

**Instructions:** please read the list below and circle yes for all the items indicating behaviors in which you have actually engaged *IN THE LAST 2 MONTHS*. If you have *not* engaged in these behaviors, please indicate that no you have not engaged in them but *did* have the opportunity to do so (“No”), or no you have not engaged in them because you *did not* have an opportunity to do so (Not applicable or “NA”).

1. Thought through the pros and cons of different ways I might intervene when I saw an instance of intimate partner violence.  
a. Yes            b. No            c. N/A
2. Spoke up if I hear someone say, “She deserved it” regarding instances of intimate partner abuse.  
a. Yes            b. No            c. N/A
3. Asked for verbal consent when I was intimate with my partner, even if we were in a long-term relationship.  
a. Yes            b. No            c. N/A
4. Made sure I left the party with the same people I came with.  
a. Yes            b. No            c. N/A
5. I talked with my friends about going to parties together and staying together and leaving together.  
a. Yes            b. No            c. N/A
6. I talked with my friends about watching each other’s drinks.  
a. Yes            b. No            c. N/A
7. I talked with my friends about sexual and intimate partner violence as an issue for our community.  
a. Yes            b. No            c. N/A
8. I expressed concern to a friend if I see their partner exhibiting very jealous behavior and trying to control my friend.  
a. Yes            b. No            c. N/A

9. If a friend had too much to drink, I asked them if they needed to be walked home from the party.
  - a. Yes
  - b. No
  - c. N/A
10. I told a friend if I thought their drink might have been spiked with a drug.
  - a. Yes
  - b. No
  - c. N/A
11. If I heard a friend insulting their partner I said something to them.
  - a. Yes
  - b. No
  - c. N/A
12. Walked a friend home from a party who had too much to drink.
  - a. Yes
  - b. No
  - c. N/A
13. Watched my friends' drinks at parties.
  - a. Yes
  - b. No
  - c. N/A
14. Made sure friends left the party with the same people they came with.
  - a. Yes
  - b. No
  - c. N/A
15. Went with my friend to talk with someone (e.g., police, counselor, crisis center, resident advisor) about an unwanted sexual experience or physical violence in their relationship.
  - a. Yes
  - b. No
  - c. N/A
16. Talked to my friends or acquaintances to make sure we don't leave an intoxicated friend behind at a party.
  - a. Yes
  - b. No
  - c. N/A
17. If I noticed someone has a large bruise, I asked how he/she was hurt.
  - a. Yes
  - b. No
  - c. N/A
18. If I heard someone say, "That test raped me," I explained how using the word rape in everyday situations is inappropriate.
  - a. Yes
  - b. No
  - c. N/A
19. I shared information and/or statistics with my friends about interpersonal violence.
  - a. Yes
  - b. No
  - c. N/A
20. I decided with my friends in advance of going out whether or not I would leave with anyone other than the person/people with whom I arrived.
  - a. Yes
  - b. No
  - c. N/A

## APPENDIX G

### Minimization and Help-Seeking Scale (MHSS)

**(Part A) Instructions:** Please mark off any of the actions that, if your partner did to you, would make you feel like a victim of abuse.

1. Slapped me across the face  
a. Yes            b. No
2. Called me hurtful names  
a. Yes            b. No
3. Hit me with an object or weapon  
a. Yes            b. No
4. Kicked me  
a. Yes            b. No
5. Told me I could not go out with family or friends  
a. Yes            b. No
6. Forced me to perform a sexual act  
a. Yes            b. No
7. Pushed or shoved me  
a. Yes            b. No
8. Insulted me on purpose  
a. Yes            b. No
9. Insulted my intelligence  
a. Yes            b. No
10. Talked me into doing something sexual that I initially did not want to do  
a. Yes            b. No
11. Swore at me  
a. Yes            b. No
12. Treated me like I was inferior  
a. Yes            b. No



4. If my partner did something I checked above, I would be reluctant to tell anyone for fear of being blamed.
  - Strongly disagree
  - Disagree
  - Neither agree nor disagree
  - Agree
  - Strongly agree
5. If my partner did something I checked above, I would be embarrassed to let anyone know.
  - Strongly disagree
  - Disagree
  - Neither agree nor disagree
  - Agree
  - Strongly agree
6. If my partner did something I checked above, I believe there are organizations that could help me.
  - Strongly disagree
  - Disagree
  - Neither agree nor disagree
  - Agree
  - Strongly agree
7. If my partner did something I checked above, and the police were called, I would lie about the seriousness of what happened.
  - Strongly disagree
  - Disagree
  - Neither agree nor disagree
  - Agree
  - Strongly agree
8. If my partner did something I checked above, I would tell my friends and family about what happened.
  - Strongly disagree
  - Disagree
  - Neither agree nor disagree
  - Agree
  - Strongly agree

## APPENDIX H

### Demographics

**Instructions:** Please provide the following information by indicating your answer for each question:

1. Sex:     Male         Female     Prefer not to answer
  
2. What is your age (in years): \_\_\_\_\_ (Write in)
  
3. I would describe my ethnicity as:  
    Hispanic or Latino  
    Non Hispanic or Latino
  
4. I would describe my race as:  
    American Indian/Alaskan Native  
    Asian  
    Native Hawaiian or Other Pacific Islander  
    Black or African American  
    White  
    More than one race (Please specify) \_\_\_\_\_  
    Unknown or Not Reported
  
5. My academic classification is:  
    Freshman  
    Sophomore  
    Junior  
    Senior  
    Graduate Student

6. What is your current relationship status?

Single

In a committed dating relationship

In a casual dating relationship

Married

Other (Please specify) \_\_\_\_\_

7. Length of current relationship (if not currently in a relationship, length of most recent relationship) in months (example: 1 year=12 months; 2 years=24 months):

\_\_\_\_\_

## APPENDIX I

### Debriefing Form

Thank you for participating in the present study, The Influence of Intimate Partner Violence Public Service Announcements on Help-Seeking, Attitudes, and Bystander Intervention.

Intimate partner violence is a growing issue in our society, which affects millions of people each year. The current study aims to analyze the relationship between intimate partner violence public service announcements and intentions to seek help, willingness to intervene, and attitudes towards intimate partner violence.

Your time and participation is greatly appreciated. If you have any questions or concerns, please feel free to contact the researchers now, or at a later date. You may contact the researchers by phone through the Psychology Department (936-468-4402) or via email at [collinsra1@jacks.sfasu.edu](mailto:collinsra1@jacks.sfasu.edu).

Further, you may contact the Office of Research and Sponsored Programs at 936-468-6606 or via email at [orsp@sfasu.edu](mailto:orsp@sfasu.edu).

If you feel any psychological distress or are currently in an abusive relationship, please feel free to contact the SFA counseling Services office at 936-468-2401. The Counselors are located on the 3<sup>rd</sup> floor of the Rusk Building on campus. If you are currently in an abusive relationship, you may additionally contact the University Police Department (936-468-2608) or the Family Crisis Center (1-800-828-7233) to help you leave the situation.

## VITA

After completing her work at Jasper High School, Jasper, Texas, in 2013, Rebecca Collins entered Texas A&M University at College Station, Texas. She received the degree of Bachelor of Science from Texas A&M University in May 2016. In August 2016, she entered the Graduate School of Stephen F. Austin State University, and received the degree of Master of Arts in May of 2018.

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This thesis was typed by Rebecca A. Collins.